Maryland Affordable Housing Trust

***maht.dhcd@maryland.gov***

# QUARTERLY PROGRESS REPORT

## For the Quarter Ending , 20\_\_\_

Quarterly Progress Reports. Grantee shall provide MAHT with quarterly progress reports based upon the calendar year beginning from the date of the Agreement. Grantee shall ensure that a quarterly progress report is received by MAHT within ten (10) working days of the close of the quarterly period. Requests for payments and consideration for future funding are contingent on adhering to all grant agreement reporting requirements. If additional space is needed for your responses you may submit a typewritten document in addition to this completed form.

**Date of this report:** **MAHT Award Period:**

### Name of Grantee:

**Address of Grantee:**

###

### City: State: MD Zip code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Contact Person (completing the report):**

**Phone Number of Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name of Project:**  **MAHT Award No: \_\_\_\_\_\_\_\_\_**

1. **Describe the work that has been accomplished on the project in the last three months.**
2. **Have you changed the project in any way? If yes, please describe:**

**Name of Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MAHT Award No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Have you experienced any delays/challenges in the project? If yes, please describe:**
2. Have you made any changes to the schedule contained in your application or in an

earlier quarterly report? If yes, please explain the changes and why they were needed:

**5. Please list the expenditures you have made against your MAHT operating budget:**

1. Please list the expenditures for which you *expect* to use MAHT funds in the next quarter, if applicable:

**I certify to the best of my knowledge that the information contained in this report is true, correct and in accordance with the terms and conditions of our agreement with the Maryland Affordable Housing Trust**.

 \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (President/CEO/Executive Director) Name/Title Date