

**One-for-One Replacement Summary Grantee Performance Report
Community Development Block Grant Program - Disaster Recovery**

Name of Subrecipient:									Grant Number:		Period Covered: from: _____ to: _____											
Part I: Low/Mod Housing Units Demolished/Converted									Part II: Replacement Units													
a. Activity Number	b. Activity Address	c. Date of Agreement	d. Number of Units by Bedroom Size that were demolished/converted					Total	e. Replacement Address	f. Date Unit Available	g. Number of Units by Bedroom Size					Total						
			0/1	2	3	4	5+				0/1	2	3	4	5+							