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

| Name of Grantee: | Grant Number: | Period Covered:<br><br>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+ | |
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