

AHCP LIHTC QUARTERLY PROGRESS REPORT

INSTRUCTIONS: Complete the following fields. Supplementary instructional information is included in *italics*. Note that not all sections may be required for each QPR submission. For example, some fields are only required for the first QPR, while others may not be applicable until the final QPR.

Submission of this report is required on a quarterly basis and is due on the 15th day of the month following the end of the quarter. See reporting schedule in the table below.

Quarterly Performance Reporting Schedule										
Quarter	Reporting Period	Due Date to DED	DED's Due Date to							
Q1	January 1 – March 31	April 15	April 30							
Q2	April 1 – June 30	July 15	July 30							
Q3	July 1 – September 30	October 15	October 30							
Q4	October 1 – December 31	January 15	January 30							

Failure to provide requested information may result in findings, corrective actions, withholding of reimbursements by DED, or suspension of the CDBG-DR award.

I. Identifying Information								
Project Name: Project Name should match AmpliFund Award Name								
CDBG-DR Contract #								
Contact Person	Name							
	Telephone							
	Email							



Enter the name of the person who should be contacted for information regarding the report.									
Project Address: Enter the physical address of	Address								
the project.	City								
	State								
	Zip Code								
II. Cumulative Financial Status									
A. Total CDBG-DR Award Am									
B. CDBG-DR Funds Drawn To-Date: Funds that have been submitted and received for reimbursement.									
C. CDBG-DR Funds Expende									
Funds that have been expende submitted for reimbursement.									
D. Remaining Balance To-Da									



E. Other funding Sources List funding Other funding sources (e.g.TIFF, City HOME, source and CNI, Construction Financing, Developer Fee, amount: Owner Equity, etc.) expensed during this quarter. **III. Reporting Period** Reporting Period: Year: (yyyy) Indicate the Year and Quarter being reported. The date Quarter: March 31 corresponds with the last date of the quarter. June 30 • September 30 December 31 **Date of Submission:** (mm/dd/yyyy) Enter the date the report is being completed Is this the final quarterly progress report? □Yes □ No Have you submitted the following quarterly reports: □Yes □ No Section 3 Davis Bacon and Related Acts **IV. Activity Progress Narrative** Describe in 2-3 sentences progress made during this quarter. Report non-statistical, progress information, e.g., other activities associated with the project, difficulties in reaching benchmarks, any unforeseen problems with project implementation that do not directly relate to construction, etc.



V. Construction Status Enter Data for the Quarter being Reported unless otherwise directed by DED Projected in **Completed in This Total Units This** Quarter **Completed To-Date** Quarter (All Quarters) **Affordable Units: Market Units: Total Units:** Has construction started? ☐ Yes ☐ No Is construction on schedule? ☐ Yes ☐ No If no, describe the reasons construction is behind schedule, how far behind schedule the project is, and the steps being taken to address delays. Describe any other barriers or concerns to report, including those that may lead to future delays, change orders, or cost overruns. What steps are currently being taken to avoid the outcomes described above? Has construction been completed? ☐ Yes ☐ No Has the project been turned over to the property ☐ Yes ☐ No manager for the start of leasing?

AHCP LIHTC QPR | Last Updated: January 2024 DOCUMENT SUBJECT TO FURTHER REVIEW AND REVISIONS



If yes, what is the status of leased units in the project?											
VI. Occupancy Status											
For COMPLETED UNITS identified in Section VI above, please provide the following information effective through the reporting period using numeric values only. If there are no completed units in this QPR, leave this section blank.											
	Completed	Leased/Moved-In	Under Contract, NOT Moved-In								
Affordable Units:											
Market Units:											
Total Units:											
Are marketing efforts	on track?	☐ Yes ☐ No									
If no, what steps are being taken to adjust?											
Have any rent concessions been offered (e.g., offering a "move-in" incentive of one											
month free rent)?											
If yes, what impact are the adjustments expected to have on the overall finances of the project?											
When do you current that all units will be o		(mm/dd/yyyy)									

AHCP LIHTC QPR | Last Updated: January 2024 DOCUMENT SUBJECT TO FURTHER REVIEW AND REVISIONS



VII. Performance Measurements

For completed units identified in Section VI and Section VII above, please provide the following information effective through this Current Reporting Period using numeric values only.

Household Median Income				ЭС										
0-30% AMI	31-50% AMI	51-80% AMI	Total HH Assisted*	Avg. HH Size	Avg. HH Size Avg. Annual HH Income	White (Non-Hispanic)	Black (Non-Hispanic)	Hispanic	Asian/Pacific Islander	Native American	Other	Female	62 or Above	Disabled

^{*}Total households assisted should equal total units leased and moved-in.

Please submit via AmpliFund. Before submitting, please save a copy of this form for your records.

But submitting this form, you are attesting that the information provided is accurate to the best of your knowledge.