



## Attachment 9-18

# One-for-One Replacement Summary Grantee Performance Report

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Name of Grantee:					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+	