One-for-One Replacement Summary Report
Community Development Block Grant Program

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+	