

**KAUAI COUNTY HOUSING AGENCY (KCHA)
CDBG FINAL NARRATIVE REPORT**

Contract Period

PROJECT NAME: _____

CONTRACT#: _____

NUMBER SERVED: (If applicable)

1. Total number of **Households** served during contract period: _____
2. Total number of **Individuals** served during contract period: _____

PROGRAM STATUS: (Attach additional pages if needed.)

1. Accomplishments of activities outlined in your Subrecipient Agreement:

2. Identify significant problems encountered and how they affected your project.

Prepared By: _____

Title: _____

Signature: _____

Date: _____

KCHA USE ONLY

Reviewed By: _____

Date Reviewed: _____

Follow Up/Comments: