## **Final Outcome Report**

Date:

Grant #:	
Grant Begin Date:	Grant End Date:
Grantee:	<u>'</u>
Contact:	Phone:
Email Address:	
MI Neighborhood: provide a narrative o	description summarizing project results.

Describe the positive benefits of the program to your agency (and the served residents).
MICH/MI-HOPE: Describe how it addressed COVID hardship relief.
What lessons were learned? If applicable, include the extent of home repair needs, housing cost burdens that were addressed, and the overall housing stock needs within the area(s) served.
Attached success stories and/or links to video testimonials if available:
Attached success stories and/or links to video testimonials if available:
I certify all grant activities have been completed and the grant is ready for formal closeout.
Simulations.
Signature:
Date: