

# Neighborhood Enhancement Program Policy and Compliance Handbook



**MSHDA**  
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

## Covid Services Activity Tracking/Report Form

Grantee

FSR #:

Name:

Grant #:

Report Period:

Employee

Start Date:

Name:

Title:

End Date:

Service Date	Service/Task Description Being Invoiced	# of Service Hours Provided & # of Residents Served	Invoiced Amount/ Hourly Rate (if applicable)	NEP Dollar Amount Requested
<b>TOTAL</b>				\$

Employee Printed Name and Signature

Date

Agency Authorized Official Signature

Date

Covid Service Activity Only - MSHDA Pre-Approval Required

Telephone: 517-335-2524

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