SUPPORTIVE SERVICES COORDINATOR INITIATIVE

CAHEC
Creating Partnerships, Strengthening Communities

EXHIBIT 5: ACTIVITY REPORT *(to be submitted monthly)*

Apartment Community: _____ Date: _____

Supportive Services Coordinator: _____ Signature: _____

Supervisor: _____ Signature: _____

Date	Description of Activity	Hours

PLEASE FAX TO 919-532-1825

LR 3/15/2011