Exhibit 4 of the Cooperative Agreement

GRANTEE PROGRAM DESCRIPTION

I. General Information.

a. Grantee Name: <u>Texas Department of Housing and Community Affairs</u>

b.	Total Grant Amount:		\$12,342,000
	i.	Rental Assistance:	\$11,400,000
	ii.	Administrative Costs:	\$942,000

c. Total Number of Assisted Units: <u>362</u>

d. Primary Grantee Contact Individual:

- i. Name: _____ Spencer Duran, Program Coordinator
- ii. Address: _____ P.O. Box 13941, Austin, Texas 78711-3941
- iii. Phone: _____(512) 475-1784
- iv. Email: _____spencer.duran@tdhca.state.tx.us

II. Medicaid Agency and any other State Level Service Provider._____

None

Texas Health and Human Services Commission

III. Leveraging _____

IV. Number Housing Vouchers in the Grantee Application. <u>85 Housing Vouchers</u>

V. Target Population. <u>See Interagency Partnership Agreement, Exhibit 3</u>