PMIB Matrix

Organization Name:
Contact Person Name:
Telephone #:
Fax #:

Project Name	Location Name	Program Name	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb

Project Name = Name identified in your HCD application
Location Name = City or place
Program Name = HCD bond-funded program (e.g. Infill, MHP, etc.)