

C.5

**CoC
QUARTERLY STATUS REPORT**

Project Name:

Agency:

Contact Tel. Number:

Contact Person:

Grant Period (FY and OY):

Report Period (Quarter):

Financial Status Update:

	TOTAL AWARD	QUARTERLY \$ AMOUNT DRAWN	YTD \$ AMOUNT DRAWN	% of TOTAL AMOUNT DRAWN (award/YTD amount drawn)
Rental Assistance				
Leasing Assistance				
Administration				
Supportive Services				
Operating				
HMIS				
TOTAL				
Cash Match				

Do you expect an underutilization of funds? YES NO

* If yes, please explain reasons and also actions being taken to address this:

Any concerns with insufficient match and/or documenting match? YES NO

* If yes, please explain reasons and also actions being taken to address this:

Project Update:

- 1) Please note any activities that have deviated (activities added or activities eliminated) from your original funding application for this grant year.

- 2) Please identify any challenges you are currently experiencing with the CoC system as a whole or with your program. In particular, please explain in detail any problems you are having meeting HUD performance measures or any additional performance measures applicable to your program.

- 3) Please identify any experiences of particular value or success that you would like to share regarding your program/participants during this reporting period.

- 4) Please identify and discuss any monitoring reviews that were done during the reporting period and the outcome of the reviews.

- 5) Please indicate any grant amendments you will be proposing to HUD and reasons for any amendments. Also include any amendments that have already been approved and the reasons for those amendments.

- 6) Please include any additional project information, concerns and/or questions your agency wants to provide the Collaborative Applicant.

Performance Outcomes Update:

Please answer where applicable to project type:

1. **ALL PROJECTS:** Describe any issues you are having with the HMIS system and/or data entry within your project(s) in general:

2. **RRH Projects ONLY-** Shortening the length of time between Intake and Housing Placement- Describe activities carried out to ensure that participants are quickly accessing housing. Local target, from time of entry into the rapid rehousing project to being housed, is 30 days. Please indicate successes or challenges associated with meeting this target and strategies being developed to improve or continue in this performance outcome. *(Please provide numerical data on this measure for the status report the average length of time between intake and housing placements for the RRH referrals received during the current quarter and cumulative total for the grant period.*

3. **ALL PROJECTS- Recidivism** - Indicate what percentages of participants exiting this quarter that were paying 50% of their income towards their rent at the time of exit, under 50% of their income, and over 50% of their income:

4. **ALLPROJECTS - Reducing Homelessness & Increasing Exits to Permanent Housing** – Please provide a brief explanation of the number of participants that exited into permanent destinations and the number of participants that were terminated from the project this quarter.

Please provide the number of transfer requests this quarter:

Please provide the number of transfer request granted this quarter:

5. **All Projects-Income/Benefits**–Please respond briefly to the questions below regarding access to employment and linkage to mainstream assistance. *(Please note: Recipients are not being asked to provide numerical data on this measure for the status reports; outcomes on this measure will be tracked quarterly by the APRs submitted with this quarterly report):*
- a. Changes(i.e.new staff,new partnerships, or new initiatives) put in place to assist with increasing employment income:

 - b. Changes (i.e. new staff, new partnerships or new initiatives) put in place to assist with increasing non-employment income: (example, SSI, SSDI):

 - c. Changes (i.e. new staff, new partnerships, or new initiatives) put in place to provide better access and transportation to mainstream benefit appointments and follow-up with participants regarding whether they are receiving and utilizing mainstream benefits:

***This form must be submitted to the Stark Housing Network Inc.
quarterly on the 15th of the month for CoC funded projects.
Please follow the quarterly reporting schedule provided to your agency
by the Stark Housing Network, Inc.***

Date received by SHNI: