

# Semiannual Progress Report



## Semiannual Report for Home4Good Program Grants

All active grants must provide a semiannual progress report (SPR). If your organization has received more than one grant, submit an SPR for each grant. Each reporting period (October-March, April-September, Close Out) should be entered as separate numbers and not as cumulative totals. If the grant you are reporting on has a longer term, you will need to start a new report at the beginning of the subsequent years.

When completing this form **use the "Tab" key** after entering data and to move around the form. Do **NOT** use the "enter" key.

**When complete, please certify and sign the last page of this form.**

<b>Grantee Name</b>		<b>Date of Report Completion</b>	
<b>Program Name</b>		<b>Funding Round Year (Select From Dropdown)</b>	
<b>Grant No./ID</b>		<b>Effective Date (Date of Award Letter)</b>	
<b>Grant Amount</b>		<b>Contact Person Phone</b>	
<b>Contact Person</b>			
<b>Contact Person Email</b>			
<b>Reporting Period</b>	<input type="checkbox"/> <b>October-March 20__</b>	<input type="checkbox"/> <b>April-September 20__</b>	<input type="checkbox"/> <b>Close Out</b>
<b>Project Status as of Current Report Period</b>	<input type="checkbox"/> <b>Unstarted*</b> <input type="checkbox"/> <b>Started/No Draw</b> <input type="checkbox"/> <b>Started/Partially Drawn</b> <input type="checkbox"/> <b>Closed/Fully Disbursed</b> <input type="checkbox"/> <b>Recapture</b>		
<b>*If "Unstarted", please describe status of project below and anticipated start date:</b> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>			

**REQUIRED REPORTING:**

The following sections (one through six) are Core Metrics and are required for each project providing direct services as part of the Home4Good Application Performance Metrics. DO NOT LEAVE BLANK, unless indicated below that the project provides indirect services only. If data was collected, but reported at zero, please complete the "don't know/refused" field. If data was not collected, please complete the "not collected" field.

If the project does not provide direct services and therefore cannot report on Core Metrics, describe project type below.

1. Number of Persons in Households

Criteria	October-March	April-September	Annual Cumulative Total
Adults			
Children			
Don't Know/Refused			
Not Collected			
Total			

2. Age of All Persons

Criteria	October-March	April-September	Annual Cumulative Total
Under Eighteen			
Eighteen -Twenty-Four			
Twenty-Five – Sixty-One			
Sixty-Two and Over			
Don't Know/Refused			
Not Collected			
Total			

3. Gender of All Persons (Including Children)

Criteria	October-March	April-September	Annual Cumulative Total
Male			
Female			
Transgender			
Non-binary			
Don't Know/Refused			
Not Collected			
Total			

4. Special Populations Served

Criteria	October-March	April-September	Annual Cumulative Total
Victims of Domestic Violence			
Substance Use Disorder			
Mental Illness			
Intellectual Disability			
Physical Disability			
Chronic Health Condition(s)			
Veterans			
Previously Incarcerated			
Don't Know/Refused			
Not Collected			
Total			

5. Race of All Persons (Including Children)

Criteria	October-March	April-September	Annual Cumulative Total
American Indian/Alaskan Native			
Asian			
Black/African American			
Multiple Races			
Native Hawaiian/Other Pacific Islander			
White/Caucasian			
Don't Know/Refused			
Not Collected			
Total			

6. Ethnicity of All Persons (Including Children)

Criteria	October-March	April-September	Annual Cumulative Total
Hispanic/Latino			
Non-Hispanic/Non-Latino			
Don't Know/Refused			
Not Collected			
Total			

**ADDITIONAL REPORTING**

The following sections should be completed if applicable.

7. Total Households Placed in Permanent Housing by Area Median Income (AMI)

Criteria	October-March	April-September	Annual Cumulative Total
Households at or below 30% AMI			
Households over 30% AMI			
Total Households Placed			

8. Rapid Re-Housing Households (If Applicable)

Criteria	October-March	April-September	Annual Cumulative Total
Total Number of "in person" initial consultations/meetings from referrals			
Total Number of Households currently in Housing Search			
Total Number of Households placed in Permanent Housing			

Total Number of Households receiving case management after Permanent Housing Placement			
Total number of Households that exited RRH Program successfully			
Total number of Households that exited RRH Program back into homelessness or unknown			

**PERFORMANCE OBJECTIVES REPORTING**

Based on the proposed objectives your organization provided at application, complete the below tables. The list of “Performance Objectives” from the Request for Proposal (RFP) is listed below. Complete as many tables as needed.

Performance Objectives

1. Reduction in the number of individuals experiencing homelessness, including among Veterans, those experiencing chronic homelessness, families, unaccompanied or parenting youth, individuals, domestic violence survivors, and those unsheltered.
2. Reduction in the length of time individuals remain homeless.
3. Reduction in the extent to which individuals who exit homelessness to permanent housing destinations return to homelessness.
4. Increase in access to jobs and income among individuals experiencing homelessness.
5. Reduction in the number of individuals who become homeless for the first time.
6. Increase in successful housing placement.
7. Increase in homelessness prevention.

**EXAMPLE of Proposed Objective Identified at Application**

<b>Proposed Activity :</b>		Housing Locator and Case Management Program		
<b>Identified at Application</b>				<b>Reporting</b>
<b>Performance Objective for this Activity (Program Outcome)</b>	<b>Objective to which this metric relates (Input Program Objective #1-7)</b>	<b>Target Population</b>	<b>Anticipated Change Increase/ Decrease (Days/\$/#)</b>	<b>Actual Change (Cumulative Since Program Start)</b>
Reduce average number of days between program referral/entry and housing lease up	2	Veterans and Transition age youth	Reduce average by 5 days over 1 year	Reduced by 6 days
Provide financial counseling	1,5,7	All	20 additional people counseled	20 additional people counseled

**Proposed Objective Identified at Application #1:**

<b>Proposed Activity :</b>				
<b>Identified at Application</b>				<b>Reporting</b>
<b>Performance Objective for this Activity (Program Outcome)</b>	<b>Objective to which this metric relates (Input Program Objective #1-7)</b>	<b>Target Population</b>	<b>Anticipated Change Increase/ Decrease (Days/\$/#)</b>	<b>Actual Change (Cumulative Since Program Start)</b>

**Proposed Objective Identified at Application #2:**

<b>Proposed Activity :</b>				
<b>Identified at Application</b>				<b>Reporting</b>
<b>Performance Objective for this Activity (Program Outcome)</b>	<b>Objective to which this metric relates (Input Program Objective #1-7)</b>	<b>Target Population</b>	<b>Anticipated Change Increase/ Decrease (Days/\$/#)</b>	<b>Actual Change (Cumulative Since Program Start)</b>

**Proposed Objective Identified at Application #3:**

<b>Proposed Activity :</b>				
<b>Identified at Application</b>				<b>Reporting</b>
<b>Performance Objective for this Activity (Program Outcome)</b>	<b>Objective to which this metric relates (Input Program Objective #1-7)</b>	<b>Target Population</b>	<b>Anticipated Change Increase/ Decrease (Days/\$/#)</b>	<b>Actual Change (Cumulative Since Program Start)</b>

**\*\*Please attach additional pages as necessary\*\***

**Narrative (Optional)**

Please provide additional information about the program's progress in this field or on an attached document

**Expenditure Table To Date**

Use the table below to indicate how your organization has used the Home4Good funds to date. Individual expenses do not need to be listed in "Expense Item/Category" but please use expense categories and aggregate amounts (Example: categories could include Rent & Utility Payments, Salary, or Administrative Costs)

**Expense Period: October through March**

Expense Item/Category	Beginning Grant Balance	Expense Amount	Ending Grant Balance
<i>Ex: Utilities for 3 households</i>	\$5,000	\$250	\$4,750

**Expense Period: April through September**

Expense Item/Category	Beginning Grant Balance	Expense Amount	Ending Grant Balance

*I certify the above to be an accurate and true representation of the persons served by my organization.*

Name:	
Title:	
Signature:	/s/