



Semi-Annual and Close-Out Reporting Instructions

In an effort to document the impact and success of the Home4Good Program ("H4G") across the Commonwealth, PHFA and FHLBank Pittsburgh are requesting that each H4G award recipient (the "Grantee") submit the following information to PHFA.

A. SEMI-ANNUAL REPORT REQUIREMENT:

On or before the **30th day of each March and September** until all H4G funds awarded to Grantee are expended, each Grantee must submit reports on the activities and accomplishments of each H4G funded project, program or activity (the "project"). Grantees that have more than one project must submit a separate report for each project.

Semi-annual reporting consists of two parts: **Both parts are mandatory for each reporting period.**

1.) A mandatory reporting form is attached. This form captures numeric data regarding the project in each semi-annual period. Please note that the information to be reported is just for the previous six-month period. **Do not send aggregate data on this form!** The form requests reporting information on certain demographic groups. If this data is not captured, please do not include anything in that field on the form.

2.) The second part of the report is a brief narrative overview of accomplishments or challenges experienced for the period covered. This information is critical in allowing PHFA and FHLBank Pittsburgh capture overall performance and outcomes of H4G.

Use this narrative to describe how the project has achieved the key performance metrics identified in Grantee's response to the RFP. Please also provide insights and offer examples or stories illustrating how well the funding is allowing the project to serve the targeted population and deliver services, as well as the specific challenges the project may have encountered in H4G delivery of services. As part of the narrative, please provide any quantitative data obtained regarding the sample metrics below as feasible:

- Reduction in the number of individuals experiencing homelessness, including among Veterans, those experiencing chronic homelessness, families, unaccompanied or parenting youth, individuals, and those unsheltered;
- Reduction in the length of time individuals remain homeless;
- Reduction in the extent to which individuals, who exit homelessness to permanent housing destinations, return to homelessness;
- Increase in access to jobs and income among individuals experiencing homelessness;
- Reduction in the number of individuals who become homeless for the first time;
- Increase in successful housing placement; and
- Increase in homelessness prevention.

All reports must be signed and dated. Please send reports to the attention of Allison Hutchings, PHFA, 211 North Front Street, Harrisburg, PA 17101 or electronically to ahutchings@phfa.org.

B. CLOSE-OUT REPORT REQUIREMENT:

For Grantees reaching the completion of their activity (all H4G funds expended), a "close-out" report must be provided **within 30 days of the final expenditure**. The report must include aggregate detail in the close-out form. Please also include a final narrative outlining the same performance metrics identified in the semi-annual reports, but on an aggregate basis to allow us to gauge how well the project did with achieving goals set out. Please include accomplishments and challenges as well as any lessons learned during the H4G period. This report must also be signed and dated and sent to the attention of Clay Lambert, PHFA, 211 North Front Street, Harrisburg, PA 17101 or electronically to clambert@phfa.org.

Please direct any questions regarding the reporting requirements to Clay Lambert at 717.780.3924 or clambert@phfa.org.



Semi-Annual Reporting Form

Project Information		Name of Grantee:	
Date of Report:	Name of Project:	Type of Project:	

Project Demographics (for this reporting period)
Number of individuals served by the project in each category below (as applicable):

Age of Clients:			
Under 18	18 - 24	25 - 61	62 and Over

Gender of Clients:			
Male:	Female:	Not-Identified:	Non-binary:

Race of clients (if disclosed/captured):					
American Indian or Alaska Native:	Asian:	Black or African American:	Native Hawaiian or Other Pacific Islander:	White:	Not Identified:

Ethnicity of clients (if disclosed/captured):		
Hispanic/Latino:	Non-Hispanic/Non-Latino:	Not-Identified:

Area Median Income of Household		
At or below 30% AMI:	Above 30% AMI:	Not Captured::

<i>Other Demographics (if disclosed/captured):</i>						
<i>Veterans:</i>	<i>Previously Incarcerated:</i>	<i>Victim of Domestic Violence:</i>	<i>Intellectually Disability:</i>	<i>Physically Disabled</i>	<i>Persons with HIV/AIDS:</i>	<i>Substance Use Disorder:</i>

<i>Other Data (i.e., zip code, income, employment status, please specify):</i>

By submission of this semi-annual report, the Grantee certifies that the information contained herein is true and accurate to the best of the Grantee's knowledge.

Signature of Grantee: _____ Date: _____



Close-Out Reporting Form

Project Information		Name of Grantee:	
Date of Report:	Name of Project:	Type of Project:	

Project Demographics (for this reporting period)
Number of individuals served by the project in each category below (as applicable):

Age of Clients:			
Under 18	18 - 24	25 - 61	62 and Over

Gender of Clients:			
Male:	Female:	Not-Identified:	Non-binary:

Race of clients (if disclosed/captured):					
American Indian or Alaska Native:	Asian:	Black or African American:	Native Hawaiian or Other Pacific Islander:	White:	Not Identified:

Ethnicity of clients (if disclosed/captured):		
Hispanic/Latino:	Non-Hispanic/Non-Latino:	Not-Identified:

Area Median Income of Household		
At or below 30% AMI:	Above 30% AMI:	Not Captured::

<i>Other Demographics (if disclosed/captured):</i>						
<i>Veterans:</i>	<i>Previously Incarcerated:</i>	<i>Victim of Domestic Violence:</i>	<i>Intellectually Disability:</i>	<i>Physically Disabled</i>	<i>Persons with HIV/AIDS:</i>	<i>Substance Use Disorder:</i>

<i>Other Data (i.e., zip code, income, employment status, please specify):</i>

By submission of this close-out report, the Grantee certifies that the information contained herein is true and accurate to the best of the Grantee's knowledge.

Signature of Grantee: _____ Date: _____