**C.5**

**CoC & HCRP (Regional)**

**STATUS REPORT**

**Project Name**:

**Agency**:

**Contact Person**:

**Contact Phone Number**:

**Grant Period (start date and end date**):       **Report Period**:

**SECTION I**

**Financial Update (All Projects)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Line Item** | **Total Award** | **Quarterly $ Amount Drawn** | **YTD $ Amount Drawn** | **% of Total Amount Drawn (award/YTD)** |
| **CoC** | | | | |
| Rental Assistance | $ | $ | $ |  |
| Leasing Assistance | $ | $ | $ |  |
| Administration | $ | $ | $ |  |
| Supportive Services | $ | $ | $ |  |
| Operating | $ | $ | $ |  |
| HMIS | $ | $ | $ |  |
| **TOTAL** | $ | $ | $ |  |
| **HCRP (Regional)** | | | | |
| Wages/Payroll Taxes | $ | $ | $ |  |
| Benefits | $ | $ | $ |  |
| Vehicle/Fuel | $ | $ | $ |  |
| Other | $ | $ | $ |  |
| Financial Assistance for clients | $ | $ | $ |  |
| **TOTAL** | $ | $ | $ |  |

Do you expect an underutilization of funds?  YES  NO

\*If yes, please explain reasons and action being taken to address this:

|  |  |  |
| --- | --- | --- |
| **MATCH Sources and Amounts** (CoC Projects Only) | | |
| Amount of Match | Type of Match?  Cash Match or In-Kind Match | Amount or Value documented to date for  **In-Kind Services or Goods** |
| $ |  | $ |
| $ |  | $ |
| $ |  | $ |
| $ |  | $ |

**\*HUD recommends internal monitoring of match on a quarterly basis.**

[Virtual-Binders-At-A-Glance-Match.pdf (hudexchange.info)](https://files.hudexchange.info/resources/documents/Virtual-Binders-At-A-Glance-Match.pdf)

Do you have any concerns with insufficient match and/or documenting match?  YES  NO

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

**SECTION II**

**Project Update (All projects)**

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

1. Please outline any challenges related to your project (e.g. participants, staffing, or systems such as HMIS or Coordinated Entry) **that your agency leadership and leadership of other involved agencies have been *unable* to resolve**. If these issues require the involvement of the Stark Housing Network, Inc., please specify the need for a meeting with all relevant parties and the Stark Housing Network will organize the meeting.

1. Please identify any successes that you would like the Stark Housing Network, Inc. ***to share with HCCSC board members*** regarding your project, participants, or staff during this grant operating period.

1. Please identify any monitoring reviews, including those conducted by the Stark Housing Network, Inc. that were conducted during the current grant term and the outcome of the reviews by completing the table below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of monitoring** | **Entity conducting review** | **Findings or action required? (yes or no)** | **Monitoring status (open or closed)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Please indicate any grant amendments you will propose to HUD and reasons for the amendments. Also include any amendments that have already been approved and the reasons for those amendments. (CoC Projects only)

**SECTION III**

**Data Quality (All Projects)**

**Q6 Data Quality:** Each section of the Data Quality Report must have a details mode output for users to identify the specific records included in the section which are generating errors. All projects are encouraged to run this report monthly and correct errors. **Data quality is correctable if caught in a timely fashion when the recipient may still have access to the client. *Reference Sage APR Guidebook***

1. Please review the Q6 Data Quality section (Q 6a-f) of the ARP and provide a response including steps that will be taken to reduce the % of error rate for missing or unknown data elements that are **outside of the acceptable range** **according to the HCCSC/HMIS Data Quality plan**. [Reference HCCSC policy E.6](https://starkcountyhomeless.org/providers/charter-policies/) If no data elements are outside the acceptable range, a response is NOT required and enter N/A:

**Timeliness**: HMIS Users must minimize the amount of time that passes between the data collection/service transaction and the data entry into HMIS-the benchmark is within 5 workdays of the [Reference HCCSC policy E.6](https://starkcountyhomeless.org/providers/charter-policies/)

1. Provide steps taken to correct timeliness of data entry that falls in the 7-11+ days (Q6e).

If no data elements are outside the acceptable range of 0-6 days a response is NOT required and enter N/A:

**SECTION IV**

**Performance Outcomes Update (Answer according to project type)**

RRH Projects Only

1. Complete the percentage achieved by the project for each performance target in the chart below. Reference: [G.2 Performance Targets FY2023 & FY2024](https://starkcountyhomeless.org/providers/charter-policies/)

|  |  |  |
| --- | --- | --- |
| **Performance Target and APR Source** | **HCCSC**  **Target Goal**  ≥ (greater than or equal to)  ≤ (less than or equal to) | **Percentage or number achieved by the Project** |
| Average time between project entry and placement into housing. (source- APR Q22c) | ≤ 35 days | days |
| Percentage of participants exiting to permanent (positive housing destinations) housing (source-APR Q23c) | ≥ 75% | % |
| Percentage of participants (including adults and children) receiving at least one source of health insurance at program exit  (source- APR Q21)  Calculation: Divide # of leavers with 1 source of health insurance (Q21) by # number of leavers (Q5a) to get percentage achieved by project. | ≥95% | %  check box if **zero leavers** and leave % blank |
| Percentage of adult participants who gained or increased employment income by Start and Exit (source- APR Q19a2) | ≥25% | % |
| Percentage of adult participants who gained or increased cash (other income, non-employment) by Start and Exit (source-APR Q19a2) | ≥20% | % |

1. If the percentage achieved deviates by **5% or** more from the target please provide a detailed explanation to include: a.) the activities and or services that contributed to exceeding the goal OR b.) the challenges that contributed to not achieving the goal and c.) the steps that will be taken to improve the project outcomes (i.e., transportation assistance provided to program participants to attend mainstream benefit appointments, employee training or jobs, access to SSI/SSDI.technical assistance provide by SOAR trained staff ).

PSH Projects Only

1. Complete the percentage achieved by the project for each performance target in the chart below. Reference: [G.2 Performance Targets FY2023 & FY2024](https://starkcountyhomeless.org/providers/charter-policies/)

|  |  |  |
| --- | --- | --- |
| **Performance Target and APR Source** | **HCCSC**  **Target Goal**  ≥ (greater than or equal to)  ≤ (less than or equal to) | **Percentage achieved by the Project** |
| Percentage of participants remaining in PSH or exiting to PH (source- APR Q5a, Q23c)  Calculation: # of stayers (Q5a) plus exits to positive destinations (Q23c) equals **total # in PH**.  Divide total # in PH by total # of persons served (Q5a) to get percentage achieved by project | ≥ 96% | % |
| Percentage of participants (including adults and children) receiving at least one source of health insurance at program exit (source- APR Q21)  Calculation: Divide # of leavers with 1 source of health insurance (Q21) by # number of leavers (Q5a) to get percentage achieved by project. | ≥95% | %  check box if **zero leavers** and leave % blank |
| Percentage of adult participants who gained or increased earned (employment) income by Start and Exit (source-APR Q19a2) | ≥5% | % |
| Percentage of adult participants who gained or increased cash (other income, non-employment) by Start and Exit (source-APR Q19a2) | ≥30% | % |

1. If the percentage achieved deviates by 5% or more from the target please provide a detailed explanation to include: a.) the activities and or services that contributed to exceeding the goal OR b.) the challenges that contributed to not achieving the goal and c.) the steps that will be taken to improve the project outcomes (i.e., transportation assistance provided to program participants to attend mainstream benefit appointments, employee training or jobs, access to SSI/SSDI technical assistance provide by SOAR trained staff ).

1. Complete the chart below for the quarter being reported related to terminations, evictions, exits to temporary destinations and housing promotion meetings (include CoC Coordinated Entry and StarkMHAR housing promotion meetings).

|  |  |  |  |
| --- | --- | --- | --- |
| **# of participant’s terminated or evicted (i.e. no longer eligible, program violations, lease violations, etc.)** | **# of participants exited to temporary destinations** | **# of housing promotion meetings** | **# of participants exited to a positive destination or stayed in current housing as a result of housing promotion meetings** |
|  |  |  |  |

* 1. Please feel free to share additional details below including any agency interventions that were used in effort to prevent a termination, eviction, or an exit to a temporary destination

All Projects

Residential Move-In Rate

1. Please complete the below chart for the residential move-in rate.

|  |  |
| --- | --- |
| **Data source-APR Q22c** | |
| Total (persons moved into housing) |  |
| Persons who were exited without move-in |  |

1. Provide a description of the services and support that is offered to project participants who are referred to the housing project to ensure a successful housing move in date.

***This form must be submitted to the Stark Housing Network Inc.***

***by the 15th of the month following the end of each 6-month period during the*** ***grant for CoC funded projects and by the 10th of the month for HCRP Regional RRH funded projects.***

***Email to* lwarden*@starkhousingnetwork.org***

***Please follow the reporting schedule provided on the***

***HCCSC website***

**[CoC-HCRP -Reporting-Schedule](https://starkcountyhomeless.org/wp-content/uploads/2025/02/CoC-HCRP-Status-Reporting-Schedule-2025.pdf)**

Person submitting the status report:

Date submitted:

Direct Supervisor:

Agency Comments:

***Stark Housing Network, Inc. (SHNI) Review and Comments:***

Date received by SHNI:

Reviewed by:

Action Needed:

Other Comments: