



Department of Human Services

Affordable Housing Grants, Homeless Housing Grants, and Consolidated Homeless Grants **FINAL Quarterly Progress Report Form**

Contract Number: KC-_____ Quarter: _____ Grant Cycle: _____

Grant Recipient: _____

Project Name: _____

1) Type of service and/or housing provided: _____

2) Number of individuals served during this grant cycle:

A.	Annual Projected Unduplicated Households Served:	
B.	Unduplicated Households Served 4th Quarter:	
C.	Unduplicated Households Served Year to Date:	

3) **Client Story** – Provide one story about a client receiving these services. If possible, include information about the causes of their displacement from stable housing and their need for this program’s services. Please change names to protect privacy. Story may have a successful outcome or may demonstrate barriers to a successful outcome.

4) **Project Outcomes** – For each Required Program Performance Measure and Target listed in your contract, fill in the information below. Performance Measures that are not listed in the contract should be left blank.

Required Program Performance Measures and Targets

Intervention Type	Performance Measure	Projected Total Households Served with Intervention		Households Achieving Target		Performance Achieved (e.g. % or number of days)	
		Projected (Annual)	YTD Total	Projected (Annual)	YTD Total	Projected (Annual)	YTD Total
All Intervention Types	1A. Percent Served of Unsheltered Homeless Households						
Emergency Shelter	2A. Percent of Exits to Permanent Housing						
	2B. Average Length of Time (Days) Households Remain Homeless (Length of Time in Shelter)						
Transitional Housing	3A. Percent of Exits to Permanent Housing						
	3B. Percent of Returns to Homelessness within 2 years						
Rapid Rehousing	4A. Percent of Exits to Permanent Housing						
	4B. Percent Returns to Homelessness within 2 Years						
Permanent Housing/ Perm Supportive Housing	5A. Percent of Exits to or Retention of Permanent Housing						
Targeted Prevention	6A. Number of New Homeless						
	6B. Percent of households served most likely to enter homelessness based on past homelessness						

Additional Program Performance Measures and Targets:

	From 2018 Contract:	For the YEAR You Are Reporting On:
Performance Measure	Performance Target for 2018:	Actual Performance for this Year:

5) **Other Comments** – Please include any additional comments about this quarter’s progress toward the program goals.

6) Total amount of grant contract: _____

7) Total amount expended for this grant contract: _____

8) Unspent Grant Funds for this contract: _____

I certify that the information above and in the HMIS Quarterly Report submitted for this period is true and accurate and that it was collected in accordance with all requirements in the HMIS Agency Partner Agreement with Commerce, the User Policy, Responsibility Statement, and Code of Ethics forms signed by each HMIS user, and the Kitsap HMIS Collaborative Agreement.

I acknowledge that my agency is relinquishing any remaining grant contract funds (as listed above) that are not claimed by the final deadline for submitting grant reimbursement requests for this contract. These funds will be redistributed in a future grant cycle.

Name & title of person submitting report: _____

Signature: _____ **Date:** _____