



Department of Human Services

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

Contract Number: KC-_____ Contract 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.	Target Number of Households Served (See Contract Target Performance in your contract Exhibit A)	
B.	Unduplicated Households Served this 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.

Performance Measures and Targets

Intervention Type	Performance Measure	Households Served with Intervention	Households Achieving Target	Performance Achieved (e.g. % or number of days)	
		YTD Total	YTD Total	Target (Annual)	YTD Total
All Intervention Types	1A. Percent Served of Unsheltered Homeless Households				
Emergency Shelter	2A. Percent of Exits to Permanent Housing (Continuous Stay Shelter)				
	2B. Percent of Exits to Positive Destinations (Drop-in Shelter)				
	2C. Average Length of Time (Days) Households Remain Homeless (Length of Time in Shelter)				
Transitional Housing	3A. Percent of Exits to Permanent Housing				
	3B. Reduce Average Length of Stay				
Rapid Rehousing	4A. Percent of Exits to Permanent Housing				
Permanent Housing	5A. Exits to or Retention of Permanent Housing (includes PH and HP Projects)				
Data Quality	6A. Project Start Timeliness (entry data entered within 6 days)				
	6B. Project Exit Timeliness (exit data entered within 6 days)				
	6C. Prior Living Situation (with valid responses)				
	6D. Destination at Exit (with valid responses)				
Utilization Rate	7A. Bed Utilization Rate (Emergency Shelters report only)				

Additional Program Performance Measures and Targets:

	From 2020 Contract:	For the Quarter You Are Reporting On:
Performance Measure	Performance Target for 2020:	Actual Performance this Quarter:

5) **Bed Utilization Rate (Emergency Shelters Only):** If your Emergency Shelter program Bed Utilization Rate in 7A is below 90% or above 105% (or as defined in contract Exhibit A) please describe the issue and steps to improve utilization rate. (See [Finding Utilization Rate using Clarity HMIS Reports](#) for discussion on utilization rates being reported too high or low).

6) **Data Quality:** If any of your Data Quality Measures 6A-6D fall below the target, please describe the steps your agency is taking to improve these measures. A performance measure of “NA” indicates that no households have entered or exited your program since 1/1/2020 based on HMIS records. If you have a measure stating “NA” please indicate that there have been no new enrollments/exits or describe why this measure is “NA”.

7) **COVID-19:** In what ways has COVID-19 has affected your organization? Briefly describe changes to your organization's policies, procedures, practices, and facilities as a result of COVID-19.

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

9) **Total amount of grant contract:** _____

10) **Total amount expended for this grant contract:** _____

11) **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.

Name & title of person submitting report: _____

Signature: _____ **Date:** _____