**Homelessness Prevention & Rapid Re-Housing Program (HPRP)**

**Quarterly Performance Report:**

**Elements, Response Categories and Justification**

| **Q #** | **Title of Question** | | **Response Categories** | | **Justification** | |
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| **OMB ARRA Performance Progress Report Data Elements** | | | | | | |
| **Report Authorizing Information** | | | | | | |
| 1 | Name of Awarding Federal Agency or Sub-agency | Federal agency and organization element name | | OMB-required ARRA-Performance Progress Report question. | | |
| 2 | Federal Grant/Award Number Assigned by Federal Agency | Federal grant or other identifying number | | OMB-required ARRA-Performance Progress Report question. | | |
| 3 | 1. DUNS Number 2. EIN 3. CFDA | DUNS, EIN, CFDA numbers | | OMB-required ARRA-Performance Progress Report question. | | |
| 4 | Recipient Organization | Name and complete address including zip code | | OMB-required ARRA-Performance Progress Report question. | | |
| 5 | Recipient Identifying Number or Account Number (Optional) | Recipient identifying number or account number | | OMB-required ARRA-Performance Progress Report question. | | |
| 6 | Project/Grant Period | Start Date (Month, Day, Year)  End Date (Month, Day, Year) | | OMB-required ARRA-Performance Progress Report question. | | |
| 7 | Reporting Period End Date | (Month, Day, Year) | | OMB-required ARRA-Performance Progress Report question. | | |
| 8 | Is this the final report for the project/grant period? | Yes/No | | OMB-required ARRA-Performance Progress Report question. | | |
| 9 | Report Frequency | Annual, quarterly, semi-annual, other (if other, describe) | | OMB-required ARRA-Performance Progress Report question. | | |
| 10 | Performance Narrative – LEAVE BLANK | Describe the Project or Activities for which recovery of funds were expended or obligated. | | OMB-required ARRA-Performance Progress Report question. | | |
| 11 | Other Attachments | Attach other documents as needed or as instructed by the awarding Federal Agency | | OMB-required ARRA-Performance Progress Report question. | | |
| 12 | Certification | 1. Typed or Printed Name and Title of Authorized Certifying Official 2. Signature of Authorized Certifying Official 3. Telephone 4. Email Address 5. Date Report Submitted | | OMB-required ARRA-Performance Progress Report question. | | |
| **Section 1: Award Recipient Information** (Provide requested information for each project or activity for which recovery funds were expended or obligated.) | | | | | | |
| 13 | Name of Project or Activity | Name of project or activity | | OMB-required ARRA-Performance Progress Report question. | | |
| 14 | Total Amount of Recovery Funds Received from Federal Agency Identified in Block 1 | Total amount of ARRA funds received | | OMB-required ARRA-Performance Progress Report question. | | |
| 15 | Amount of Recovery Funds received that were obligated or expended to projects or activities | Amount of ARRA funds received that were obligated or expended | | OMB-required ARRA-Performance Progress Report question. | | |
| **Section 2: Project / Activity Information** (Provide requested information for each project or activity for which recovery funds were expended or obligated.) | | | | | | |
| 16 | Name of Project or Activity | Name of project or activity | | OMB-required ARRA-Performance Progress Report question. | | |
| 17 | Description of Project or Activity (Select activity code(s)) | Brief description | | OMB-required ARRA-Performance Progress Report question. | | |
| 18 | Evaluation of completion status of the project or activity | Not started, Less than 50% completed, Completed 50% or more, Fully completed | | OMB-required ARRA-Performance Progress Report question. | | |
| 19 | Estimate of number of jobs created by this project or activity | Estimate of number of jobs created | | OMB-required ARRA-Performance Progress Report question. | | |
| 20 | Estimate of number of jobs retained by this project or activity | Estimate of number of jobs retained | | OMB-required ARRA-Performance Progress Report question. | | |
| 21 | Describe the employment impact of the Recovery Act funded work | Narrative | | OMB-required ARRA-Performance Progress Report question | | |
| **Section 3: Subawardee or Subcontract Award Information** (Provide requested information for each subawardee or subcontractfor which $25,000 or more of recovery funds were obligated or expended.) | | | | | | |
| 22 | Recipient DUNS Number | DUNS number | | OMB-required ARRA-Performance Progress Report question. | | |
| 23 | Award Number or Other Identifying Number Assigned by the Awarding Entity | Award number or other identifying number | | OMB-required ARRA-Performance Progress Report question. | | |
| 24 | Recipient Name | Recipient name | | OMB-required ARRA-Performance Progress Report question. | | |
| 25 | Recipient Location | Address, City, County, State Postal Code, Zip Code, Congressional District | | OMB-required ARRA-Performance Progress Report question. | | |
| 26 | Recipient Type  (Select primary category from the list of categories provided in instructions) | Select primary category from the list of categories provided in instructions | | OMB-required ARRA-Performance Progress Report question. | | |
| 27 | Recipient Category  (Select one or more that apply from the list provided in the instructions.) | Select one or more that apply from the list of categories provided in the instructions. | | OMB-required ARRA-Performance Progress Report question. | | |
| 28 | Amount of Contract or Award | Current Contract/Award Value | | OMB-required ARRA-Performance Progress Report question. | | |
| 29 | Amount of Contract or Award | Ultimate Contract/Award Value | | OMB-required ARRA-Performance Progress Report question. | | |
| 30 | Award Date | (Month, Day, Year) | | OMB-required ARRA-Performance Progress Report question. | | |
| 31 | Principal Performance Location | Address, City, County, State Postal Code, Zip Code, Congressional District | | OMB-required ARRA-Performance Progress Report question. | | |
| 32 | For the five most highly compensated officers of the entity: | Name  Total Compensation | | OMB-required ARRA-Performance Progress Report question. | | |
| **Section 4: Subawardee or Subcontract Award Information – Aggregate Report** (Provide requested information for aggregate information on subawards and subcontracts for which less than $25,000 of recovery funds were expended or obligated. | | | | | | |
| 33 | Total Number of Subcontracts and Subawards less than $25,000/award | Total amount of subcontracts less than $25,000/award | | OMB-required ARRA-Performance Progress Report question. | | |
| 34 | Total Amount of Subcontracts and Subawards equal to or greater than $25,000/award | Total amount of subcontracts and subawards equal to or greater than $25,000/award | | OMB-required ARRA-Performance Progress Report question. | | |
| **HPRP Quarterly Performance Report Data Elements\*** | | | | | | |
| **Section 5: Grantee Information** | |  | |  | | |
| 35 | Contact Information | Project Name  Grantee (or Subgrantee)  Grantee (or Subgrantee) Contact Name  Title  Address  Phone Number  Fax Number  Email Address | | Allows HUD (or grantee if subgrantee report) to identify primary grantee contact responsible for information contained in the report. | | |
| 36 | Authorizing Information | Name of Authorized Grantee (or Subgrantee) Official  Title/Position | | Allows HUD (or grantee if subgrantee report) to identify the authorizing official representing the grantee or subgrantee organizations. | | |
| 37 | Project Information | CoC Number Grantee Identifier  Program Identifier  Quarterly Period Covered by this Report Administrative Address | | Allows HUD (or grantee if subgrantee report) to monitor and verify basic project information per the Grant Agreement. | | |
| **Section 6: Program Performance** | | | |  | | |
| 38 | Persons and Households Served by Homeless Status at Entry and Eligible Service Activities | Number of unduplicated persons and households served during the quarter and cumulatively since grant execution (unduplicated at subgrantee level) by Homelessness Prevention or Homeless Assistance, as determined by Homeless Status at Entry and Service Type:  Financial Assistance:   * Short-term rental assistance * Medium-term rental assistance * Security deposits (including total with VASH voucher at exit) * Utility deposits * Utility payments * Moving cost assistance * Motel & hotel vouchers   Housing Relocation & Stabilization Services:   * Case management * Outreach & engagement * Housing search & placement * Legal services * Credit repair | | Allows HUD (or grantee if subgrantee report) to monitor and verify conformance with projected persons and households to be served by Homelessness Prevention or Homeless Assistance (based on homeless status at entry) per HPRP first Quarterly Performance Report Supplement. | | |
| 39 | Housing Outcomes of Persons Served (All Leavers Only) | Total number of unduplicated persons served during the quarter by Destination at exit | | Allows HUD (or grantee if subgrantee report) to monitor destination of persons served who left the program as a factor in understanding the client population served and as an indicator of project performance. | | |
| **Section 7: Financial Information** | | | |  | | |
| 40 | HPRP Expenditures by Eligible Activity | Expenditures during the quarter and cumulatively since grant execution by activity (Financial Assistance, Housing Relocation & Stabilization Services, Data Collection & Evaluation, and Administration). | | Allows HUD (or grantee if subgrantee report) to monitor grantee expenditure of HPRP funds for eligible service activities. | | |
| 41 | HPRP Expenditures by Eligible Service Activities | Expenditures during the quarter and cumulatively since grant execution by Homelessness Prevention or Homeless Assistance (as determined by Homeless Status at Entry) and by Service Type:  Financial Assistance:   * Short-term rental assistance * Medium-term rental assistance * Security deposits * Utility deposits * Utility payments * Moving cost assistance * Motel & hotel vouchers   Housing Relocation & Stabilization Services:   * Case management * Outreach & engagement * Housing search & placement * Legal services * Credit repair | | Allows HUD (or grantee if subgrantee report) to monitor and verify grantee expenditure of HPRP funds for eligible activities per Grant Agreement and Initial Performance Report. | | |
| \* Supplemental elements to those required in ARRA-Performance Progress Report (SF-PPR-Recovery)  Note: ARRA Progress Report elements may not be applicable to all HPRP funded applicants. | | | | | |  | |
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**Homelessness Prevention & Rapid Re-Housing Program (HPRP)**

**Initial Performance Report (Supplement to 1st Quarterly Performance Report)**

**Elements, Response Categories and Justification**

| **Q #** | **Title of Question** | | **Response Categories** | | **Justification** |
| --- | --- | --- | --- | --- | --- |
| **Section 8: Grant Allocation** | | | |  | |
| 42 | Are HPRP funds being used for “maintenance of effort” (MOE) due to loss of other federal, state or local funding? If yes, what percent of HPRP funding is being used for MOE purposes? | Yes/No  If yes, % HPRP for MOE. | | Allows HUD (or grantee if subgrantee report) to monitor use of HPRP funds for MOE purposes. | |
| 43 | Subgrantee Awards and Total by Eligible Activity | List of all subgrantees and award amounts by Homelessness Prevention or Homeless Assistance (rapid rehousing) and by eligible activity (Financial Assistance, Housing Relocation & Stabilization, Data Collection and Evaluation, and Administration) | | Allows HUD (or grantee if subgrantee report) to verify basic project information per the Grant Agreement. | |
| **Section 9: Projected Program Outputs** | | | |  | |
| 44 | Projected Persons and Households to be Served During the Grant Period by Homeless Status at Entry and Eligible Service Activities | Total projected number of unduplicated persons to be served during the grant period (unduplicated at subgrantee level) by Homelessness Prevention or Homeless Assistance (as determined by Homeless Status at Entry) and by Service Type:  Financial Assistance:   * Short-term rental assistance * Medium-term rental assistance * Security deposits * Utility deposits * Utility payments * Moving cost assistance * Motel & hotel vouchers   Housing Relocation & Stabilization Services:   * Case management * Outreach & engagement * Housing search & placement * Legal services * Credit repair | | Allows HUD (or grantee if subgrantee report) to monitor projected persons to be served by Homelessness Prevention or Homeless Assistance (based on homeless status at entry). | |
| **Section 10: Homeless Prevention Targeting** | | | |  | |
| 45 | For Homelessness Prevention activities, in addition to HPRP eligibility requirements, are there other risk factors that will be used to determine eligibility and/or prioritization for homelessness prevention assistance? If yes, please identify and provide a brief rationale. | Yes/No  If yes, brief narrative | | Allows HUD (or grantee if subgrantee report) to monitor grantee client targeting criteria for eligible activities. | |
| **Section 11: HMIS** | | | |  | |
| 46 | Describe the plan for entering data on households served into the HMIS(s) operating in the entitlement jurisdiction (or the CoC(s) where subgrantee will provide services). | Brief narrative | | Allows HUD (or grantee if subgrantee report) to monitor plan for entering data into HMIS. | |
| 47 | If no HMIS is operating in a CoC where an HPFP subgrantee will provide services, describe the plan to ensure data is collected in a comparable data system. | Brief narrative | | Allows HUD (or grantee if subgrantee report) to monitor plan for entering data into HMIS. | |