

## Grantee Type

**Please select your grantee type:**

## Grantee State

In which state is the grantee located? Ohio  
(for multiple state selections hold CTRL+Key)

## Grantee Information

**Grantee Name** Hamilton County  
**Name of Organization or Department Administering Funds** Community Development Department  
**Organizational DUNS#:** 134718100  
**Grant Number** S09-UY-39-0003  
**Grant Amount** \$1,396,621  
**Identify the Field Office** Columbus  
**Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance.** OH-500 - Cincinnati/Hamilton County CoC

### HPRP Contact Name

**Prefix** Ms.  
**First Name** Susan  
**Middle Name**  
**Last Name** Walsh  
**Suffix**  
**Title** Director

### HPRP Contact Address

**Street Address 1** 138 E. Court Street  
**Street Address 2** Room 1002  
**City** Cincinnati  
**State** Ohio  
**ZIP Code** 45202

**Phone Number** 513-946-8235  
**Format: 123-456-7890**

**Extension**

**Fax Number** 513-946-8240  
**Format: 123-456-7890**

**Email Address** Susan.Walsh@hamilton-co.org  
**Confirm Email Address** Susan.Walsh@hamilton-co.org

## Report Period and Status

Select the Reporting Period for this Performance Report 10/01/09 - 12/31/09

Indicate Report Type QPR

Indicate Performance Report Status Preliminary

## Persons and Households Served

In the first row ("Total Served"), enter the total unduplicated number of persons and households served with HPRP Homelessness Prevention Assistance and HPRP Homeless Assistance (Rapid Re-Housing) in the current quarter and for the grant to date. In the rows under "Total Served by Activity (#)," enter the number of persons and households served with each type of assistance.

### Total Served

	Homelessness Prevention				Homeless Assistance				TOTAL				
	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds		
	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	
<b>Total Served</b>													
<b>Total Served</b>	146	255	56	101	0	0	0	0	146	255	56	101	

### Total Served by Activity (#)

Activities	Homelessness Prevention				Homeless Assistance				TOTAL				
	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds		
	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	
<b>Financial Assistance</b>													
Rental assistance	102	211	39	83	0	0	0	0	102	211	39	83	
Security and utility deposits	17	60	8	22	0	0	0	0	17	60	8	22	
Utility payments	59	123	22	52	0	0	0	0	59	123	22	52	
Moving cost assistance	0	0	0	0	0	0	0	0	0	0	0	0	
Motel & hotel vouchers	0	0	0	0	0	0	0	0	0	0	0	0	
<b>Total-Financial Assistance</b>	136	254	51	100	0	0	0	0	136	254	51	100	
<b>Housing Relocation &amp; Stabilization Services</b>													
Case management	0	0	0	0	0	0	0	0	0	0	0	0	
Outreach and engagement	0	0	0	0	0	0	0	0	0	0	0	0	
Housing search and placement	47	111	15	33	0	0	0	0	47	111	15	33	
Legal services	3	14	1	7	0	0	0	0	3	14	1	7	
Credit repair	0	0	0	0	0	0	0	0	0	0	0	0	

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<b>Total-Housing Relocation &amp; Stabilization Services</b>	47	118	15	38	0	0	0	0	47	118	15	38
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## Housing Outcomes of Persons Served with Homelessness Prevention Assistance

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homelessness Prevention Assistance ended, in the current quarter and the total for the grant to date.

### Housing Outcomes (All Leavers Only)

#### Homelessness Prevention

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
<b>Permanent Destinations</b>						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	115	79.31%	78.77%	181	73.58%	70.98%
Rental by client, VASH housing subsidy	2	1.38%	1.37%	2	0.81%	0.78%
Rental by client, other (non-VASH) housing subsidy	28	19.31%	19.18%	63	25.61%	24.71%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Permanent Destinations</b>	<b>145</b>	<b>100.00%</b>	<b>99.32%</b>	<b>246</b>	<b>100.00%</b>	<b>96.47%</b>
<b>Temporary Destinations</b>						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Temporary Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Institutional Destinations</b>						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
HPRP Quarterly Performance Report		Page 7			01/08/2010	

<b>Total Persons Leaving for Institutional Destinations</b>	0	100.00%	0.00%	0	100.00%	0.00%
<b>Miscellaneous</b>						
<b>Other Destinations</b>	0	0.00%	0.00%	8	88.89%	3.14%
<b>Deceased</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Don't know / refused</b>	1	100.00%	0.68%	1	11.11%	0.39%
<b>Missing this information</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total for Miscellaneous</b>	1	100.00%	0.68%	9	100.00%	3.53%
<b>TOTAL PERSONS WHO LEFT THE PROGRAM</b>	146		100.00%	255		100.00%

## Housing Outcomes of Persons Served with Homeless Assistance

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

### Housing Outcomes (All Leavers Only)

#### Homeless Assistance

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
<b>Permanent Destinations</b>						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Permanent Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Temporary Destinations</b>						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Temporary Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Institutional Destinations</b>						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Institutional Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
HPRP Quarterly Performance Report		Page 9			01/08/2010	

Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
<b>TOTAL PERSONS WHO LEFT THE PROGRAM</b>	0		0.00%	0		0.00%

## Expenditures by Activity

**In the cells below, enter the amount of funds expended (costs incurred, not necessarily drawn down) for each activity type, in the current quarter and for the grant to date.**

### Expenditures (\$)

Activities	Homelessness Prevention		Homeless Assistance		Total	
	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	46,601	151,789	0	0	46,601	151,789
Housing Relocation & Stabilization Services	4,729	14,469	0	0	4,729	14,469
Data Collection & Evaluation					0	0
Administration					563	7,863
<b>TOTAL</b>					<b>51,893</b>	<b>174,121</b>

## Grant Allocation

**Did the grantee meet the 9/30 deadline to award or enter into legally binding agreements with subgrantees?** Yes

### Grantee and Subgrantee/Contractor Allocations

Activity	Amount of HPRP Funds Retained by Grantee	Amount of HPRP Funds Awarded To Subgrantee (s) / Contractor s(s)	Total
Financial Assistance	\$0	\$1,167,311	\$1,167,311
Housing Relocation and Stabilization	\$0	\$165,024	\$165,024
Data Collection and Evaluation	\$0	\$0	\$0
Administration	\$3,536	\$60,750	\$64,286
<b>Total</b>	<b>\$3,536</b>	<b>\$1,393,085</b>	<b>\$1,396,621</b>

<b>HPRP Grant Amount</b>	<b>\$1,396,621</b>
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## Subgrantee/Contractor List Attachment

Document Type	Required?	Document Description	Date Attached
Subgrantee Attachment	Yes	County Subgrantee...	01/08/2010

## Attachment Details

Click on "HPRP Subgrantee List Template" on the left menu bar. Complete the spreadsheet, save it to your computer, and upload it to e-snaps using the "Browse" button. Excel and zip are the only file types allowed.

**Document Description:** County Subgrantee List

## Projected Persons and Households to be Served

Enter the total number of persons and households estimated to be served with HPRP Homelessness Prevention assistance and HPRP Homeless Assistance by the end of the grant period. For more instructions, click on "Instructions" on the left menu.

### Total to be Served by Activity(#)

Activities	Homelessness Prevention		Homeless Assistance		Total	
	Persons	Hshlds	Persons	Hshlds	Persons	Hshlds
<b>Financial Assistance</b>						
Rental assistance	685	275	0	0	685	275
Security and utility deposits	125	50	0	0	125	50
Utility payments	375	150	0	0	375	150
Moving cost assistance	10	5	0	0	10	5
Motel & hotel vouchers	0	0	0	0	0	0
<b>Total-Financial Assistance</b>	<b>1,195</b>	<b>480</b>	<b>0</b>	<b>0</b>	<b>1,195</b>	<b>480</b>
<b>Housing Relocation &amp; Stabilization Services</b>						
Case management	0	0	0	0	0	0
Outreach and engagement	0	0	0	0	0	0
Housing search and placement	210	85	0	0	210	85
Legal services	250	100	0	0	250	100
Credit repair	10	5	0	0	10	5
<b>Total-Housing Relocation &amp; Stabilization Services</b>	<b>470</b>	<b>190</b>	<b>0</b>	<b>0</b>	<b>470</b>	<b>190</b>
<b>TOTAL TO BE SERVED</b>	<b>1,665</b>	<b>670</b>	<b>0</b>	<b>0</b>	<b>1,665</b>	<b>670</b>

## Homelessness Prevention - Other Risk Factors to be Used

**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?** Yes

**If yes, identify the criteria to be used and provide a brief description, including how the criteria will be used (e.g. limited to only certain types of HPRP assistance or applied across all subgrantees and types of assistance) and rationale for why the criteria were chosen (limit 2500 characters).**

In order to receive HPRP Prevention Assistance, a potential participant must call the Central Access Point (CAP) hotline to complete an initial screening. In addition to the HPRP eligibility requirements, the CAP Intake Specialists are screening clients with the following criteria: Has the client been a resident of an emergency shelter in the past two years as verified in VESTA (local HMIS)? Is the client newly unemployed (within the past year) due to the economic crisis (or did they just recently obtained new employment)?

We are not serving individuals who are classified as "chronically homeless" or who are participating in a supportive housing program (i.e. Shelter Plus Care, or other CoC housing programs).

The rationale for selecting these other criteria is that we are seeking to assist those most at risk of becoming homeless because of the economic downturn and those who are most likely to achieve and maintain stability with the short term financial and case management assistance. By limiting the program to families or individuals who have not stayed in a shelter in the past two years we are seeking to assist those who might be first time homeless and those most recently impacted by the economic downturn. Also, by serving those who have become unemployed in the past year and those who have been unable to secure employment we are addressing the needs of people impacted by the shortage of jobs available.

In addition to limiting the types of clients we are serving, we are limiting the types of services being offered by not offering motel/hotel voucher use for any participants. The rationale for not utilizing the hotel/motel vouchers is so that most financial assistance will be used for payments that will result in maintaining and stabilizing permanent housing.

## HMIS Plan for Entering Data

**Will beneficiary data be entered (or uploaded at least quarterly) into a single HMIS at the grantee level in order to generate unduplicated data for "Persons and Households Served" questions in the QPR?** Yes

**If yes, briefly describe the HMIS to be used and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).**

The Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc. (CoC) is administering the HPRP Programs for Hamilton County and the City of Cincinnati. The CoC has subcontracted with the established community HMIS provider, The Partnership Center, Ltd. to provide all HMIS required activities. The local HMIS system, VESTA, has been reprogrammed to all HUD specifications for reporting including the new HMIS Data and Technical Standards as required for HPRP. VESTA has also been programmed for the required Quarterly Performance Report (QPR) and annual Performance Report (APR) as required by HUD for reporting on HPRP.

All HPRP Prevention providers are entering information into one "program" in VESTA, in real-time, so no applicant could receive services from two separate agencies.

HPRP staff is utilizing VESTA as both a case management tool and as a means for financial assistance requests. VESTA is programmed to meet the local HPRP program requirements for financial assistance requests such as receiving and storing scanned leases, eviction notices, disconnect notices, etc. Case workers are entering their case notes and services provided pertaining to housing stabilization into VESTA. The HPRP Coordinator offers oversight of the case management services and information entered in VESTA through bi-weekly peer review meetings and monthly supervision.

The Partnership Center, Ltd also provides all software licensing for HPRP programs, user training for all prevention, and data review and monitoring for accuracy.

**If no, briefly describe the HMIS(s) and/or other comparable client-level database(s) that will be used by one or more subgrantees and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).**

## Authorizing Information and Certification

**The Name of the Authorized Grantee Official should be the same as submitted in the HPRP Substantial Amendment, unless there has been a change.**

**Name of Authorized Grantee Official** Patrick Thompson  
**Title/Position** County Administrator

**I hereby certify that all the information stated herein is true and accurate. I understand that HUD will prosecute false claims and statements and that conviction may result in criminal and/or civil penalties (pursuant to 18 USC 1001, 1010, 1012; 31 USC 3729, 3802).**

**Check for Certification**

## Summary

<b>Part</b>	<b>Last Updated</b>
<b>Grantee Type</b>	No Input Required
<b>Grantee State</b>	01/05/2010
<b>Grantee Information</b>	01/05/2010
<b>Report Period and Status</b>	01/08/2010
<b>Persons and Households Served</b>	01/07/2010
<b>Housing Outcomes Homelessness Prevention</b>	01/07/2010
<b>Housing Outcomes Homeless Assistance</b>	01/05/2010
<b>Expenditures by Activity</b>	01/08/2010
<b>Grant Allocation</b>	01/07/2010
<b>Subgrantee/Contractor List Attachment</b>	01/08/2010
<b>Projected Persons and Households to be Served</b>	01/05/2010
<b>Homelessness Prevention Risk Factors</b>	01/07/2010
<b>HMIS Plan for Entering Data</b>	01/07/2010
<b>Authorizing Information and Certification</b>	01/08/2010