

## Grantee State

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

## Grantee Information

**Grantee Name** Springfield OH  
**Name of Organization or Department Administering Funds** Community Development

**Organizational DUNS#** 079426334

**Grant Number** S09-MY-39-0019

**Grant Amount** \$815,869

**Identify the Field Office** Columbus

**Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance.**

### HPRP Contact Name

**Prefix** Ms.

**First Name** Jackie

**Middle Name** Ann

**Last Name** Sudhoff

**Suffix**

**Title** Housing Programs Coordinator

### HPRP Contact Address

**Street Address 1** 76 E. High Street

**Street Address 2**

**City** Springfield

**State** Ohio

**ZIP Code** 45502

**Phone Number** 937-324-7380  
**Format: 123-456-7890**

**Extension**

**Fax Number** 937-328-3489  
**Format: 123-456-7890**

**Email Address** jsudhoff@ci.springfield.oh.us

**Confirm Email Address** jsudhoff@ci.springfield.oh.us

## Report Period and Status

**Select the Reporting Period for this Performance Report** 07/01/09 - 09/30/09

**Indicate Report Type** QPR

**Indicate Performance Report Status** Preliminary

## Persons and Households Served

**Instructions:**

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

	Persons		Hshlds		Persons		Hshlds		Persons		Hshlds		
	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date	
<b>Total Served</b>	0	0	0	0	0	0	0	0	0	0	0	0	

### Total Served by Activity (#)

Homelessness Prevention  
 Homeless Assistance  
 TOTAL

Activities	Persons		Hshlds		Persons		Hshlds		Persons		Hshlds		
	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date	
Financial Assistance													
Rental assistance	0	0	0	0	0	0	0	0	0	0	0	0	
Security and utility deposits	0	0	0	0	0	0	0	0	0	0	0	0	
Utility payments	0	0	0	0	0	0	0	0	0	0	0	0	
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>	0	0	0	0	0	0	0	0	0	0	0	0	

<b>Housing Relocation &amp; Stabilization Services</b>												
<b>Case management</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Outreach and engagement</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Housing search and placement</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Legal services</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Credit repair</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total-Housing Relocation &amp; Stabilization Services</b>	0	0	0	0	0	0	0	0	0	0	0	0



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>
<b>Miscellaneous</b>						
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%
<b>Total for Miscellaneous</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>TOTAL PERSONS WHO LEFT THE PROGRAM</b>	<b>0</b>		<b>0.00%</b>	<b>0</b>		<b>0.00%</b>

## 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>	0	100.00%	0.00%	0	100.00%	0.00%
<b>Miscellaneous</b>						
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%
<b>Total for Miscellaneous</b>	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 (\$)

Homelessness  
 Prevention  
 Assistance  
 Total

Activities	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	0	0	0	0	0	0
Housing Relocation & Stabilization Services	0	0	0	0	0	0
Data Collection & Evaluation					0	0
Administration					0	0
<b>TOTAL</b>					0	0

## 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
<b>Financial Assistance</b>	\$0.00	\$535,000.00	\$535,000.00
<b>Housing Relocation and Stabilization</b>	\$20,000.00	\$205,000.00	\$225,000.00
<b>Data Collection and Evaluation</b>	\$0.00	\$15,076.00	\$15,076.00
<b>Administration</b>	\$20,793.00	\$20,000.00	\$40,793.00
<b>Total</b>	\$40,793.00	\$775,076.00	\$815,869.00

<b>HPRP Grant Amount</b>	\$815,869
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## Subgrantee/Contractor List Attachment

Document Type	Required?	Document Description	Date Attached
Subgrantee Attachment	Yes	Springfield Subgr...	10/05/2009

## 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:** Springfield 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(#)

Homelessness Prevention and Homeless Assistance  
 Total

Activities	Persons	Hshlds	Persons	Hshlds	Persons	Hshlds
<b>Financial Assistance</b>						
Rental assistance	100	48			100	48
Security and utility deposits	30	4	10	4	40	8
Utility payments	100	48			100	48
Moving cost assistance	8	2	10	4	18	6
Motel & hotel vouchers	0	0	1	1	1	1
<b>Total-Financial Assistance</b>	<b>238</b>	<b>102</b>	<b>21</b>	<b>9</b>	<b>259</b>	<b>111</b>
<b>Housing Relocation &amp; Stabilization Services</b>						
Case management	238	102	21	9	259	111
Outreach and engagement	210	90	10	2	220	92
Housing search and placement	28	12	21	9	49	21
Legal services	10	5	4	1	14	6
Credit repair	0	0	0	0	0	0
<b>Total-Housing Relocation &amp; Stabilization Services</b>	<b>486</b>	<b>209</b>	<b>56</b>	<b>21</b>	<b>542</b>	<b>230</b>
<b>TOTAL TO BE SERVED</b>	<b>724</b>	<b>311</b>	<b>77</b>	<b>30</b>	<b>801</b>	<b>341</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? No

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).

## Data Collection Plan

**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).**

Each provider contracting with the Department of Jobs and Family Services to provide HPRP assistance to clients will enter client information into the HMIS systems used by the Springfield Clark County Housing Collaborative, ServicePoint. The CoC has been using this system since about 2003 with the support agencies being trained to enter their own client information in 2007. Each agency will have to input client information before case management reimbursement and financial assistance can be provided.

**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** James A. Bodenmiller

**Title/Position** City Manager

**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 State</b>	No Input Required
<b>Grantee Information</b>	10/1/09 10:25 AM
<b>Report Period and Status</b>	10/1/09 11:00 AM
<b>Persons and Households Served</b>	10/1/09 11:04 AM
<b>Housing Outcomes Homelessness Prevention</b>	10/1/09 11:13 AM
<b>Housing Outcomes Homeless Assistance</b>	10/1/09 11:16 AM
<b>Expenditures by Activity</b>	10/1/09 11:18 AM
<b>Grant Allocation</b>	10/1/09 11:24 AM
<b>Subgrantee/Contractor List Attachment</b>	10/5/09 4:43 PM
<b>Projected Persons and Households to be Served</b>	10/5/09 10:11 AM
<b>Homelessness Prevention Risk Factors</b>	10/5/09 10:12 AM
<b>Data Collection Plan</b>	10/5/09 10:20 AM
<b>Authorizing Information and Certification</b>	10/5/09 10:22 AM