



Kim Hustad

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Project Name: All Projects

Date Submitted: On 23

Project Status: Open Projects

Submission Version: Latest Version

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Submissions

Project Name ↑	Project Number	Step Name	Funding Opportunity Name	Start Date	End Date	Date Submitted
HPRP Reporting	HPRP_011445	HPRP Application (Final) FY2009	HPRP Reporting	Sep 30, 2009	Dec 1, 2012	
HPRP Reporting	HPRP_011445	HPRP Application (Preliminary) FY2009	HPRP Reporting	Sep 30, 2009	Dec 1, 2012	Oct 9, 2009 10:30:56 AM

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Grantee State

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

Grantee Information

Grantee Name Lee County
Name of Organization or Department Administering Funds Lee County Department of Human Services
Organizational DUNS# 013461611
Grant Number S09-UY-12-0023
Grant Amount \$881,538
Identify the Field Office Miami
Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance. FL-603 - Ft Myers/Cape Coral/Lee County CoC

HPRP Contact Name

Prefix Ms.
First Name Kim
Middle Name J
Last Name Hustad
Suffix
Title Program Manager

HPRP Contact Address

Street Address 1 2440 Thompson Street
Street Address 2
City Fort Myers
State Florida
ZIP Code 33901

Phone Number 239-533-7916
Format: 123-456-7890

Extension

Fax Number 239-533-7976
Format: 123-456-7890

Email Address khustad@leegov.com

Confirm Email Address khustad@leegov.com

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
Total Served												
Total Served	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											
Utility payments												
Moving cost assistance												
Motel & hotel vouchers												
Total-Financial Assistance												

Financial Assistance												
Rental assistance	0	0	0	0	0	0	0	0	0	0	0	0
Security and utility deposits	0											
Utility payments												
Moving cost assistance												
Motel & hotel vouchers												
Total-Financial Assistance												

Housing Relocation & Stabilization Services												
Case management	0	0		0	0	0	0	0	0	0	0	0
Outreach and engagement												
Housing search and placement												
Legal services												
Credit repair												
Total-Housing Relocation & Stabilization Services												

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%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%

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%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

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)

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.

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
Permanent Destinations						
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%
Total Persons Leaving for Permanent Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Temporary Destinations						
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%
Total Persons Leaving for Temporary Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Institutional Destinations						
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%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%
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%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

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	\$652,000.00	\$0.00	\$652,000.00
Housing Relocation and Stabilization	\$185,461.00	\$0.00	\$185,461.00
Data Collection and Evaluation	\$0.00	\$0.00	\$0.00
Administration	\$44,077.00	\$0.00	\$44,077.00
Total	\$881,538.00	\$0.00	\$881,538.00

HPRP Grant Amount	\$881,538
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Subgrantee/Contractor List Attachment

Document Type	Required?	Document Description	Date Attached
Subgrantee Attachment	Yes	Lee County sub-gr...	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: Lee County sub-grantee/contractor list

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).

Lee County is not sub-granting any of the HPRP funding but is delivering the program internally. Due to overwhelming need in Lee County and the limited allocation, Department staff had to make tough resource based decisions regarding program design. Staff had to balance serving more people with less financial assistance versus less people with more. Due to the local economic conditions and foreclosure crisis, demand dictated the following:

The program will target those most likely to succeed in becoming self sufficiency with shallow rent subsidies. Applicants will need some sort of income. Household is working at least part-time, or in a program sponsored by the Career and Service Center, or collecting unemployment benefits and benefits will continue for the next 6 months from the date of application.

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).

The Lee County CoC HMIS system administrator is located on site with the HPRP management and program staff. HPRP staff are entering data directly into the HMIS Client Services Network system. Management, the ARRA Team and program staff will review the quality of client level and program level data monthly.

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 Ray Judah
Title/Position Commissioner

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

Part	Last Updated
Grantee State	No Input Required
Grantee Information	10/5/09 11:33 AM
Report Period and Status	10/5/09 11:33 AM
Persons and Households Served	10/5/09 11:45 AM
Housing Outcomes Homelessness Prevention	10/5/09 12:25 PM
Housing Outcomes Homeless Assistance	10/5/09 12:23 PM
Expenditures by Activity	10/9/09 10:28 AM
Grant Allocation	10/5/09 12:29 PM
Subgrantee/Contractor List Attachment	10/5/09 12:55 PM
Projected Persons and Households to be Served	10/5/09 12:39 PM
Homelessness Prevention Risk Factors	10/5/09 12:39 PM
Data Collection Plan	10/6/09 10:21 AM
Authorizing Information and Certification	10/5/09 12:41 PM