

## Grantee Type

**Please select your grantee type:** Grantee

## Grantee State

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

## Grantee Information

**Grantee Name** ID State Program  
**Name of Organization or Department Administering Funds** Idaho Housing and Finance Association  
**Organizational DUNS#:** 070022439  
**Grant Number** S09-DY-16-0001  
**Grant Amount** \$4,438,807  
**Identify the Field Office** Portland  
**Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance.** ID-501 - Idaho Balance of State CoC

### HPRP Contact Name

**Prefix** Ms.  
**First Name** Karrie  
**Middle Name**  
**Last Name** Butler  
**Suffix**  
**Title** Grant Program Administrator

### HPRP Contact Address

**Street Address 1** P. O. Box 7899  
**Street Address 2** 565 W. Myrtle St.  
**City** Boise  
**State** Idaho  
**ZIP Code** 83707

**Phone Number** 208-331-4880  
**Format: 123-456-7890**

### Extension

**Fax Number** 208-331-4808  
**Format: 123-456-7890**

**Email Address** karrieb@ihfa.org  
**Confirm Email Address** karrieb@ihfa.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>	838	838	272	272	152	152	60	60	990	990	331	331	

### 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	701	701	229	229	116	116	44	44	817	817	272	272	
Security and utility deposits	83	83	26	26	120	120	43	43	203	203	68	68	
Utility payments	30	30	9	9	4	4	2	2	34	34	11	11	
Moving cost assistance	0	0	0	0	0	0	0	0	0	0	0	0	
Motel & hotel vouchers	0	0	0	0	14	14	6	6	14	14	6	6	
<b>Total-Financial Assistance</b>	714	714	232	232	135	135	53	53	849	849	284	284	
<b>Housing Relocation &amp; Stabilization Services</b>													
Case management	754	754	245	245	147	147	58	58	901	901	302	302	
Outreach and engagement	96	96	36	36	25	25	13	13	121	121	49	49	
Housing search and placement	70	70	18	18	64	64	20	20	134	134	37	37	
Legal services	0	0	0	0	0	0	0	0	0	0	0	0	
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>	815	815	269	269	152	152	61	61	967	967	329	329
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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	41	91.11%	91.11%	41	91.11%	91.11%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	4	8.89%	8.89%	4	8.89%	8.89%
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>45</b>	<b>100.00%</b>	<b>100.00%</b>	<b>45</b>	<b>100.00%</b>	<b>100.00%</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>						
<b>Other Destinations</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Deceased</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Don't know / refused</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Missing this information</b>	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>	45		100.00%	45		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	5	55.56%	45.45%	5	55.56%	45.45%
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	3	33.33%	27.27%	3	33.33%	27.27%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	1	11.11%	9.09%	1	11.11%	9.09%
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>9</b>	<b>100.00%</b>	<b>81.82%</b>	<b>9</b>	<b>100.00%</b>	<b>81.82%</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	2	100.00%	18.18%	2	100.00%	18.18%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Temporary Destinations</b>	<b>2</b>	<b>100.00%</b>	<b>18.18%</b>	<b>2</b>	<b>100.00%</b>	<b>18.18%</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>

<b>Miscellaneous</b>						
<b>Other Destinations</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Deceased</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Don't know / refused</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Missing this information</b>	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>	11		100.00%	11		100.00%

## 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	184,134	184,134	73,131	73,131	257,265	257,265
Housing Relocation & Stabilization Services	14,174	14,174	12,135	12,135	26,309	26,309
Data Collection & Evaluation					9,847	9,847
Administration					15,525	15,525
<b>TOTAL</b>					308,946	308,946

## 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	\$3,437,089	\$3,437,089
<b>Housing Relocation and Stabilization</b>	\$0	\$691,003	\$691,003
<b>Data Collection and Evaluation</b>	\$0	\$88,775	\$88,775
<b>Administration</b>	\$110,970	\$110,970	\$221,940
<b>Total</b>	\$110,970	\$4,327,837	\$4,438,807

<b>HPRP Grant Amount</b>	\$4,438,807
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## Subgrantee/Contractor List Attachment

Document Type	Required?	Document Description	Date Attached
Subgrantee Attachment	Yes	list of subgrantees	01/12/2010

## 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:** list of subgrantees

## 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	2,904	879	1,127	522	4,031	1,401
Security and utility deposits	324	113	947	508	1,271	621
Utility payments	365	131	187	82	552	213
Moving cost assistance	10	3	24	8	34	11
Motel & hotel vouchers	0	0	210	124	210	124
<b>Total-Financial Assistance</b>	<b>2,904</b>	<b>879</b>	<b>1,127</b>	<b>522</b>	<b>4,031</b>	<b>1,401</b>
<b>Housing Relocation &amp; Stabilization Services</b>						
Case management	2,904	879	1,127	522	4,031	1,401
Outreach and engagement	730	261	404	229	1,134	490
Housing search and placement	136	35	648	254	784	289
Legal services	5	2	5	2	10	4
Credit repair	0	0	0	0	0	0
<b>Total-Housing Relocation &amp; Stabilization Services</b>	<b>2,904</b>	<b>879</b>	<b>1,127</b>	<b>522</b>	<b>4,031</b>	<b>1,401</b>
<b>TOTAL TO BE SERVED</b>	<b>2,904</b>	<b>879</b>	<b>1,127</b>	<b>522</b>	<b>4,031</b>	<b>1,401</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).**

## 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).**

Idaho is a statewide HMIS implementation and all participant data will be entered directly into a single HMIS by the sub-grantees. Our HMIS vendor is ServicePoint which has developed system reports for the QPR and APR, along with data quality reports, that can all be run at the subgrantee and grantee level. In addition to the data quality, we are requiring our subgrantees to submit in-house ad-hoc reports of clients served for specific date ranges to match up with the draw requests. This will ensure that all client level services are being entered into our HMIS prior to grant reimbursement. With these measures in place, we feel that we will be able to sufficiently monitor the accuracy and validity of data in the HMIS and meet the HPRP timelines for reporting.

**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** Julie H. Williams

**Title/Position** Senior Vice President

**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>	01/04/2010
<b>Grantee Information</b>	01/05/2010
<b>Report Period and Status</b>	01/05/2010
<b>Persons and Households Served</b>	01/12/2010
<b>Housing Outcomes Homelessness Prevention</b>	01/12/2010
<b>Housing Outcomes Homeless Assistance</b>	01/12/2010
<b>Expenditures by Activity</b>	01/12/2010
<b>Grant Allocation</b>	01/12/2010
<b>Subgrantee/Contractor List Attachment</b>	01/12/2010
<b>Projected Persons and Households to be Served</b>	01/13/2010
<b>Homelessness Prevention Risk Factors</b>	01/12/2010
<b>HMIS Plan for Entering Data</b>	01/12/2010
<b>Authorizing Information and Certification</b>	01/12/2010