

## MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT SHELTER AND TRANSITIONAL HOUSING FACILITIES GRANT PROGRAM

## **ANNUAL CERTIFICATION AND ACTIVITY REPORT**

Project Name:	
Project Address:	
Sponsor Name:	
CDA #:	
Report Due Date:	

In accordance with the Financing and Regulatory Agreement, you must submit an annual certification verifying that all residents of the Project are homeless households.

To the best of my knowledge, understanding and belief, the aforementioned property complies with the restrictions required by the Regulatory documents and the applicable program regulations, and that the information is true and correct.

Certified by:

Name:

Address

Title

City

State Zip

Phone Number

Email Address

Also, in an effort to assist us in determining the characteristics of the households served while residing in the Project and to assess each Project's progress in assisting residents' transition to independence and permanent housing, please provide the following information on the persons served in the Project in the year for which the report is being provided.

1. The total number of households served during the reporting period. \_\_\_\_\_\_

2. For each household type, the number of households served during the reporting period.

single female single male female sole head-of-household family male sole head-of-household family two parent family a couple with no children

At least one member is a U.S. military veteran At least one member who is disabled physical disability mental disability other disability (explain):

- 3. Using the number of households reported above, the total number of <u>persons</u> served:
- 4. Upon entering the Project, how many households had:

one or more household members employed none of the household members employed

- 5. How many of the households served during the reporting period received housing subsidies?
- 6. Indicate the number of households experiencing the following issues upon entering the Project:

mental illness substance addictions literacy problems release from incarceration physical health problems domestic violence sexual assault/abuse other (explain):

7. To which of the services listed below has the Project referred households? Write the number of households who have accessed each type of service next to each category.

mental health services physical health services employment training employment placement education advancement established a savings account other: substance abuse treatment childcare budgeting classes parenting classes life skills training legal assistance/advocacy 8. How many households left the Project during the reporting period?

For these households, please provide the following information:

(a) The reason (with corresponding number) the household exited the Project (include only one situation per household):

asked to leave by project administrator 24-month time period expired (no housing secured upon exit) moved in with relatives/friends moved into their own unsubsidized apartment moved into their own subsidized apartment bought their own home other (explain)

(b) List the number of households upon exiting the project that:

attained full-time employment advanced their education

attained part-time employment receive no government subsidies

9. Describe the measurable outcomes that your organization uses to demonstrate overall programmatic success.

10. Using the measurable outcomes described in #9, provide as much information/statistics as is available on <u>all</u> former residents of the Project (not only those exiting during this reporting period) relating to their <u>current</u> living situation. Include information such as percent employed (indicate whether full time or part time); type of residence maintained (rent, own, living with relatives/others); length of time residing in their current residence; average salary; continued advancement of education; and dependence on government subsidies.

11. Does your organization provide follow-up services to former residents after leaving your Project? Yes No

If yes, provide a description of the follow-up services, including the maximum length of time these services are available to former residents.

Please email the certificates to: DHCD.compliance\_dca@maryland.gov with "Compliance" in the subject line.