

HHAP-2 Annual Report through September 30, 2021 Jurisdiction Selection

Introduction

This Cognito portal is the ONLY reporting required for HHAP-2.

Please complete this HHAP-2 Annual Report. This completed Cognito form is **due by 5 pm on December 31, 2021.**

All data should be **cumulative through September 30, 2021**. This period includes data from the grant start date as indicated in the Standard Agreement through September 30, 2021.

This fiscal report has six sections:

- 1. Jurisdiction and Contact Information
- 2. Is HHAP-2 Reporting Required?
- 3. **Total Obligations and Expenditures:** Total, cumulative, HHAP-2 funds obligated and expended through September 30, 2021.
- 4. **Breakdown of Budgeted, Obligated, and Expended:** Funds budgeted, obligated, and expended by HMIS project type and HHAP eligible use. Additionally, funds budgeted, obligated, and expended for strategic homelessness planning, infrastructure development, and / or administrative costs.
- 5. Youth Set-Aside: Youth set-aside plans and spending by HMIS project type and HHAP eligible use.
- 6. Comments and Certification

Jurisdiction Selection

Please select your jurisdiction type.

- O CoC
- O Large City
- County

Please select from the list of Continu	uums of Care
Please select from the list of Large C	ities
Please select from the list of Countie	es
Butte	
Please provide contact information belothis report.	ow for an individual who can answer questions about the details in
Name	
Erin	Murray
First	Last
Phone	Email
(530) 552-6208	emurray@buttecountv.net

Is HHAP-2 Reporting Required?

Is HHAP-2 Reporting Required?

Report whether your jurisdiction has expended any HHAP-2 funds through September 30, 2021.

Reminders

This data should be **cumulative** (i.e. from the grant start date through September 30, 2021) and **include the youth set-aside** amounts.

"Expended" means HHAP-2 funds obligated under contract or subcontract that have been fully paid and receipted, and no invoices remain outstanding.

Phrased differently, grantees expended <u>any</u> HHAP-2 funds if there was a contractual performance, full payment and receipt for that particular performance, and no outstanding invoice for that particular performance.

Instructions

Select "Yes" or "No"

Has your jurisdiction expended any HHAP-2 funds through September 30, 2021? ○ Yes ⊙ No

Based on your response immediately above, no additional reporting is required. Select next and advance to the "Comments and Certification" and "Submit" on page 6.

Total Obligations and Expenditures

Total Obligations and Expenditures

In the following section, report the total **HHAP-2** funds obligated and expended **through September 30**, **2021**.

Reminders

This data should be **cumulative** (i.e. from the grant start date through September 30, 2021) and **include the youth set-aside** amounts.

"Obligated" means that the Grantee has placed orders, awarded contracts, received services, or entered into similar transactions that require payment using HHAP-2 funding.

"Expended" means all HHAP-2 funds obligated under contract or subcontract have been fully paid and receipted, and no invoices remain outstanding.

Instructions

Enter "0.00" if you did not obligate or expend any funds in a given category.

Total HHAP Funds Obligated	Total HHAP Funds Expended
The amount obligated should include all amounts	

The amount obligated should include all amounts that were expended.

Breakdown of Budgeted, Obligated, and Expended Breakdown of Budgeted, Obligated, and Expended

In the following section, report your jurisdiction's HHAP-2 funds budgeted, obligated, and expended **through September 30, 2021**. These amounts will be broken down by HMIS "project type" and HHAP "eligible use".

Reminders

This data should be **cumulative** (i.e. from the grant start date through September 30, 2021) and **include the youth set-aside** amounts.

Funds "budgeted" should align with the approved budget on file with HCFC.

"**Obligated**" means that the Grantee has placed orders, awarded contracts, received services, or entered into similar transactions that require payment using HHAP-2 funding.

"Expended" means all HHAP-2 funds obligated under contract or subcontract have been fully paid and receipted, and no invoices remain outstanding.

Instructions

In the form below, select all of the HMIS "project types" for which your jurisdiction budgeted, obligated, or expended HHAP funds. If you are unsure about which "project types" your programs were or will be categorized as, please consult with your local HMIS Administrator; they will be be able to determine this information in accordance with HUD's most recent HMIS Data Standards.

For each HMIS "project type" that was or will be funded with HHAP dollars, select the respective HHAP "eligible use(s)" funded under the indicated project type by using the dropdown menus below it. Report the amounts budgeted, obligated, and expended for that "project type" and "eligible use." "Non-HMIS Projects" is an option under "project type" to ensure that all HHAP monies are being reported.

To add additional "eligible uses" that were or will be budgeted or funded under the specified project type, click the "+Add Item" button and select the additional eligible use until all funded eligible uses for a given project type are listed.

Please note that the amounts entered should be the total HHAP funds budgeted, obligated and expended, including any youth set-aside amounts. The amounts budgeted should align with the approved budget on file with HCFC.

Enter "0.00" if you did not obligate or expend any funds in a given category.

The sum of all categories ON THIS PAGE should equal the amounts previously entered	d for the total
funds obligated and expended.	

Please select all of the p	roject types for which yo	ur jurisdiction obligated	or expended HHAP funds
☐ Emergency Shelter	☐ Transitional Housing	☐ Street Outreach	☐ Services Only
□ Safe Haven	□ Day Shelter	☐ Homelessness Prevention	☐ PH - Housing Only
□ PH - Permanent	☐ PH - Housing with	☐ PH - Rapid Re-Housing	□ Coordinated Entry

Supportive Housing (disability required for entry)

Services (no disability required for entry)

☐ Other

☐ Non-HMIS Projects

Emergency Shelter Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Transitional Housing Projects			
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Street Outreach Projects			
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Services Only Projects			
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Safe Haven Projects		, , , , ,	
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Day Shelter Projects	. 5.0 40.00	. 5.3 \$5.00	. 3.0 40.00
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
PH - Housing Only Projects			
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
PH - Permanent Supportive entry) Projects	Housing (dis	ability requi	red for
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
_	(no disability		·
entry) Projects	(no disability	required fo	r
entry) Projects	(no disability	required fo	Total Expended
PH - Housing with Services entry) Projects Eligible Uses Funded PH - Rapid Re-Housing Projects	(no disability Total Budgeted Total: \$0.00	required fo	r
entry) Projects Eligible Uses Funded	Total Budgeted Total: \$0.00	required fo	Total Expended
entry) Projects Eligible Uses Funded PH - Rapid Re-Housing Proj	Total Budgeted Total: \$0.00	Total Obligated Total: \$0.00	Total Expended Total: \$0.00
entry) Projects Eligible Uses Funded PH - Rapid Re-Housing Proj	Total Budgeted Total: \$0.00	Total Obligated Total: \$0.00	Total Expended Total: \$0.00
entry) Projects Eligible Uses Funded PH - Rapid Re-Housing Proj	Total Budgeted Total: \$0.00 jects Total Budgeted Total Sudgeted	Total Obligated Total: \$0.00 Total Obligated	Total Expended Total: \$0.00
entry) Projects Eligible Uses Funded PH - Rapid Re-Housing Projection Eligible Uses Funded	Total Budgeted Total: \$0.00 jects Total Budgeted Total Budgeted	Total Obligated Total: \$0.00 Total Obligated	Total Expended Total: \$0.00
entry) Projects Eligible Uses Funded PH - Rapid Re-Housing Projects Coordinated Entry Projects	Total Budgeted Total: \$0.00 jects Total Budgeted Total Budgeted	Total Obligated Total Solution Total Obligated Total Obligated Total: \$0.00	Total Expended Total: \$0.00 Total Expended

Total Budgeted Total Obligated

Total Expended

Eligible Uses Funded

	Total: \$0.00	Total: \$0.00	Total: \$0.00
Non-HMIS Projects		·	·
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Report the amounts budgeted, obligations infrastructure development to support			olanning,
Reminder			
A grantee may expend no more than infrastructure development and no m			
Instructions			
Select all of the "eligible uses" that wobligated, and expended for that each by each eligible use.			
Enter "0.00" if you did not budget, ob	•	given category. If	you did not budget or
Please select all of the following e or expended HHAP funding ☐ Strategic homelessness planning	ligible uses for which your j	urisdiction has b	udgeted, obligated,
☐ Infrastructure development to sup	port CES and/or HMIS		
☐ Administrative costs			
•	Total Obligated for Strategic Planning	Total Expen Planning	ded for Strategic
	Total Obligated for Infrastructure Development	Total Expen	ded for re Development
	Total Obligated for Administrative Costs	Total Expen Administrati	

Youth Set-Aside

Youth Set-Aside

In the following section, report your jurisdiction's HHAP-2 funds budgeted, obligated, and expended **through September 30, 2021**. These amounts will be broken down by HMIS "project type" and HHAP "eligible use". **Note, this section only contains data for youth set-aside funds.**

Reminders

The grantee must expend at least 8% of its allocation on programs and services for unaccompanied youth.

This data should be **cumulative** (i.e. from the grant start date through September 30, 2021).

Funds "budgeted" should align with the approved budget on file with HCFC.

"Obligated" means that the Grantee has placed orders, awarded contracts, received services, or entered into similar transactions that require payment using HHAP-2 funding.

"Expended" means all HHAP-2 funds obligated under contract or subcontract have been fully paid and receipted, and no invoices remain outstanding.

Instructions

In the form below, select all of the HMIS "project types" that your jurisdiction budgeted, obligated, or expended HHAP youth set-aside funds. **"Non-HMIS Projects"** is an option under "project type" to ensure that **all** HHAP monies are being reported.

For each HMIS "project type" that was or will be funded with HHAP-2 youth set-aside dollars, select the respective "eligible use(s)" funded under the indicated project type by using the dropdown menus below it. Report the amounts budgeted, obligated, and expended for that "project type" and "eligible use."

To add additional "eligible" uses that were or will be budgeted or funded under the specified project type, click the "+Add Item" button and select the additional eligible use until all funded eligible uses for a given project type are listed.

Enter "0.00" if you did not obligate or expend any funds in a given category.

Total Youth Funds Bud	dgeted	Total Youth Fu	unds Obligated	Total Y	outh Funds Expended	
Please select all of the set-aside funds ☐ Emergency Shelter		oes for which y	our jurisdiction bu ☐ Street Outreacl		or expended HHAP yout ☐ Services Only	th
☐ Safe Haven	□ Day Sl	helter	☐ Homelessness Prevention		☐ PH - Housing Only	
☐ PH - Permanent Supportive Housing (disability required for entry)	Services	lousing with (no disability for entry)	□ PH - Rapid Re-	-Housing	g □ Coordinated Entry	

☐ Other ☐ Non-HMIS Projects

Emergency S	Shelter I	Projects
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Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Transitional Housing Projects	S		
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Street Outreach Projects			
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Services Only Projects			
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Safe Haven Projects			
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Day Shelter Projects			
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00
Homelessness Prevention Pr	ojects		
Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended

0.00 Total: \$0.00	Total: \$0.00
·	Total: \$0.00
eted Total Obligated	
eted Total Obligated	
	Total Expended
i0.00 Total: \$0.00	Total: \$0.00
disability requ	uired for
eted Total Obligated	Total Expended
60.00 Total: \$0.00	Total: \$0.00
lity required for	
eted Total Obligated	Total Expended
0.00 Total: \$0.00	
	Total: \$0.00
	Total: \$0.00
eted Total Obligated	
eted Total Obligated	
	Total Expended
	Total Expended
0.00 Total: \$0.00	Total Expended Total: \$0.00
0.00 Total: \$0.00	Total Expended Total: \$0.00
0.00 Total: \$0.00	Total Expended Total: \$0.00
0.00 Total: \$0.00	Total Expended Total: \$0.00
0.00 Total: \$0.00	Total Expended Total: \$0.00
5	Total Obligated 50.00 Total: \$0.00 Jeted Total Obligated

	Total: \$0.00	Total: \$0.00	Total: \$0.00
Non-HMIS Projects			
Eligible Uses Funded	Total Budgeted 1	otal Obligated	Total Expended
	Total: \$0.00	Total: \$0.00	Total: \$0.00

Comments and Cer	tification	
Please provide any additional comments		
Certification		
I certify that all information inclu	ded in this report is true and accurate to the best of my kno	owledge.
Name		
Don	Taylor	
First	Last	
This does not have to be an aut	horized representative or signatory.	
Title		
Housing & Homeless Administr	ator	