



# 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**

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## Jurisdiction Selection

**Please select your jurisdiction type.**

☐ CoC

☐ Large City

☒ County

**Please select from the list of Continuums of Care**

**Please select from the list of Large Cities**

**Please select from the list of Counties**

Please provide contact information below for an individual who can answer questions about the details in this report.

**Name**

First

Last

**Phone**

**Email**

## 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 any 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 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 received, 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 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 for the total funds obligated and expended.**

**Please select all of the project types for which your jurisdiction obligated or expended HHAP funds**

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Street Outreach         | <input type="checkbox"/> Services Only     |
| <input type="checkbox"/> Safe Haven        | <input type="checkbox"/> Day Shelter          | <input type="checkbox"/> Homelessness Prevention | <input type="checkbox"/> PH - Housing Only |
| <input type="checkbox"/> PH - Permanent    | <input type="checkbox"/> PH - Housing with    | <input type="checkbox"/> PH - Rapid Re-Housing   | <input type="checkbox"/> Coordinated Entry |

Supportive Housing  
(disability required for  
entry)

☐ Other

Services (no disability  
required for entry)

☐ Non-HMIS Projects

## Emergency Shelter Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Transitional Housing Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Street Outreach Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Services Only Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Safe Haven Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Day Shelter Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Homelessness Prevention Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## PH - Housing Only Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## PH - Permanent Supportive Housing (disability required for entry) Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## PH - Housing with Services (no disability required for entry) Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## PH - Rapid Re-Housing Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Coordinated Entry Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Other Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
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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, obligated, and expended for strategic homelessness planning, infrastructure development to support CES and HMIS, and/or grant administration.

### Reminder

A grantee may expend no more than 5% of its allocation on strategic homelessness planning and infrastructure development and no more than 7% of its allocation on administrative costs.

### Instructions

Select all of the "eligible uses" that were funded with HHAP-2 dollars, enter the amounts budgeted, obligated, and expended for that each eligible use, and provide a brief description of the activities funded by each eligible use.

Enter "0.00" if you did not budget, obligate, or spend any funds in a given category. If you did not budget or fund any of these eligible uses, you can proceed to the next page.

**Please select all of the following eligible uses for which your jurisdiction has budgeted, obligated, or expended HHAP funding**

- ☐ Strategic homelessness planning
- ☐ Infrastructure development to support CES and/or HMIS
- ☐ Administrative costs

<b>Total Budgeted for Strategic Planning</b>	<b>Total Obligated for Strategic Planning</b>	<b>Total Expended for Strategic Planning</b>
<b>Total Budgeted for Infrastructure Development</b>	<b>Total Obligated for Infrastructure Development</b>	<b>Total Expended for Infrastructure Development</b>
<b>Total Budgeted for Administrative Costs</b>	<b>Total Obligated for Administrative Costs</b>	<b>Total Expended for Administrative Costs</b>



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## 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 received, 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 Budgeted**

**Total Youth Funds Obligated**

**Total Youth Funds Expended**

**Please select all of the project types for which your jurisdiction budgeted or expended HHAP youth set-aside funds**

☐ Emergency Shelter

☐ Transitional Housing

☐ Street Outreach

☐ Services Only

☐ Safe Haven

☐ Day Shelter

☐ Homelessness  
Prevention

☐ PH - Housing Only

☐ PH - Permanent  
Supportive Housing  
(disability required for  
entry)

☐ PH - Housing with  
Services (no disability  
required for entry)

☐ PH - Rapid Re-Housing ☐ Coordinated Entry

☐ Other

☐ Non-HMIS Projects

## Emergency Shelter Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Transitional Housing Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Street Outreach Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Services Only Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Safe Haven Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Day Shelter Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Homelessness Prevention Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
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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 Housing (disability required for entry) Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
Total: \$0.00		Total: \$0.00	Total: \$0.00

## PH - Housing with Services (no disability required for entry) Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
Total: \$0.00		Total: \$0.00	Total: \$0.00

## PH - Rapid Re-Housing Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Coordinated Entry Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
Total: \$0.00		Total: \$0.00	Total: \$0.00

## Other Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended

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Total: \$0.00

Total: \$0.00

Total: \$0.00

## Non-HMIS Projects

Eligible Uses Funded

Total Budgeted

Total Obligated

Total Expended

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Total: \$0.00

Total: \$0.00

Total: \$0.00

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# Comments and Certification

Please provide any additional comments

## Certification

*I certify that all information included in this report is true and accurate to the best of my knowledge.*

Name

Don	Taylor
First	Last

*This does not have to be an authorized representative or signatory.*

Title

Housing & Homeless Administrator