



Butte Countywide Homeless Continuum of Care

CoC HUD Grant Report Out Policy

Purpose

In order to improve communication and support of CoC related grants, all recipients of U.S. Department of Housing and Urban Development (HUD) CoC grants are required to provide an annual report to the CoC during the grant period.

Policy

Effective May 1, 2023, as outlined below, all CoC grant recipients will complete annual report outs to the CoC related to their specific HUD CoC grant(s).

The Lead Agency will provide CoC grant recipients with the reporting template and date of report out no less than 30 days prior to the CoC meeting in which the report out will occur. The reporting template consists of the Word Document (Attachment A) and PowerPoint slide (Attachment B) included below. The grant recipient may choose to use their own PowerPoint if requested. The reporting template and slide are due back to the Lead Agency no later than 10 days prior to the identified CoC meeting.

At the identified CoC meeting, the Lead Agency will initiate the report out by providing a brief overview of CoC grants, including that the grant years do not align and that recipients' use of funding fluctuates throughout the year based on need. The recipient will be provided 2 - 5 minutes to provide their verbal report out.

Attachment A

CoC Grant Annual Report-Out

Instructions: Please complete all fields as they relate specially to your agency's CoC specific funding.

Agency Name: Click or tap here to enter text.		
Program Name: Click or tap here to enter text.		
Brief Overview of Project: Click or tap here to enter text.		
Calendar Dates of Service: Click or tap here to enter text.		
Amount Awarded: Click or tap here to enter text.	Amount Expended: Click or tap here to enter text.	Expenditure Deadline: Click or tap here to enter text.
Project Goal(s): Click or tap here to enter text.	Progress Made Toward Project Goal(s): Click or tap here to enter text.	
Briefly Summarize Positive Outcomes: Click or tap here to enter text.		

Briefly Summarize Challenges:
Click or tap here to enter text.

Additional Supports Needed to Expand or Continue Funding:
Click or tap here to enter text.

Name and Title of Authorized Representative: Click or tap here to enter text.

Signature:

Date: Click or tap to enter a date.

Attachment B

Agency Name

Project Name

Calendar Dates of Service:

Project Goal(s):

Amount Awarded:

Amount Expended:

Progress Made Toward Project Goal(s):

Positive Outcomes

Challenges