



HHAP Annual Report through September 30, 2020

Introduction

In the following form, please report your **HHAP spending through September 30, 2020**. This should be cumulative HHAP expenditures (i.e. from the grant start date through September 30, 2020). **Please submit the completed report by January 1, 2021.**

The survey will include questions about the following:

1. **Jurisdiction Selection:** Identify your jurisdiction and provide contact information

Performance Metrics

2. **Performance Metrics:** Report performance metrics (includes a downloadable and fillable excel sheet to be uploaded in this section) for all applicable project types

Expenditure Report

3. **Total Obligations and Expenditures:** Report total funds obligated and expended through September 30, 2020
4. **Planned Expenditures:** Report funds budgeted, obligated, and expended for each HMIS project type and HHAP eligible use as well as budgeted or expended strategic homelessness planning, infrastructure development, and administrative costs
5. **Youth Set-Aside Detail:** Report youth set-aside plans and spending by project type and eligible use

Narratives Report

6. **Racial Equity Review**
7. **Partnership Review**

Final Submission

8. **Comments and Certification**
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Jurisdiction Selection

Please select your jurisdiction type.

Continuum of Care

Large City

County

Please select from the list of Continuums of Care

Butte County

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

Staci

First

Parisi

Last

Phone

Health and Human Services Program Analyst, Senior

Email

sparisi@buttecounty.net

Performance Metrics

Recipients of the HHAP grant are required to report on:

- The individuals and populations served by program funds
- Outcomes for individuals and populations who have exited HHAP funded projects

Below are links to the detailed instructions and fillable excel sheets for reporting this information:

Instructions for completing the HEAP/HHAP Performance Metrics

HHAP Annual Report Supplemental Outcomes (if using Method 1)

HHAP Annual Report Manual Form (if using Method 2)

Has the selected jurisdiction served any people with HHAP funds through September 30, 2020?

Yes No

Emergency Shelter

This will be included in the Manual Reporting Form upload at the bottom of this page

Emergency Shelter APR

Please provide a .csv file.

Transitional Housing

This will be included in the Manual Reporting Form upload at the bottom of this page

Transitional Housing APR

Please provide a .csv file.

Street Outreach

This will be included in the Manual Reporting Form upload at the bottom of this page

Street Outreach APR

Please provide a .csv file.

Services Only

This will be included in the Manual Reporting Form upload at the bottom of this page

Services Only APR

Please provide a .csv file.

Safe Haven

This will be included in the Manual Reporting Form upload at the bottom of this page

Safe Haven APR

Please provide a .csv file.

Day Shelter

This will be included in the Manual Reporting Form upload at the bottom of this page

Day Shelter APR

Please provide a .csv file.

Homelessness Prevention

This will be included in the Manual Reporting Form upload at the bottom of this page

Homelessness Prevention APR

Please provide a .csv file.

PH - Housing Only

This will be included in the Manual Reporting Form upload at the bottom of this page

PH - Housing Only APR
Please provide a .csv file.

PH - Permanent Supportive Housing (disability required for entry)

This will be included in the Manual Reporting Form upload at the bottom of this page

PH - Permanent Supportive Housing APR
Please provide a .csv file.

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

This will be included in the Manual Reporting Form upload at the bottom of this page

PH - Housing with Services APR
Please provide a .csv file.

PH - Rapid Re-Housing

This will be included in the Manual Reporting Form upload at the bottom of this page

PH - Rapid Re-Housing APR
Please provide a .csv file.

Other

This will be included in the Manual Reporting Form upload at the bottom of this page

Other APR
Please provide a .csv file.

All Projects APR
Please provide a .csv file.

Supplemental Performance Metrics
Please provide a .xls or .xlsx file.

Manual Reporting Form
Please provide a .xls or .xlsx file.

Total Obligations and Expenditures

In the following section, report the **total HHAP funds obligated and expended through September 30, 2020**.

Reminder: this should be cumulative (i.e. from the grant start date through September 30, 2020) and include the youth set-aside amounts.

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

Total HHAP Funds Obligated

\$0.00

Total HHAP Funds Expended

\$0.00

The amount obligated should include all amounts that were expended.

Planned Expenditures

In the following section, please report your jurisdiction's amounts **budgeted, obligated and expended for its HHAP funding through September 30, 2020.**

Reminder: this should be cumulative (i.e. from the grant start date through September 30, 2020).

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 projects were or will be programmed as, please consult with your local HMIS Administrator who will be able to determine this based on the most recent HMIS Data Standards published by HUD.

For each project type that was funded with HHAP dollars, select the eligible uses funded under the specified project type using the dropdown menus below and report the amounts budgeted, obligated, and expended for that project type and eligible use.

To add additional eligible uses that were 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 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 Supportive Housing (disability required for entry) | <input type="checkbox"/> PH - Housing with Services (no disability required for entry) | <input type="checkbox"/> PH - Rapid Re-Housing | <input type="checkbox"/> Coordinated Entry |
| <input type="checkbox"/> Other | | | |

Emergency Shelter Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
	\$1,626,583.12	\$0.00	\$0.00
Total: \$1,626,583.12 Total: \$0.00 Total: \$0.00			

Transitional Housing 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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Street Outreach Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
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	\$60,000.00	\$0.00	\$0.00
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Total: \$60,000.00	Total: \$0.00	Total: \$0.00
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Services Only Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
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	\$841,646.32	\$0.00	\$0.00
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Total: \$841,646.32	Total: \$0.00	Total: \$0.00
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Safe Haven 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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Day Shelter 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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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
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PH - Housing Only Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total: \$0.00	Total: \$0.00	Total: \$0.00
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PH - Permanent Supportive Housing (disability required for entry) Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total: \$0.00	Total: \$0.00	Total: \$0.00
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PH - Housing with Services (no disability required for entry) Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total: \$0.00	Total: \$0.00	Total: \$0.00
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PH - Rapid Re-Housing Projects

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

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

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

Please report the amounts budgeted, obligated, and expended for strategic homelessness planning, infrastructure development to support CES and HMIS, and/or grant administration.

Select all of the eligible uses that were funded with HHAP 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 note that a grantee may expend no more than 5 percent of its allocation on strategic homelessness planning and infrastructure development and no more than 7 percent of its allocation on administrative costs.

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

Total Budgeted for Strategic Planning

\$0.00

Total Obligated for Strategic Planning

\$0.00

Total Expended for Strategic Planning

\$0.00

Please describe the activities budgeted or funded for strategic homelessness planning

N/A

Total Budgeted for Infrastructure Development

\$143,649.40

Total Obligated for Infrastructure Development

\$0.00

Total Expended for Infrastructure Development

\$0.00

Please describe the activities budgeted or funded for infrastructure development to support CES and/or HMIS

Butte County is the HMIS Lead Agency for the Butte Countywide Continuum of Care (CoC). As the HMIS Lead Agency, we are responsible for onboarding new users and agencies into HMIS, managing the HMIS Coordinated Entry System, and performing all HMIS and Coordinated Entry related activities for the Butte Countywide CoC.

Total Budgeted for Administrative Costs	Total Obligated for Administrative Costs	Total Expended for Administrative Costs
\$201,109.16	\$0.00	\$0.00

Please describe the activities budgeted or funded for administrative costs

Butte County is the Collaborative Applicant and Lead Agency for the Butte Countywide CoC, and also acts as the Administrative Entity for the CoC's redirected HHAP funds. The HHAP administrative funds will be used to support activities around soliciting proposal for funds, contract execution, program monitoring, and grant reporting.

Calculated Total Funds Budgeted	Calculated Total Funds Obligated	Calculated Total Funds Expended
\$2,872,988.00	\$0.00	\$0.00

Reported Total Funds Obligated

Reported Total Funds Expended

Youth Set-Aside Detail

In the following section, please report your jurisdiction's **funds budgeted, obligated, and expended by HMIS project type and eligible use for its HHAP youth set-aside through September 30, 2020.**

Reminder: this should be cumulative (i.e. from the grant start date through September 30, 2020).

In the form below, select all of the HMIS project types for which your jurisdiction budgeted, obligated, or expended HHAP youth set-aside funds.

For each project type that was funded with HHAP youth set-aside dollars, select the eligible uses funded under the specified project type using the dropdown menus below and report the amounts budgeted, obligated, and expended for that project type and eligible use.

To add additional eligible uses that were 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 spend any funds in a given category.

Please note that the grantee must expend at least 8 percent of its allocation on programs and services for unaccompanied youth.

Does your jurisdiction know what specific youth projects will be funded with the HHAP youth set-aside?

Yes No

Please describe your HHAP youth set-aside project plans

N/A

Total Youth Funds Budgeted

\$284,646.88

Total Youth Funds Obligated

\$0.00

Total Youth Funds Expended

\$0.00

Please select all of the project types for which your jurisdiction budgeted or expended HHAP youth set-aside 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 Supportive Housing (disability required for entry) | <input type="checkbox"/> PH - Housing with Services (no disability required for entry) | <input type="checkbox"/> PH - Rapid Re-Housing | <input type="checkbox"/> Coordinated Entry |

Other

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" value="\$0.00"/>	<input type="text" value="\$284,646.88"/>	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
Total: \$284,646.88		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"/>
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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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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"/>
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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"/>
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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"/>
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Total: \$0.00 Total: \$0.00 Total: \$0.00

Coordinated Entry Projects

Eligible Uses Funded Total Budgeted Total Obligated Total Expended

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Total: \$0.00 Total: \$0.00 Total: \$0.00

Other Projects

Eligible Uses Funded	Total Budgeted	Total Obligated	Total Expended

Total: \$0.00 Total: \$0.00 Total: \$0.00

Calculated Total Youth Funds Budgeted
\$284,646.88

Calculated Total Youth Funds Obligated
\$0.00

Calculated Total Youth Funds Expended
\$0.00

Racial Equity Review

Beginning in 2021, a racial equity accountability framework has been added to the HHAP program under 50222(a)(2)(B). We encourage grantees to provide open and transparent responses as this will be used to determine ongoing technical assistance efforts and peer sharing opportunities.

Please describe the ways in which you are determining the disproportionate impacts that homelessness has on communities of color, particularly Black, Latinx, Asian, Pacific Islander, and Native and Indigenous communities. Please reference any data and data source that you use to analyze this information.

The Butte Countywide CoC is in the process of analyzing our jurisdictions data to assess for racial disparities in access to new and existing shelter facilities and permanent housing interventions using the HUD Racial Equity CoC Analysis Data Analysis Tool 2.1.

How are the voices of Black, Latinx, Asian, Pacific Islander, Native and Indigenous communities and those with lived experience of homelessness being centered in a meaningful, sustained way in creating effective approaches to reducing and ending homelessness? How are they involved in the funding decision-making process?

The Butte Countywide CoC Council has a Council seat dedicated to an individual with lived experience of homelessness. The Butte Countywide CoC has recently added a LGBTQ and People of Color Subcommittee, which will begin meeting in January 2021.

How has the HHAP project funding process included prioritization for programs that are addressing the disproportionate impacts that homelessness and COVID-19 has on communities of color, particularly Black, Latinx, Asian, Pacific Islander, and Native and Indigenous communities?

N/A

Partnership Review

HHAP funding was designed to support regional coordination and partnership between jurisdictions to expand or develop local capacity to address homelessness challenges throughout the state. To help HCFC understand how receiving HHAP funding has impacted collaborative efforts in your community, please answer the following questions. Please be sure to provide open and transparent responses as they will be used to determine ongoing technical assistance efforts and peer sharing opportunities.

How have you partnered differently with your neighboring cities, CoCs and/or Counties as result of receiving HHAP funding? Please share at least one successful collaboration in detail and what made it successful.

N/A

Please describe any barriers to partnering you have experienced since receiving your HHAP allocation. Please explain why this has been a barrier and how it could be resolved.

N/A

Have you developed any new local level partnerships as a result of planning for HHAP funded projects? What have the outcomes been of these newly developed partnerships? In this case, partnership is broadly defined and not restricted to those with whom you have contracted.

N/A

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

Staci

First

Parisi

Last

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

Title

Health and Human Services Program Analyst, Senior