

**Attachment 6**

**Forms Required for  
Emergency Shelter-Related Activities  
Funded with Emergency Shelter Grant Program Dollars**



DATE PRINTED: 10/02/2006

OHIO FEDERAL EMERGENCY SHELTER GRANT PROGRAM  
FINAL PERFORMANCE REPORT  
PERIOD COVERED: 08/01/2005 TO 02/28/2006  
PAGE NO: 1 of 4

OHCP REPRESENTATIVE: Pat Hart

**N-L-05- -1**  
GRANT AMOUNT:\$ 25,500

I certify that to the best of my knowledge the data in this report has been verified to be true and correct as of the date of this report. Providing false or misleading information in this document will result in sanctions against the above named grantee and, as outlined by the OHCP Progressive Corrective Action Policy, may lead to termination of the Grantee eligibility for OHCP Programs.

\_\_\_\_\_  
Name and Title of Chief Executive Officer

\_\_\_\_\_  
Signature of Chief Executive Officer:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Report Completed By:

\_\_\_\_\_  
Phone Number

**I. PROGRAM BUDGET - AWARDED FUNDS**

| PROJECT | ACTIVITY NUMBER AND NAME       | ACTIVITY/PROJECT LOCATION | ESGP FUNDS      |                     |                         |
|---------|--------------------------------|---------------------------|-----------------|---------------------|-------------------------|
|         |                                |                           | APPROVED BUDGET | FUNDS DRAWN TO DATE | FUNDS DISBURSED TO DATE |
| 01      | 01 - Other Costs               |                           | \$ 14,100       | \$ 14,100.00        | \$ _____                |
| 01      | 02 - Operating Expenses/CHDO   |                           | \$ 2,600        | \$ 2,600.00         | \$ _____                |
| 01      | 03 - Exist Essential/Sup. Ser. |                           | \$ 7,600        | \$ 7,600.00         | \$ _____                |
| 01      | 04 - General Administration    |                           | \$ 1,200        | \$ 1,200.00         | \$ _____                |
|         | GRANT TOTALS                   |                           | \$ 25,500       | \$ 25,500.00        | \$ _____                |

Are ALL Grant Funds Accounted for on this Report? Yes No If No, Grantee Must Submit a Certificate of Completion to OHCP.

Please explain the reasons for any differences greater than plus or minus 10% between budgeted and actual expenditures for each activity. Explain ANY difference between total funds expended and total funds received. Describe your 'Best Efforts' to achieve the proposed levels:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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III. BENEFICIARIES

Shelter Program at

Total Households Assisted: Projected - 55 Actual: \_\_\_\_\_

Total Shelter Nights (Nights a person was Provided Shelter): \_\_\_\_\_

**RESIDENTIAL SERVICES (Provided Shelter)**

Total Persons Served Yearly (Unduplicated Count) Enter the Annual Number of Households that were Provided Shelter

|                           |   |
|---------------------------|---|
| Adults 18 and Over: _____ | Unaccompanied Adults 18 and Over: MALE _____ FEMALE _____ |
| Children Under 18: _____  | Unaccompanied Youths Under 18: MALE _____ FEMALE _____    |
|                           | Families with Children Headed By:                         |
|                           | Single Adult 18 and Over: MALE _____ FEMALE _____         |
|                           | Single Youth Under 18: MALE _____ FEMALE _____            |
|                           | Two Adult Parents 18 and Over: _____                      |
|                           | Two Youth Parents Under 18: _____                         |
|                           | Families with No Children: _____                          |

**NON-RESIDENTIAL SERVICES ONLY** Nbr of Persons Served Yearly: \_\_\_\_\_

**RESIDENTIAL AND NON-RESIDENTIAL PERSONS SERVED YEARLY**

Enter the Civil Rights Data for the Combined Residential and Non-Residential Persons Served Yearly

| Total Persons Served Yearly                              | Nbr of<br>Hispanic |
|--|--------------------|
| White: _____   | _____              |
| Black/African American: _____                            | _____              |
| Asian: _____   | _____              |
| American Indian/Alaska Native: _____                     | _____              |
| Native Hawaiian/Other Pacific Islander: _____            | _____              |
| American Indian/Alaska Native and White: _____           | _____              |
| Asian and White: _____                                   | _____              |
| Black/African American White: _____                      | _____              |
| Amer. Indian/Alaska Native and Black African Amer: _____ | _____              |
| Other Multi-Racial: _____                                | _____              |

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III. BENEFICIARIES - CONTINUED

Shelter Program at

Check or mark "X" in the appropriate line(s) below to indicate program(s) and service(s) provided by the Project Hope.  
You should consider your entire client base, not just persons whose last residence was this Shelter.

- |   |   |
|---|---|
| <input type="checkbox"/> Emergency Shelter Facilities | <input type="checkbox"/> Transitional Housing           |
| <input type="checkbox"/> Vouchers for Shelters        | <input type="checkbox"/> Outreach                       |
| <input type="checkbox"/> Drop-In Center               | <input type="checkbox"/> Soup Kitchen/Meal Distribution |
| <input type="checkbox"/> Food Pantry                  | <input type="checkbox"/> Health Care                    |
| <input type="checkbox"/> Mental Health                | <input type="checkbox"/> HIV/AIDS Services              |
| <input type="checkbox"/> Alcohol/Drug Program         | <input type="checkbox"/> Employment                     |
| <input type="checkbox"/> Child Care Services          | <input type="checkbox"/> Homeless Prevention            |
| <input type="checkbox"/> Other (Specify) _____        |   |

**RESIDENTIAL SERVICES (Provided Shelter)**

Enter the Number of Persons Served for each Subpopulation Listed  
(Persons may be included in more than one Subpopulation)

Enter the Annual Number of Person Served  
that were Provided Shelter in:

- |  |                                     |
|--|-------------------------------------|
| Chronically Homeless (Emergency Shelter Only): _____ | Barracks: _____                     |
| Severely Mentally Ill: _____                         | Group/Large House: _____            |
| Chronic Substance Abuse: _____                       | Scattered Site Apartment: _____     |
| Other Disability: _____                              | Single Family Detached House: _____ |
| Veterans: _____                                      | Single Room Occupancy: _____        |
| Persons with HIV/AIDS: _____                         | Mobile Home/Trailer: _____          |
| Victims of Domestic Violence: _____                  | Hotel/Motel: _____                  |
| Elderly: _____                                       | Other _____:                        |