

## Grantee State

**In which state is the grantee located?** Florida  
**(for multiple state selections hold CTRL+Key)**

## Grantee Information

**Grantee Name** North Miami  
**Name of Organization or Department Administering Funds** City of North Miami  
**Organizational DUNS#:** 076987692  
**Grant Number** S09-MY-12-0028  
**Grant Amount** \$507,641  
**Identify the Field Office** Miami  
**Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance.** FL-600 - Miami/Dade County CoC

### HPRP Contact Name

**Prefix** Mr.  
**First Name** Tom  
**Middle Name**  
**Last Name** Calderon  
**Suffix**  
**Title** Housing Manager

### HPRP Contact Address

**Street Address 1** 776 NE 125 Street  
**Street Address 2**  
**City** North Miami  
**State** Florida  
**ZIP Code** 33161

**Phone Number** 305-893-6511  
**Format: 123-456-7890**

**Extension** 12214

**Fax Number** 305-895-4074  
**Format: 123-456-7890**

**Email Address** tcalderon@northmiamifl.gov  
**Confirm Email Address** tcalderon@northmiamifl.gov

## Report Period and Status

**Select the Reporting Period for this Performance Report** 10/01/09 - 12/31/09

**Indicate Report Type** APR

**Indicate Performance Report Status** Final

## Persons and Households Served

In the first row ("Total Served"), enter the total unduplicated number of persons and households served with HPRP Homelessness Prevention Assistance and HPRP Homeless Assistance (Rapid Re-Housing) in the current quarter and for the grant to date. In the rows under "Total Served by Activity (#)," enter the number of persons and households served with each type of assistance.

### Total Served

	Homelessness Prevention				Homeless Assistance				TOTAL				
	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds		
	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	
<b>Total Served</b>													
<b>Total Served</b>	15	15	8	8	2	2	2	2	17	17	10	10	

### Total Served by Activity (#)

Activities	Homelessness Prevention				Homeless Assistance				TOTAL				
	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds		
	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	

Financial Assistance												
	Pers ons	Gra nt to Date	Hshl ds	Gra nt to Date	Pers ons	Gra nt to Date	Hshl ds	Gra nt to Date	Pers ons	Gra nt to Date	Hshl ds	Gra nt to Date
Rental assistance	15	15	11	11	2	2	2	2	17	17	13	13
Security and utility deposits	2	2	2	2	1	1	1	1	3	3	3	3
Utility payments	5	5	5	5	0	0	0	0	5	5	5	5
Moving cost assistance	0	0	0	0	0	0	0	0	0	0	0	0
Motel & hotel vouchers	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total-Financial Assistance</b>	15	15	11	11	2	2	2	2	17	17	13	13

Housing Relocation & Stabilization Services												
	Pers ons	Gra nt to Date	Hshl ds	Gra nt to Date	Pers ons	Gra nt to Date	Hshl ds	Gra nt to Date	Pers ons	Gra nt to Date	Hshl ds	Gra nt to Date
Case management	11	11	4	4	2	2	2	2	13	13	6	6
Outreach and engagement	0	0	0	0	0	0	0	0	0	0	0	0
Housing search and placement	0	0	0	0	0	0	0	0	0	0	0	0
Legal services	1	1	1	1	0	0	0	0	1	1	1	1
Credit repair	0	0	0	0	0	0	0	0	0	0	0	0

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<b>Total-Housing Relocation &amp; Stabilization Services</b>	12	12	5	5	2	2	2	2	14	14	7	7
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## Housing Outcomes of Persons Served with Homelessness Prevention Assistance

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homelessness Prevention Assistance ended, in the current quarter and the total for the grant to date.

### Housing Outcomes (All Leavers Only)

#### Homelessness Prevention

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
<b>Permanent Destinations</b>						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Permanent Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Temporary Destinations</b>						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Temporary Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Institutional Destinations</b>						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%

Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Institutional Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Miscellaneous</b>						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total for Miscellaneous</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>TOTAL PERSONS WHO LEFT THE PROGRAM</b>	<b>0</b>		<b>0.00%</b>	<b>0</b>		<b>0.00%</b>

## Housing Outcomes of Persons Served with Homeless Assistance

In the cells below, enter the number of persons who resided in each of the destinations provided after HPRP Homeless Assistance ended, in the current quarter and the total for the grant to date.

### Housing Outcomes (All Leavers Only)

Homeless Assistance

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
<b>Permanent Destinations</b>						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Permanent Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Temporary Destinations</b>						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Temporary Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Institutional Destinations</b>						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
Substance abuse treatment facility or detox center	0	0.00%	0.00%	0	0.00%	0.00%
Hospital (non-psychiatric)	0	0.00%	0.00%	0	0.00%	0.00%
Jail, prison or juvenile detention facility	0	0.00%	0.00%	0	0.00%	0.00%
Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Institutional Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>

Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total for Miscellaneous</b>	0	100.00%	0.00%	0	100.00%	0.00%
<b>TOTAL PERSONS WHO LEFT THE PROGRAM</b>	0		0.00%	0		0.00%

## Expenditures by Activity

**In the cells below, enter the amount of funds expended (costs incurred, not necessarily drawn down) for each activity type, in the current quarter and for the grant to date.**

### Expenditures (\$)

Activities	Homelessness Prevention		Homeless Assistance		Total	
	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	16,727	16,727	3,759	3,759	20,486	20,486
Housing Relocation & Stabilization Services	0	0	0	0	0	0
Data Collection & Evaluation					0	0
Administration					553	553
<b>TOTAL</b>					21,039	21,039

## Grant Allocation

**Did the grantee meet the 9/30 deadline to award or enter into legally binding agreements with subgrantees?**    Yes

### Grantee and Subgrantee/Contractor Allocations

Activity	Amount of HPRP Funds Retained by Grantee	Amount of HPRP Funds Awarded To Subgrantee (s) / Contractor s(s)	Total
<b>Financial Assistance</b>	\$0	\$457,275	\$457,275
<b>Housing Relocation and Stabilization</b>	\$0	\$15,000	\$15,000
<b>Data Collection and Evaluation</b>	\$0	\$9,984	\$9,984
<b>Administration</b>	\$12,691	\$12,691	\$25,382
<b>Total</b>	\$12,691	\$494,950	\$507,641

<b>HPRP Grant Amount</b>	\$507,641
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## Subgrantee/Contractor List Attachment

Document Type	Required?	Document Description	Date Attached
Subgrantee Attachment	Yes	HPRP Subgrantee/C...	01/13/2010

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## Attachment Details

Click on "HPRP Subgrantee List Template" on the left menu bar. Complete the spreadsheet, save it to your computer, and upload it to e-snaps using the "Browse" button. Excel and zip are the only file types allowed.

**Document Description:** HPRP Subgrantee/Contractor list

## Projected Persons and Households to be Served

Enter the total number of persons and households estimated to be served with HPRP Homelessness Prevention assistance and HPRP Homeless Assistance by the end of the grant period. For more instructions, click on "Instructions" on the left menu.

### Total to be Served by Activity(#)

Activities	Homelessness Prevention		Homeless Assistance		Total	
	Persons	Hshlds	Persons	Hshlds	Persons	Hshlds
<b>Financial Assistance</b>						
Rental assistance	190	65	15	5	205	70
Security and utility deposits	2	2	1	1	3	3
Utility payments	5	5	0	0	5	5
Moving cost assistance	0	0	0	0	0	0
Motel & hotel vouchers	0	0	0	0	0	0
<b>Total-Financial Assistance</b>	<b>190</b>	<b>65</b>	<b>15</b>	<b>5</b>	<b>205</b>	<b>70</b>
<b>Housing Relocation &amp; Stabilization Services</b>						
Case management	11	4	2	2	13	6
Outreach and engagement	0	0	0	0	0	0
Housing search and placement	0	0	0	0	0	0
Legal services	1	1	0	0	1	1
Credit repair	0	0	0	0	0	0
<b>Total-Housing Relocation &amp; Stabilization Services</b>	<b>12</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>14</b>	<b>7</b>
<b>TOTAL TO BE SERVED</b>	<b>190</b>	<b>65</b>	<b>15</b>	<b>5</b>	<b>205</b>	<b>70</b>

## Homelessness Prevention - Other Risk Factors to be Used

For Homelessness Prevention activities, in addition to HPRP eligibility requirements, are there other risk factors that will be used to determine eligibility and/or prioritization for homelessness prevention assistance? No

If yes, identify the criteria to be used and provide a brief description, including how the criteria will be used (e.g. limited to only certain types of HPRP assistance or applied across all subgrantees and types of assistance) and rationale for why the criteria were chosen (limit 2500 characters).

## HMIS Plan for Entering Data

**Will beneficiary data be entered (or uploaded at least quarterly) into a single HMIS at the grantee level in order to generate unduplicated data for "Persons and Households Served" questions in the QPR?** Yes

**If yes, briefly describe the HMIS to be used and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).**

Service Point HMIS software created by Bowman is the HMIS System utilized by the

Countywide Homeless Continuum of Care and will be the same system utilized to capture the data for this program.

While the program services are being provided through multiple agencies, only one entity will be entering the data to ensure completeness and accuracy.

The additional HPRP data elements have already been added.

**If no, briefly describe the HMIS(s) and/or other comparable client-level database(s)that will be used by one or more subgrantees and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).**

## Authorizing Information and Certification

**The Name of the Authorized Grantee Official should be the same as submitted in the HPRP Substantial Amendment, unless there has been a change.**

**Name of Authorized Grantee Official** Mark Collins

**Title/Position** Interim City Manager

**I hereby certify that all the information stated herein is true and accurate. I understand that HUD will prosecute false claims and statements and that conviction may result in criminal and/or civil penalties (pursuant to 18 USC 1001, 1010, 1012; 31 USC 3729, 3802).**

**Check for Certification**

## Summary

<b>Part</b>	<b>Last Updated</b>
<b>Grantee State</b>	01/13/2010
<b>Grantee Information</b>	01/13/2010
<b>Report Period and Status</b>	01/13/2010
<b>Persons and Households Served</b>	01/13/2010
<b>Housing Outcomes Homelessness Prevention</b>	01/13/2010
<b>Housing Outcomes Homeless Assistance</b>	01/13/2010
<b>Expenditures by Activity</b>	02/22/2010
<b>Grant Allocation</b>	02/22/2010
<b>Subgrantee/Contractor List Attachment</b>	01/13/2010
<b>Projected Persons and Households to be Served</b>	01/13/2010
<b>Homelessness Prevention Risk Factors</b>	01/13/2010
<b>HMIS Plan for Entering Data</b>	01/13/2010
<b>Authorizing Information and Certification</b>	01/13/2010