

10/01/11 - 12/31/11 e-snaps

**Applicant:** Toledo  
**Project:** HPRP Reporting

099962052  
HPRP\_012694

## QPR Q10 Grantee State

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

## QPR Q10 Grantee Information

**Grantee Name** Toledo  
**Name of Organization or Department Administering Funds** City of Toledo  
**Organizational DUNS#:** 099962052  
**Grant Number** S09-MY-39-0021  
**Grant Amount** \$3,275,494  
**Identify the Field Office** Columbus  
**Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance.** OH-501 - Toledo/Lucas County CoC

### HPRP Contact Name

**Prefix** Ms.  
**First Name** Lourdes  
**Middle Name**  
**Last Name** Santiago  
**Suffix**  
**Title** Director, Department of Neighborhoods

### HPRP Contact Address

**Street Address 1** One Government Center  
**Street Address 2** Suite 1800  
**City** Toledo  
**State** Ohio  
**ZIP Code** 43604

**Phone Number** 419-936-3647  
**Format: 123-456-7890**

### Extension

**Fax Number** 419-245-1413  
**Format: 123-456-7890**

**Email Address** lourdes.santiago@toledo.oh.gov

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**Confirm Email Address** lourdes.santiago@toledo.oh.gov

**OPTIONAL: HPRP Secondary Contact**

**First Name** Denise

**Last Name** Russell

**Title** Administrative Analyst IV

**Phone Number** 419-245-1644  
**Format: 123-456-7890**

**Extension**

**Email Address** denise.russell@toledo.oh.gov

**Confirm Email Address** denise.russell@toledo.oh.gov

## QPR Q10 Report Period and Status

**Select the Reporting Period for this Performance Report** 10/01/11 - 12/31/11  
**Indicate Report Type** QPR

## QPR Q10 Persons and Households Served

In the first row ("Total Served"), enter the total unduplicated number of persons and households determined eligible and 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 "Total" rows under "Total Served by Activity (#)," enter the total unduplicated number of persons and households served with Financial Assistance and with Housing Relocation and Stabilization Services. For the "Total - Financial Assistance" row and the "Total - Housing Relocation and Stabilization Services" row: the unduplicated amount entered in each cell in these rows is not necessarily the sum of the cells for each activity above it.

**Note:** Eligibility determination for HPRP is either a Case Management or Outreach and Engagement activity. If HPRP funds were used for eligibility determination, these persons and households must be reported under the appropriate activity below.

Both eligible and ineligible persons and households may be reported in the Outreach and Engagement row if HPRP funds were used to pay for the eligibility determination. Please note, however, in the "Total Served" row at the top of this screen, report only persons and households who were determined to be eligible and received financial assistance or housing relocation and stabilization services with HPRP funds. Do not include persons and households who were determined to be ineligible in the "Total Served" row.

Remember that the number of persons and households served that you enter in the Grant to Date columns must be unduplicated over time. If a household is served and reported on in both a prior quarter and the current quarter, they should only be counted once in the Grant to Date column, not twice. That is, do not add up the totals of persons served in each quarter to arrive at the total for the Grant to Date columns.

		* Total Served													
Homelessness Prevention		Homeless Assistance						TOTAL							
		Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds			
Total Served		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		
Total Served (Unduplicated)		297	1,350	110	563	8	128	6	58	305	1,478	116	621		

		* Total Served by Activity (#)					
Homelessness Prevention		Homeless Assistance				TOTAL	

Activities	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds	
	Qua rter	Gra nt to Date										

Financial Assistance												
Rental assistance	263	1,177	75	482	8	99	5	47	271	1,276	80	529
Security and utility deposits	30	111	9	44	2	42	3	19	32	153	12	63
Utility payments	47	277	47	138	2	20	2	9	49	297	49	147
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 (Unduplicated)</b>	<b>297</b>	<b>1,350</b>	<b>110</b>	<b>563</b>	<b>8</b>	<b>128</b>	<b>6</b>	<b>58</b>	<b>305</b>	<b>1,478</b>	<b>116</b>	<b>621</b>

Housing Relocation & Stabilization Services												
Case management	297	1,350	110	563	8	128	6	58	305	1,478	116	621
Outreach and engagement	0	0	0	0	0	0	0	0	0	0	0	0
Housing search and placement	0	0	0	0	8	128	6	58	8	128	6	58
Legal services	273	278	90	77	8	35	6	16	281	313	96	93
Credit repair	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total-Housing Relocation &amp; Stabilization Services (Unduplicated)</b>	<b>297</b>	<b>1,350</b>	<b>110</b>	<b>563</b>	<b>8</b>	<b>128</b>	<b>6</b>	<b>58</b>	<b>305</b>	<b>1,478</b>	<b>116</b>	<b>621</b>

**Additional comments:**

Optional: If needed, use this space to provide a note explaining the above data

## QPR Q10 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	16	66.67%	66.67%	374	81.30%	77.11%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	4	0.87%	0.82%
Rental by client, other (non-VASH) housing subsidy	7	29.17%	29.17%	57	12.39%	11.75%
Owned by client, no housing subsidy	0	0.00%	0.00%	19	4.13%	3.92%
Owned by client, with housing subsidy	0	0.00%	0.00%	4	0.87%	0.82%
Staying or living with family, permanent tenure	1	4.17%	4.17%	2	0.43%	0.41%
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>24</b>	<b>100.00%</b>	<b>100.00%</b>	<b>460</b>	<b>100.00%</b>	<b>94.85%</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%	10	100.00%	2.06%
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>10</b>	<b>100.00%</b>	<b>2.06%</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%	2	100.00%	0.41%

Foster care home or foster care group home	0	0.00%	0.00%	0	0.00%	0.00%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	2	100.00%	0.41%
<b>Miscellaneous</b>						
Other Destinations	0	0.00%	0.00%	8	61.54%	1.65%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	5	38.46%	1.03%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	13	100.00%	2.68%
TOTAL PERSONS WHO LEFT THE PROGRAM	24		100.00%	485		100.00%

**Additional Comments:**

Optional: If needed, use this space to provide a note explaining the above data.

## QPR Q10 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	2	100.00%	100.00%	32	84.21%	69.57%
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%	6	15.79%	13.04%
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>2</b>	<b>100.00%</b>	<b>100.00%</b>	<b>38</b>	<b>100.00%</b>	<b>82.61%</b>
<b>Temporary Destinations</b>						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	1	25.00%	2.17%
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%	3	75.00%	6.52%
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>4</b>	<b>100.00%</b>	<b>8.70%</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%

Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%
<b>Miscellaneous</b>						
Other Destinations	0	0.00%	0.00%	3	75.00%	6.52%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	1	25.00%	2.17%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	4	100.00%	8.69%
<b>TOTAL PERSONS WHO LEFT THE PROGRAM</b>	<b>2</b>		<b>100.00%</b>	<b>46</b>		<b>100.00%</b>

**Additional Comments:**

Optional: If needed, use this space to provide a note explaining the above data.

## QPR Q10 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. If an expenditure is incurred and reported in the grantee's financial system for the current quarter, report it below. This data will not necessarily reflect draws in IDIS.

* Expenditures (\$)		
Homelessness Prevention	Homeless Assistance	Total

Activities	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	157,984	1,688,144	4,356	124,029	162,340	1,812,173
Housing Relocation & Stabilization Services	105,745	295,965	34,686	89,786	140,431	385,751
Data Collection & Evaluation					6,000	99,883
Administration					6,113	63,425
<b>TOTAL</b>					<b>314,884</b>	<b>2,361,232</b>

**Additional Comments:**

Optional: If needed, use this space to provide a note explaining the above data.

## QPR Q10 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** Lourdes Santiago  
**Title/Position** Director, Department of Neighborhoods

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

## QPR Q10 Summary

<b>Part</b>	<b>Last Updated</b>
<b>Grantee State</b>	01/10/2012
<b>Grantee Information</b>	01/13/2012
<b>Report Period and Status</b>	01/10/2012
<b>Persons and Households Served</b>	01/13/2012
<b>Housing Outcomes Homelessness Prevention</b>	01/13/2012
<b>Housing Outcomes Homeless Assistance</b>	01/13/2012
<b>Expenditures by Activity</b>	01/13/2012
<b>Authorizing Information and Certification</b>	01/10/2012