

Department of Housing and Community Development
Emergency Housing and Assistance Program (EHAP)

SEMI-ANNUAL REPORT (SAR)

(Use Only for EHAP Operating Grants)

Mail or fax completed forms to: Contract Manager
Emergency Housing and Assistance Program (EHAP)
Department of Housing and Community Development
P.O. Box 952054
Sacramento, CA 94252-2054
Fax: (916) 323-6016

REPORTING PERIOD:

- **SAR 1:** Report Period - Months 1 through 7 of the Standard Agreement
(SAR 1 report due within 30 days from the end of reporting period)
- **SAR 2:** Report Period - Months 8 through 14 of the Standard Agreement
(SAR 2 report due within 30 days from the end of reporting period)
- **Do NOT submit a SAR before the end of the reporting period.**

INSTRUCTIONS FOR COMPLETING THE SAR:

- **Average Number of Persons Served Daily:**
 - Calculation for Average Number of Persons Served Daily:
 - *Total # Persons Served divided by 210 days = Average Number of Persons Served Daily*
- **Maximum Bed Capacity:**
 - Indicate the shelter's Maximum Bed Capacity. If there is an increase or decrease in the Maximum Bed Capacity for either the SAR 1 or SAR 2 reporting period, explain the reason for the change in the *Narrative* section on Page 2 of this report.
 - Calculation for Total (Maximum) Bed Capacity:
 - *Number of Beds + Number of Cribs = Total (Maximum) Bed Capacity*
- **“Household” Definition:**

“Household” is defined as one or more persons occupying a housing unit.

 - A household can consist of:
 - ♦ A single adult;
 - ♦ A single adult with children;
 - ♦ A couple with children;
 - ♦ A couple without children.
- **Moving Clients to Permanent or Transitional Housing**
 - Calculation for Percentage Placed:
 - A. Total Number of Clients Who Exited the EHAP Funded Program
 - B. Number Placed in Permanent Housing
 - C. Number Placed in Transitional Housing
 - D. Percentage Placed = *The sum of B + C, divided by A*

**Department of Housing and Community Development
Emergency Housing and Assistance Program (EHAP)
SEMI-ANNUAL REPORT (SAR)**

EHAP Contract #: -EHAP-

Contractor Name: _____

SAR 1 Reporting Period-Months 1-7: _____ to _____

SAR 2 Reporting Period-Months 8-14: _____ to _____

Please check type of Program(s):

Operations

Vouchers

Residential Rental Assistance

If you checked **Operations** above, please fill out Sections A, B, and E.

If you checked **Residential Rental Assistance**, please fill out Sections A and D.

If you checked **Vouchers**, please fill out Sections A, B, and C.

If your program includes **more than one program type**, please fill out all applicable sections.

<u>Demographics</u>	<u>Estimates Per Application</u>	<u>SAR 1</u> (Months 1 – 7)	<u>SAR 2</u> (Months 8 – 14)
<p><u>Section A:</u></p> <p>1. Total Number of Persons Served: (May include duplicate counts)</p> <p>2. Average Number of Persons Served Daily: <i>Calculation: Total # Persons Served divided by 210 days</i></p>	<p>_____</p> <p style="text-align: center;">N/A</p> <p>_____</p>	<p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p>
<p><u>Section B:</u></p> <p>3. Maximum Bed Capacity Number of Beds: (+) Number of Cribs: (=) Total (Maximum) Bed Capacity:</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p><u>Section C:</u></p> <p>4. Number of Households Assisted with Vouchers:</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p><u>Section D:</u></p> <p>5. Number of Households Assisted with Residential Rental Assistance:</p>	<p>_____</p>	<p>_____</p>	<p>_____</p>
<p><u>Section E:</u></p> <p>6. Moving clients to Permanent or Transitional Housing A. Total Number of Clients Who Exited the EHAP Funded Program: B. Number Placed in Permanent Housing: C. Number Placed in Transitional Housing: D. Percentage Placed: <i>Percentage Calculation: The sum of B+C, divided by A=D</i></p>	<p><u>Actuals per Application</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ %</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____ %</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____ %</p>

PLEASE COMPLETE THE NARRATIVE ON PAGE 2

Semi-Annual Report # _____
Page 2

Narrative Instructions: By contract activity (e.g., acquisition, rehabilitation, lease, vouchers, operations, etc.), provide narrative information regarding the status of funded activities. Describe milestones accomplished as well as any delays or problems experienced with project implementation. Also specify if there have been any changes in Program Supportive Services indicated in your application. If there has been a change in your Maximum Bed Capacity, either increase or decrease, please explain. (Use additional pages if needed.)

If there has been a **change** in Address, Executive Director or Contact person please provide the following information: Name, Title, Address, Phone Number, Fax Number, and Email Address.

I hereby certify that the information contained in this report is accurate and complete to the best of my knowledge. The records supporting the information summarized herein will be retained by our organization and be available for review by the State for at least five years after the expiration of the Standard Agreement.

Submitted by: _____

Date: _____

(Original Authorized Signature)