Tribal Homeless Housing, Assistance and Prevention Grants Program

Round 4
Annual Report Template

This template is a document to support the Tribal HHAP grantee during their award period. **This is not the actual Annual Report**, however, a replica of what the application questions through Cognito portal will be.

The Annual Report will gather cumulative data from the start of the grant through December 31, 2026. Submittal of the THHAP-4 Annual Report will be collected through the Cognito portal. The deadline to submit the THHAP-4 Annual Report is **April 1, 2027**, **at 5:00 p.m.**

The Cognito link to the form is available here: https://www.cognitoforms.com/CaliforniaInteragencyCouncilOnHomelessness/TribalHHAP4AnnualReportDueApril12027

For questions, contact the Tribal HHAP team at TribalHHAP@hcd.ca.gov.

Duplicate of Annual Report Questions Provided Below:

Introduction

The Tribal Homeless Assistance, and Prevention Program (THHAP) was created by AB 140 as a Tribal allocation set-aside program for California Federally Recognized Tribes. These funds are available for California Federally Recognized Tribes and are designed to be flexible to meet the unique needs of each community in their goals to prevent and end homelessness. HCD's Tribal HHAP team is available to assist you with any questions or concerns you may have. In addition, if you need technical assistance, California Coalition for Rural Housing (CCRH) Technical Assistance Providers are available to provide individualized support in completing this Annual Report. If you are not currently working with a TA, to coordinate CCRH technical assistance please reach out to the Tribal HHAP team at TribalHHAP@hcd.ca.gov.

This Tribal Homeless Housing Assistance and Prevention (THHAP) Annual Report will gather cumulative data from the **start of your THHAP-4 grant through December 31, 2026,** and is **due by Thursday, April 1, 2027.**

After selecting your Tribe and providing contacts, you will be asked to report on the following:

- Grant Obligations and Expenditures by eligible use category;
- Persons Served by your THHAP program(s); and
- Outcome statuses determined by the outcomes identified in your approved THHAP budget,
- Challenges include areas where there have been difficulties implementing THHAP funds,
- Opportunities include areas where THHAP funds are expected to positively impact the Tribe in the future.

After completing the above sections, you will be asked to provide contact information for the individual certifying the information in the report and provide any optional comments. You do not need to complete this report in one sitting. If you would like to come back to your report later, click on the "Save" button at the bottom of the page, and you will be provided with a link to the saved report.

Please note: This annual report only captures the Tribal HHAP-4 grant. A separate annual report will be required for each Tribal HHAP round and available through the Cognito system.

Name of Tribe and Contacts

Please select the name of your Tribe *

Grantee will select from the dropdown options.

Primary Contact Information

Name:

Title:

Email:

Phone Number:

Secondary Contact Information

Name:

Title:

Email:

Phone Number

Should this individual always be included in grant communications? If not, this individual will only be contacted if you become unavailable and contact is needed.

Yes No

Tribal Chairperson or President's Information

Name:

Email:

Phone Number:

Grant Obligations and Expenditures

Instructions

This section of the report is requesting that you provide cumulative budget data from THHAP-4. Please refer to what has been obligated and what has been expended when entering the information below. Your total approved funds for each eligible category will be found in your approved THHAP-4 budget.

**__Obligated__ means that the Grantee has placed orders, awarded contracts, received services, or entered into transactions that require payment using THHAP funding.*

**__Expended__ means all THHAP funds obligated under contract or subcontract have been fully paid and receipted, and no invoices remain outstanding.*

THHAP-4 Grant Amount: $$$

Administrative Costs Max: $$$

Eligible Use Category *	Obligated *	Expended *
Permanent Housing Solutions	$0.00	$0.00
Interim Housing Solutions	$0.00	$0.00
Homelessness Prevention	$0.00	$0.00
Non-Housing Solutions	$0.00	$0.00
Administrative Costs	$0.00	$0.00
	$0.00	$0.00

Total Grant Obligations
$0.00

Total Grant Expenditures
$0.00

Do the totals in the expended column listed above exceed the budgeted totals listed on your approved THHAP-4 budget?

Yes No

*If you answered **Yes**, a budget modification form is required **before** the submittal of this Annual Report. Contact the Tribal HHAP Team for assistance at TribalHHAP@hcd.ca.gov, or call your THHAP Program Analyst.*

Refer to our program's NOFA, and Eligible Uses Guide for examples of costs that could be categorized in each eligible category of funding supported by Tribal HHAP-4.

Eligible Use Category Guide

1. Permanent Housing Solutions: costs that support the provision of permanent housing, such as – land acquisition, pre-development costs, construction costs, rehabilitation, conversion of underutilized structures or existing transitional housing into permanent housing, services and service coordination for people living in permanent housing.

2. Interim Housing Solutions: costs that support the provision of interim housing, such as – creation of navigation centers, operating expenses for existing congregate shelters and/or transitional housing, renovation/rehabilitation, motel/hotel vouchers, services and services coordination for people living in interim housing.

3. Homeless Prevention: costs that support the prevention of homelessness and/or divert individuals from homelessness, including – rental assistance, rapid rehousing, and diversion support programs.

4. Non-Housing Solutions: costs that support non-housing services for people experiencing unsheltered homelessness, including – street outreach, evidence-based engagement services, housing navigation, harm reduction services, costs that support people with lived experience of homelessness to participate in and/or provide input for regional and system planning, coordination with street-based health care services, etc.

5. Administrative Costs: costs of items and services that are indirect rather than specific to the THHAP-4 project or program. No more than 7% of the overall award can be used for admin costs. Admin costs cannot be used for staff or salary costs.

Persons Served

Instructions

Report on the number of individuals served with THHAP funding **through December 31, 2026**. Please count total number of individuals served. If your program counts households, count each person within that household for the purposes of this report. This report also includes data on gender of individuals served, age of individuals, and the outcomes of those individuals as it relates to permanent and interim housing.

The term "individual served" or "person served" refers to anyone who has received services through your THHAP program or project. This includes supportive services, street outreach, interim housing, or permanent housing.

Report on the number of individuals served from the start of your THHAP-4 grant through December 31, 2026.

Total Individuals Served

Please report on the total number of individuals served in your programs / projects and those services utilized to prevent and address homelessness.

When filling out the categories below, only fill in the boxes corresponding with the categories that are applicable to the Tribe's program or project.

Total individuals served from the start of your THHAP-4 grant through December 31, 2026?

Special Populations

Please report the number of individuals served who belong to the groups below. Youth and non-youth categories must total individuals served.

Youth (24 years and younger)

Non-Youth (25 years and older)

Gender

Please make sure that the total individuals served below are equal to the total individuals served in the section above. That means every person must be counted in only one gender category.

	# Individuals Served
Female	#
Male	#
Another Gender (e.g. nonbinary, questioning, transgender, two-spirit)	#
Gender unknown	#

Eligible Uses

Please report the number of individuals served by each of the eligible use categories below.

	# Individuals Served
Permanent Housing Solutions	#
Interim Housing Solutions	#
Homelessness Prevention	#
Non-Housing Solutions	#

Housing Results

Please report the number of individuals served in each of the categories below.

"Permanent housing" for the purposes of THHAP-4 Reporting *is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. Under permanent housing, a program participant must be the tenant on a lease (or sublease) for an initial term of at least one year that is renewable and is terminable only for cause. Further, leases (or subleases) must be renewable for a minimum term of one month.*

"Interim shelter" for the purposes of THHAP-4 Reporting *is a temporary place to live, perhaps while receiving services and/or supports, while awaiting and/or preparing for a permanent home.*

Entered Permanent Housing

Placed in Interim Shelter

Entered Permanent Housing but Returned to Homelessness

Exited Homelessness Programs but Their Outcome is Unknown

Units Built / Purchased, if applicable

Permanent Housing Units to include acquisition of land, building, improvement or renovations of land or building.

Number of Units:

Interim Housing Units to include acquisition of land, building, improvement or renovations of land or building.

Number of Units:

Outcomes

Instructions

Please answer the following questions in *narrative or bullet-point format*.

1. What have you accomplished with THHAP-4 funds this past year? How have these funds helped your community? Please provide stories of accomplishments or successes in your community of a project, individual / family or program. Names and any personal details will be kept confidential.

Insert response here

2. How are you measuring THHAP-4 success? If the Tribe is using any tools to measure outcomes and track engagements, please share. Examples include but are not limited to: case management techniques, housing waitlists, community assessments, etc.

Insert response here

3. Provide us with a list of your partners and the role they are playing in your THHAP-4 project or program, if applicable.

Insert response here

4. Optional: Please provide any additional comments you'd like to share regarding THHAP-4 or the information reported in this form.

Insert response here

Challenges

Instructions

Please answer the following questions in *narrative or bullet-point format*.

1. Share any challenges or areas where you have experienced setbacks or obstacles while implementing or operating your THHAP-4 project or program (for example: permits, city, county, PG&E, utilities, water districts, responsiveness rate of individuals).

Insert response here

Opportunities

Instructions

Please answer the following questions in *narrative or bullet-point format*.

1. As HCD works in partnership with California Tribal Nations to prevent and eliminate homelessness; where do you believe that THHAP funds can benefit your Tribe in the future?

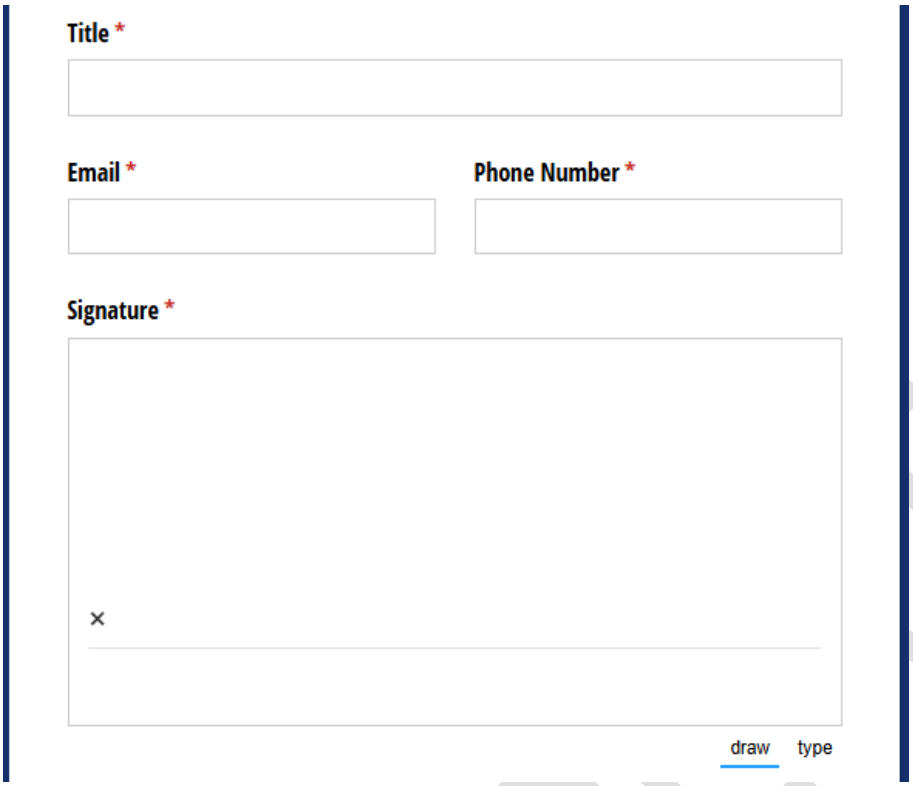
Insert response here

Certification and Signature

Individual certifying this report *

First | MI | Last

On behalf of the Tribe identified in this application, I certify that: The information and statements included in this Report are to the best of my knowledge and belief, true and correct and I possess the Tribe's legal authority to submit this Annual Report on behalf of Bear River Band of Rohnerville Rancheria.



After selecting "Submit" below, the Tribe's contacts will receive an email confirmation from our online Cognito system, confirming the Tribe's Annual Report for THHAP-4 has been submitted.

If the THHAP Team has any follow up questions regarding your report, they will reach out to the Tribe's first and secondary contacts, through the TribalHHAP@hcd.ca.gov inbox.