STATE OF CALIFORNIA

## HOMEKEY PERFORMANCE MILESTONE REPORTING WORKBOOK

REV 03/2025

### Homekey Performance Milestone Reporting Workbook

#### **Cover Sheet**

Contract Number:

This workbook contains forms required for all Homekey grantees to notice the Department of milestone completion(s) per the applicable Homekey NOFA and Standard Agreement. You may report multiple milestones within one workbook and may need to fill out this workbook multiple times during your contract term. Please attach evidence of completion, supplemental documents, and additional pages for comments (if needed). An appendix has been included on page 8 to provide guidance on sufficient forms of proof for milestone completion.

**Please Note:** Submission of this form does not automatically constitute completion of a milestone. The Department will review the evidence of completion provided and reach out if more information is needed.

Sponsor Name:

Oontract Hambon.		oponoor Hamo.	
Award Date:		Project Name:	
I am submitting this Select all that apply	s workbook beca	ause:	
	and B on <b>page 2</b> . Ple eted when submitting	ease attach accomp	es from my Standard anying evidence for all endix on page 8 for examples of
☐ 2. I have expended activities.  Fill out Section 1 of	,	nd/or Operating fu	ınds on eligible Homekey
☐ 3. Construction is a Fill out Section 2 of	completed for this F on <b>page 3</b> , and <b>4a</b> .Ui	• • •	e 5
☐ 4. This Homekey p  Fill out Section 3 of on pages 6-7	•	•	or greater. and <b>4b</b> . Housing First Checklist
Once completed, sig	n and submit this	workbook to yo	ur Grant Management

If Representative is not known, submit this form to MultifamilyGrants@hcd.ca.gov

Representative.

**Performance Milestone** 

# DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (HCD) DIVISION OF STATE FINANCIAL ASSISTANCE MULTIFAMILY GRANTS MANAGEMENT

Original

**Deadline** 

Date

**Date** 

Completed

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#### **Performance Milestone Completion**

Fill in the name of the performance milestone as documented in Exhibit E of the Standard Agreement along with the date the milestone was due and the date it was completed. **Evidence of completion must accompany this workbook for a milestone to be considered completed on time by the Department.** For examples of appropriate evidence of completion, please see Appendix A.

**Note:** if reporting completion of the interim to permenant conversion milestone, please fill out the <u>Conversion Completion Form</u> in lieu of this form.

A. Fill out this Table for Applicable Performance Milestones

	Deaume	Completed
Date of Site Acquisition*		
Capital Funds Expended Fill out Section 1 on page 3		
Construction Completed Fill out Section 2 on page 3 and Unit Mix on page 5		
90% Occupancy Reached Fill out Sections 3, 4a, and 4b on pages 4-7. If project will eventually convert to permanent, submit Conversion Plan along		
Affordability Covenant / Regulatory Agreement Draft Submitted		
Affordability Covenant / Regulatory Agreement Recorded		
Operating Subsidy Expended Fill out Section 1 on page 3		
Other (please specify)		
*If site is controlled through ground lease, enter the lease execution date.		
B. Input any Additional Comments on Development Progress		

Authorized Representative Signature

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### Complete this Section when Capital or Operating Funds are Fully Expended

Fill out the table with expenditures made by Fiscal Year once either all Homekey Capital award or Operating award funds have been expended. **Accompanying proof of expenditures is required to confirm milestone completion.** 

Fill out the table below once all Homekey Capital and/or Operating funds have been expended						
	FY 21-22 (Jul 2021- Jun 2022	FY 22-23 (Jul 2022- Jun 2023	FY 23-24 (Jul 2023- Jun 2024)	FY 24-25 (Jul 2024- Jun 2025)	FY 25-26 (Jul 2025- Jun 2026)	Total
Capital Expended						
Operating Expended						
Fiscal Year Totals						

### 2. Complete this Section when Construction is Completed

Fill out the Unit Mix on page 5 in addition to this table:

Fill out the table below once construction is completed			
Yes or No: This Project was habitable or operational upon acquisition and did <b>not</b>	☐ <b>Yes –</b> The project was acquired with no rehab necessary to make it habitable.  Enter N/A to Construction Begin and End Dates		
require additional rehabilitation with Homekey or other funds.	□ <b>No</b> – Homekey or other funds were used to rehabilitate or construct this project.		
Date of Site Acquisition*:			
Construction Start Date:			
Construction Completion Date:			
Total Number of Assisted Units Created: (Include manager/staff units):			
Total Number of ADA Accessible Units Created:			
Certificate of Occupancy** Date: Required for new construction projects only			

<sup>\*</sup>If site is controlled through ground lease, enter the lease execution date.

<sup>\*\*</sup>A Temporary Certificate of Occupancy (TCO) is suitable to prove construction completion. However, the final Certificate of Occupancy must be submitted prior to expiration of TCO.

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#### 3. Complete this Section when Full Occupancy is Reached

Fill out the Unit Mix and Housing First Checklist on pages 5-7 in addition to this table.

Fill out the table below once full occupancy is completed	
Affordability Covenant Expiration Date:	
Number of Assisted Units Occupied (Include occupied manager/staff units):	
Total Number of Individuals Currently Housed:	
Is your most current Supportive Services Plan on file with the Department? (if not, please attach)	
Is your most current Property Management Plan on file with the Department? (if not, please attach)	
Has tenant information been input into HMIS?	
Interim to Permanent Projects Only: Is your Interim to Permanent Conversion Plan included with this Milestone Submission?*	

\*Note: If reporting occupancy for an interim project that is eventually going to convert to permanent housing during the restricted use period, you must submit a conversion plan to accompany proof of full occupancy. Criteria that must be included in this plan can be found in the Conversion FAQ and Guidance: <a href="https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/homekey/HK-Conversion-Guidance.pdf">https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/homekey/HK-Conversion-Guidance.pdf</a>

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#### 4a. Unit Mix

Fill out this table when completing the Construction Milestone and/or Full Occupancy Milestone. Include all units created to date in Total Number of Homekey-Assisted Units, even if some are unoccupied at the time of workbook submission.

Unit Mix	Select the unit size and enter the number of units and appropriate target population as applicable for each row and column			
# of Bedrooms	Total Number of Homekey-Assisted Units	Number of Occupied Homekey Units	AMI Income Limit	Restricted to Subset of Target Population
Manager/Staff Unit(s)				N/A
Totals:				

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT (HCD)
DIVISION OF STATE FINANCIAL ASSISTANCE
MULTIFAMILY GRANTS MANAGEMENT

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#### 4b. Housing First Checklist

Sponsor must sign and submit this form when certifying completion of the Occupancy milestone.

Per the NOFA Article V §501: The Eligible Applicant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code section 8255, in its property management and tenant selection practices. Projects shall accept tenants regardless of sobriety, participation in services or treatment, history of incarceration, credit history, or history of eviction in accordance with practices permitted pursuant to Housing First practices, including local Coordinated Entry System prioritization protocols, or other federal or state Project funding sources

Tenant Screening  ☐ If the project cannot serve someone, it works through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.
☐ The project does everything possible not to reject an individual or family based on poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."
☐ Access to the project is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or any other unnecessary condition not imposed by the terms of the funding itself.
☐ People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy. Building and units include physical features that accommodate disabilities.
Housing-Based, Voluntary Services  If serving youth experiencing homelessness, services use a positive youth development model and culturally competent services to engage with tenants.
☐ Services are informed by a harm-reduction philosophy that recognizes that substance use/ addiction are a part of some tenants' lives. Tenants are engaged in non-judgmenta communication regarding substance use and are offered education regarding safer practices and how to avoid risky behaviors.
☐ Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.

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Authorized Representative Signature	Date
I, the Grantee, certify, upon occupancy, that I will emprise (as set forth at Welfare and Institutions Code se management and tenant selection practices.	
☐ Program Requires Housing Providers to Provide T Tenants' Rights & Responsibilities Of Tenancy Under protections)	
☐ Every effort is made to provide a tenant the opport situation, program, or project to another if tenancy is eviction back into homelessness is avoided	,
☐ Tenants in supportive housing are given reasonab rent on time and offered special payment arrangement assistance with financial management, including repr	nts for rent arrears and/or
Housing Permanency  ☐ Substance use in and of itself, without other lease reason for eviction.	violations, is not considered a

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### Appendix – Adequate Proof of Completion

The table below provides examples of documents that can serve as verification of milestone completion. This list is not exhaustive. Verification submitted will need to line up to disbursements received, please be sure to reference how your RFF's were processed. For any questions or to confirm if alternative methods of proof are permissible, please contact your assigned Grant Management Representative.

Milestone	Example Verification Documents		
Capital or Operating Fund Expenditures	Settlement Statement (acquisition)     General Ledger		
	Evidence of relocation costs		
Construction Completion	<ul> <li>Certificate of Occupancy</li> <li>Temporary Certificate of Occupancy – must submit final COO before TCO expires</li> <li>Certificate of Completion</li> <li>Contractor scope of work with signed statement of completion.</li> </ul>		
Full Occupancy	<ul> <li>Rent Roll – must include the following:         <ul> <li>Effective/As-is Date</li> <li>Unit Numbers</li> <li>Bedroom Sizes</li> <li>Occupancy Status (occupied vs. vacant)</li> <li>Tenant or Manager Unit</li> <li>Resident Names (redacted), initials, or Numbers</li> <li>Total/Gross Rent</li> <li>Subsidy Amount</li> <li>Tenant Rent</li> </ul> </li> <li>Tenant list (names omitted)</li> <li>Letter from authorized representative certifying number of units occupied on letterhead (allowable for interim projects only)</li> </ul>		
DRAFT or Recorded Covenant or Regulatory Agreement	<ul> <li>Draft version of covenant or regulatory agreement</li> <li>Scan of Conformed Copy (once recorded)</li> </ul>		
Note: For interim projects, a template Interim Deconf Restrictive Covenants is available on our Progress Webpage. Fill in and submit this draft at anyour Grant Management Representative to begin process for preparing an execution copy.			