Homekey Round 3 Milestone Reporting Workbook

Cover Sheet

This workbook contains forms required for all Homekey Round 3 grantees for notice of Milestone Completion and Changes per the Homekey Round 3 NOFA and Standard Agreement. Please indicate on this cover sheet which actions you are requesting to take and fill and sign the referenced forms accordingly. You may report multiple milestones within one workbook and may need to fill out this workbook multiple times during your contract term. You may attach additional pages and supplemental documents as 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.

Contract Number:		Sponsor Name:	
Award Date:		Project Name:	

I am submitting this workbook because:
Select all that Apply

☐ 1. I have completed one or more Performance Milestones from my Standard Agreement.
Fill out Section 1 A and B on page 2. Please attach accompanying evidence for all milestones completed when submitting this form. See Appendix on page 8 for examples of acceptable forms of evidence.

☐ 2. Construction is completed for this Homekey project.
*Fill out Section 2 on **page 3**, and Unit Mix form on **page 4***

☐ 3. This Homekey project has reached 90% occupancy or greater.
*Fill out Section 3 on **page 3**, 3A Unit Mix form on **page 4,** and 3B Housing First checklist on **pages 5-6***

☐ 4. I am updating the Department regarding a change in staff, development plan, or other change that may impact my Homekey project, per NOFA Article VI §600.
*Fill out Updates to Homekey Project on **page 7***

Once completed, submit this entire workbook to your Grant Management Representative. If not known, submit to Homekey3SGM@hcd.ca.gov.

1. 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.

A. Fill out this Table for Applicable Performance Milestones

Performance Milestone	Original Deadline	Date Completed
Capital Funds Expended		
Construction Completed *Fill out Section 2 on page 3 and Unit Mix on page 4*		
90% Occupancy Reached *Fill out Section 3, 3a and 3b on pages 3-6*		
Affordability Covenant / Regulatory Agreement Draft Submitted		
Affordability Covenant / Regulatory Agreement Recorded		
Operating Subsidy Expended		
Conversion to Permanent *(Interim to Perm projects only)*		
Other *(please specify)*		

Note: If completing the Construction or Full Occupancy milestones, fill out the accompanying Unit Mix form on page 5 and Housing First certification on page 6-7 in addition to this page.

B. Input any Additional Comments on Development Progress

_____

Authorized Representative Signature   Date

2. Complete this Section when Construction is Completed

Fill out page 4 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 **not** require additional rehabilitation with Homekey or other funds.	☐ **Yes –** The project was acquired with no rehab necessary to make it habitable. *Enter N/A to Construction Begin and End Dates*
	☐ **No –** Homekey or other funds were used to rehabilitate or construct this project.
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*	

3. Complete this Section when Full Occupancy is Reached

Fill out pages 4-6 in addition to this table.

Fill out the table below once 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: https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/homekey/HK-Conversion-Guidance.pdf

3a. 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:				

3b. 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-judgmental 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.

Housing Permanency

☐ Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

☐ Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.

☐ Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided

☐ Program Requires Housing Providers to Provide Tenants with Leases and Reflects Tenants' Rights & Responsibilities Of Tenancy Under CA Law *(including eviction protections)*

I, the Grantee, certify, upon occupancy, that I will employ core components of Housing First (as set forth at Welfare and Institutions Code section 8255) as part of our property management and tenant selection practices.

_____

Authorized Representative Signature   Date

4. Updates to Homekey Project

Per Exhibit D 32. Of the Standard Agreement: If there is any change in the information that has been provided to the Department, Grantee shall promptly provide the Department with updated documentation (e.g., updated sources and uses). All changes shall be subject to Department approval. In addition, Grantee shall promptly notify the Department, in writing, of any changes in Grantee or Co-Grantee organization, authorization, or capacity.

Summary of Change:

Reason for Change:

Are there any changes in Grantee or Co-Grantee organization, authorization, or capacity caused by this change? If Yes, Please Explain:

_____

Authorized Representative Signature   Date

HCD USE ONLY ☐ Approved ☐ Denied ☐ Approved with Adjustments ☐ More Information Needed
Comments:
Does this change necessitate a Standard Agreement amendment? ☐ Yes ☐ No
SGM Manager Signature: Date:

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 Expenditure *Includes all eligible spending categories except Operating Subsidy*	• Settlement Statement (acquisition) • General Ledger • Evidence of relocation costs
Construction Completion	• Certificate of Occupancy • Temporary Certificate of Occupancy, • Certificate of Completion • Contractor scope of work with signed statement of completion.
Full Occupancy	• Rent Roll • Tenant list (names omitted) • Letter from authorized representative certifying number of units occupied on letterhead *(allowable for interim projects only)*
DRAFT or Recorded Covenant or Regulatory Agreement	• Draft version of covenant or regulatory agreement • Scan of Conformed Copy (once recorded) ***Note:*** *For interim projects, a template* Interim Declaration of Restrictive Covenants *is available on our* Program Forms *webpage. Fill in and submit this draft at any time to your Grant Management Representative to begin the process for preparing an execution copy.*