

Grantee State

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

Grantee Information

Grantee Name Rialto
Name of Organization or Department Administering Funds Recreation and Community Services Department
Organizational DUNS# 083583849
Grant Number S09-MY-06-0571
Grant Amount \$546,485
Identify the Field Office Los Angeles
Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance. CA-609 - San Bernardino City & County CoC

HPRP Contact Name

Prefix Mr.
First Name Larry
Middle Name
Last Name Thornburg
Suffix
Title Director of Recreation and Community Services Dept.

HPRP Contact Address

Street Address 1 214 N. Palm Avenue
Street Address 2
City Rialto
State California
ZIP Code 92376

Phone Number 909-421-4986
Format: 123-456-7890
Extension
Fax Number 909-820-2554
Format: 123-456-7890
Email Address LThornburg@rialtoca.gov

Confirm Email Address LThornburg@rialtoca.gov

Report Period and Status

Select the Reporting Period for this Performance Report 07/01/09 - 09/30/09

Indicate Report Type QPR

Indicate Performance Report Status Preliminary

Housing Relocation & Stabilization Services												
Case management	0	0	0	0	0	0	0	0	0	0	0	0
Outreach and engagement	0	0	0	0	0	0	0	0	0	0	0	0
Housing search and placement	0	0	0	0	0	0	0	0	0	0	0	0
Legal services	0	0	0	0	0	0	0	0	0	0	0	0
Credit repair	0	0	0	0	0	0	0	0	0	0	0	0
Total-Housing Relocation & Stabilization Services	0	0	0	0	0	0	0	0	0	0	0	0

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.

Prevention and Homelessness

		Quarter				Grant to Date	
Destination	Persons	%	% of Total	Persons	%	% of Total	
Permanent Destinations							
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)		0.00%	0.00%		0.00%	0.00%	
Rental by client, no housing subsidy		0.00%	0.00%		0.00%	0.00%	
Rental by client, VASH housing subsidy		0.00%	0.00%		0.00%	0.00%	
Rental by client, other (non-VASH) housing subsidy		0.00%	0.00%		0.00%	0.00%	
Owned by client, no housing subsidy		0.00%	0.00%		0.00%	0.00%	
Owned by client, with housing subsidy		0.00%	0.00%		0.00%	0.00%	
Staying or living with family, permanent tenure		0.00%	0.00%		0.00%	0.00%	
Staying or living with friend, permanent tenure		0.00%	0.00%		0.00%	0.00%	
Total Persons Leaving for Permanent Destinations	0	100.00%	0.00%	0	100.00%	0.00%	
Temporary Destinations							
Emergency shelter, including hotel or motel paid for with emergency shelter voucher		0.00%	0.00%		0.00%	0.00%	
Transitional housing for homeless persons (including homeless youth)		0.00%	0.00%		0.00%	0.00%	
Staying or living with family, temporary tenure		0.00%	0.00%		0.00%	0.00%	
Staying or living with friend, temporary tenure		0.00%	0.00%		0.00%	0.00%	
Hotel or motel paid for without emergency shelter voucher		0.00%	0.00%		0.00%	0.00%	
Place not meant for human habitation		0.00%	0.00%		0.00%	0.00%	
Safe Haven		0.00%	0.00%		0.00%	0.00%	
Total Persons Leaving for Temporary Destinations	0	100.00%	0.00%	0	100.00%	0.00%	
Institutional Destinations							
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Psychiatric hospital or other psychiatric facility		0.00%	0.00%		0.00%	0.00%
Substance abuse treatment facility or detox center		0.00%	0.00%		0.00%	0.00%
Hospital (non-psychiatric)		0.00%	0.00%		0.00%	0.00%
Jail, prison or juvenile detention facility		0.00%	0.00%		0.00%	0.00%
Foster care home or foster care group home		0.00%	0.00%		0.00%	0.00%
Total Persons Leaving for Institutional Destinations	0	100.00%	0.00%	0	100.00%	0.00%
Miscellaneous						
Other Destinations		0.00%	0.00%		0.00%	0.00%
Deceased		0.00%	0.00%		0.00%	0.00%
Don't know / refused		0.00%	0.00%		0.00%	0.00%
Missing this information		0.00%	0.00%		0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

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.

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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%
Miscellaneous						
Other Destinations	0	0.00%	0.00%	0	0.00%	0.00%
Deceased	0	0.00%	0.00%	0	0.00%	0.00%
Don't know / refused	0	0.00%	0.00%	0	0.00%	0.00%
Missing this information	0	0.00%	0.00%	0	0.00%	0.00%
Total for Miscellaneous	0	100.00%	0.00%	0	100.00%	0.00%
TOTAL PERSONS WHO LEFT THE PROGRAM	0		0.00%	0		0.00%

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.

Expenditures (\$)

Financial Assistance
 Housing Relocation & Stabilization Services
 Data Collection & Evaluation
 Administration
 TOTAL

Activities	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	0	0	0	0	0	0
Housing Relocation & Stabilization Services					0	0
Data Collection & Evaluation					0	0
Administration						
TOTAL					0	0

Grant Allocation

Did the grantee meet the 9/30 deadline to award or enter into legally binding agreements with subgrantees?

Grantee and Subgrantee/Contractor Allocations

Activity	Amount of HPRP Funds Retained by Grantee	Amount of HPRP Funds Awarded To Subgrantee (s) / Contractor s(s)	Total
Financial Assistance	\$0.00	\$429,160.00	\$429,160.00
Housing Relocation and Stabilization	\$0.00	\$80,000.00	\$80,000.00
Data Collection and Evaluation	\$0.00	\$10,000.00	\$10,000.00
Administration	\$27,325.00		\$27,325.00
Total	\$27,325.00	\$519,160.00	\$546,485.00

HPRP Grant Amount	\$546,485
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Subgrantee/Contractor List Attachment

Document Type	Required?	Document Description	Date Attached
Subgrantee Attachment	Yes	Subgrantee List	10/09/2009

Attachment Details

Click on [HPRP Subgrantee List Template](#) on the left menu bar. Complete the spreadsheet, save it to your computer, and upload it to e-snaps using the [Browse](#) button. Excel and zip are the only file types allowed.

Document Description: Subgrantee List

Enter the total number of persons and households estimated to be served with HPRP Homelessness Prevention assistance and HPRP Homeless Assistance by the end of the grant period. For more instructions, click on "Instructions" on the left menu.

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Homelessness Prevention - Other Risk Factors to be Used

For Homelessness Prevention activities, in addition to HPRP eligibility requirements, are there other risk factors that will be used to determine eligibility and/or prioritization for homelessness prevention assistance?

No

If yes, identify the criteria to be used and provide a brief description, including how the criteria will be used (e.g. limited to only certain types of HPRP assistance or applied across all subgrantees and types of assistance) and rationale for why the criteria were chosen (limit 2500 characters).

Data Collection Plan

Will beneficiary data be entered (or uploaded at least quarterly) into a single HMIS at the grantee level in order to generate unduplicated data for "Persons and Households Served" questions in the QPR? Yes

If yes, briefly describe the HMIS to be used and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).

The Agency will be working with the Community Action Partnership of San Bernardino to assure the accurate and timely input of data into the HMIS system. The Community Action Partnership of SB has provided the necessary training to the agency.

If no, briefly describe the HMIS(s) and/or other comparable client-level database(s) that will be used by one or more subgrantees and the plan to ensure data quality (completeness and accuracy)(limit 2000 characters).

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 Larry Thornburg
Title/Position Director

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 ☒

Summary

Part	Last Updated
Grantee State	No Input Required
Grantee Information	10/9/09 10:20 PM
Report Period and Status	10/9/09 10:21 PM
Persons and Households Served	10/9/09 10:25 PM
Housing Outcomes Homelessness Prevention	10/9/09 10:12 PM
Housing Outcomes Homeless Assistance	10/9/09 10:28 PM
Expenditures by Activity	10/9/09 10:29 PM
Grant Allocation	10/9/09 10:35 PM
Subgrantee/Contractor List Attachment	10/9/09 10:44 PM
Projected Persons and Households to be Served	10/9/09 10:54 PM
Homelessness Prevention Risk Factors	10/9/09 10:55 PM
Data Collection Plan	10/9/09 10:57 PM
Authorizing Information and Certification	10/9/09 10:58 PM