

COMMUNITY DEVELOPMENT
EMERGENCY SHELTER GRANT PROGRAM
MID YEAR/END OF YEAR REPORT FORM FOR ESG ACTIVITIES FY2011

Reporting Period: July 1, 2010 thru June 30, 2011

Due By: _____

HUD #: _____

ESG Activity Name: _____ Project No.: _____

Contact Person: _____ Phone No.: (____)-____-____-ex: _____

Person completing form if different from above: _____ Title: _____

Phone No.: (____)-____-____-ex: _____

1) Place an "X" next to each of the following services that this activity provides:

- | | |
|---|---|
| <input type="checkbox"/> Emergency Shelter Facilities | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Vouchers for Shelter | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Drop- In Center | <input type="checkbox"/> Soup Kitchen / Meal Distribution |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> HIV / AIDS Services |
| <input type="checkbox"/> Alcohol / Drug Program | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Homeless Prevention |
| <input type="checkbox"/> Other : _____ | |

Indicate type of organization carrying out the activity:

- ☐ Public Agency ☐ Faith Based non-profit ☐ Other non-profit

2) **If your shelter provides overnight accommodations**, provide an **annual unduplicated** number of adults **and** children served.

Adults _____ Children _____
(base count on number served not number of visits)

If your shelter does not have overnight accommodations, provide **the unduplicated** count of persons receiving non-resident services annually.

Annual Number of Adults and Children Served: _____

Note: "Non-residential services" captures the number of adults and children served in homeless prevention activities. It also captures the numbers of adults and children **not** in an emergency shelter or transitional shelter program that are receiving essential services.

3) Based on the Unduplicated Number Served Yearly (include residential & non-residential services) report the racial and ethnic characteristics as follows:

Definitions:

Ethnicity Choices (cuts across all races):

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin" can be used in addition to "Hispanic or Latino."

Not Hispanic or Latino: A person *not* of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race Choices:

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to Black or African American.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original people of Europe, the Middle East, or North Africa

	Total # Racial	Total # Hispanic
* Anglo/white	_____	_____
* Black/African-American	_____	_____
* Asian	_____	_____
* American Indian or Alaskan Native	_____	_____
* Native Hawaiian or Other Pacific Islander	_____	_____
* American Indian/Alaskan Native & Anglo	_____	_____
* Asian & Anglo/white	_____	_____
* Black/African American & Anglo/white	_____	_____
* American Indian or Alaskan Native & Black/African American	_____	_____
* Other	_____	_____
TOTAL	_____	_____

4) Annual **Number** of Residential & Non-residential individuals (not percentages):

Unaccompanied 18 and Over ... Male: _____ Female: _____

Unaccompanied Under 18 Male: _____ Female: _____

Families with Children headed by:

Single 18 and over Male: _____ Female: _____

Youth 18 and Under Male: _____ Female: _____

Two Parents 18 and Over: _____ Two Parents Under 18: _____

Families with No Children: _____

NOTE: Totals in questions number 2, 3 and 4 must equal each other.

5) RESIDENTIAL SERVICES (emergency or transitional shelters):

List the number of persons for each subpopulation you served. If you served subpopulations that fit more than one category, you may place overlapping numbers (duplicate persons) on the appropriate lines.

Chronically Homeless (Emergency Shelter only): _____

Severely Mentally Ill: _____

Chronic Substance Abuse: _____

Other Disability: _____

Veterans: _____

Persons with HIV / AIDS: _____

Victims of domestic Violence: _____

Elderly: _____

6) Provide the number of persons who were housed by your program in the following types of shelters:

Shelter Type	# of Persons
Barracks:	_____
Group / Large House:	_____
Scattered Site Apartment:	_____
Single Family Detached House:	_____
Single Room Occupancy:	_____
Mobile Home / Trailer:	_____
Hotel / Motel:	_____
_____ Other:	_____

FY09: _____

Grantee #: _____

7) Identify amount of any Other Funding Sources:

ESG: \$ _____

Other Federal: \$ _____

Local Government: \$ _____

Private: \$ _____

Fees: \$ _____

Other: \$ _____