

## Grantee State

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

## Grantee Information

**Grantee Name** Lancaster CA  
**Name of Organization or Department Administering Funds** City of Lancaster  
**Organizational DUNS#:** 151324167  
**Grant Number** S09-MY-06-0558  
**Grant Amount** \$564,646  
**Identify the Field Office** Los Angeles  
**Identify CoC(s) in which the grantee and/or subgrantee(s) will provide HPRP assistance.** CA-600 - Los Angeles City & County CoC

### HPRP Contact Name

**Prefix** Mr.

**First Name** Christopher

**Middle Name**

**Last Name** Shaver

**Suffix**

**Title** HPRP Administrator

### HPRP Contact Address

**Street Address 1** 44933 North Fern avenue

**Street Address 2**

**City** Lancaster

**State** California

**ZIP Code** 93534

**Phone Number** 661-723-6233  
**Format: 123-456-7890**

**Extension**

**Fax Number**  
**Format: 123-456-7890**

**Email Address** cshaver@colra.org

**Confirm Email Address** cshaver@colra.org

**OPTIONAL: HPRP Secondary Contact**

**First Name**

**Last Name**

**Title**

**Phone Number**

**Format: 123-456-7890**

**Extension**

**Email Address**

**Confirm Email Address**

## Report Period and Status

**Select the Reporting Period for this Performance Report** 01/01/10 - 03/31/10

**Indicate Report Type** QPR

## Persons and Households Served

In the first row ("Total Served"), enter the total unduplicated number of persons and households served with HPRP Homelessness Prevention Assistance and HPRP Homeless Assistance (Rapid Re-Housing) in the current quarter and for the grant to date. In the "Total" rows under "Total Served by Activity (#)," enter the total unduplicated number of persons and households served with Financial Assistance and with Housing Relocation and Stabilization Services. For the *z*Total *z* Financial Assistance *z* row and the *z*Total *z* Housing Relocation and Stabilization Services *z* row: the unduplicated amount entered in each cell in these rows is not necessarily the sum of the cells for each activity above it.

**Note:** Eligibility determination for HPRP is either a Case Management or Outreach and Engagement activity. If HPRP funds were used for eligibility determination, these persons and households must be reported under the appropriate activity below.

### Total Served

	Homelessness Prevention				Homeless Assistance				TOTAL			
	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds	
	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date
<b>Total Served</b>												
<b>Total Served (Unduplicated)</b>	20	20	8	8	0	0	0	0	20	20	8	8

### Total Served by Activity (#)

	Homelessness Prevention				Homeless Assistance				TOTAL			
	Pers ons		Hshl ds		Pers ons		Hshl ds		Pers ons		Hshl ds	
	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date	Qua rter	Gra nt to Date
<b>Activities</b>												
<b>Financial Assistance</b>												
Rental assistance	20	20	8	8	0	0	0	0	20	20	8	8
Security and utility deposits	0	0	0	0	0	0	0	0	0	0	0	0
Utility payments	3	10	1	4	0	0	0	0	3	10	1	4
Moving cost assistance	0	0	0	0	0	0	0	0	0	0	0	0
Motel & hotel vouchers	0	0	0	0	0	0	0	0	0	0	0	0

<b>Total-Financial Assistance (Unduplicated)</b>	20	20	8	8	0	0	0	0	20	20	8	8
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<b>Housing Relocation &amp; Stabilization Services</b>												
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
<b>Total-Housing Relocation &amp; Stabilization Services (Unduplicated)</b>	0	0	0	0	0	0	0	0	0	0	0	0

## Housing Outcomes of Persons Served with Homelessness Prevention Assistance

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.

### Housing Outcomes (All Leavers Only)

#### Homelessness Prevention

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
<b>Permanent Destinations</b>						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	3	100.00%	100.00%	3	100.00%	100.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Permanent Destinations</b>	<b>3</b>	<b>100.00%</b>	<b>100.00%</b>	<b>3</b>	<b>100.00%</b>	<b>100.00%</b>
<b>Temporary Destinations</b>						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Temporary Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Institutional Destinations</b>						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
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%

<b>Foster care home or foster care group home</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Institutional Destinations</b>	0	100.00%	0.00%	0	100.00%	0.00%
<b>Miscellaneous</b>						
<b>Other Destinations</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Deceased</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Don't know / refused</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Missing this information</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total for Miscellaneous</b>	0	100.00%	0.00%	0	100.00%	0.00%
<b>TOTAL PERSONS WHO LEFT THE PROGRAM</b>	3		100.00%	3		100.00%



## Housing Outcomes of Persons Served with Homeless Assistance

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.

### Housing Outcomes (All Leavers Only)

Homeless Assistance

Destination	Quarter			Grant to Date		
	Persons	%	% of Total	Persons	%	% of Total
<b>Permanent Destinations</b>						
Permanent supportive housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, VASH housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Rental by client, other (non-VASH) housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, no housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Owned by client, with housing subsidy	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, permanent tenure	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Permanent Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Temporary Destinations</b>						
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Transitional housing for homeless persons (including homeless youth)	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with family, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Staying or living with friend, temporary tenure	0	0.00%	0.00%	0	0.00%	0.00%
Hotel or motel paid for without emergency shelter voucher	0	0.00%	0.00%	0	0.00%	0.00%
Place not meant for human habitation	0	0.00%	0.00%	0	0.00%	0.00%
Safe Haven	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total Persons Leaving for Temporary Destinations</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>	<b>0</b>	<b>100.00%</b>	<b>0.00%</b>
<b>Institutional Destinations</b>						
Psychiatric hospital or other psychiatric facility	0	0.00%	0.00%	0	0.00%	0.00%
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%

<b>Total Persons Leaving for Institutional Destinations</b>	0	100.00%	0.00%	0	100.00%	0.00%
<b>Miscellaneous</b>						
<b>Other Destinations</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Deceased</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Don't know / refused</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Missing this information</b>	0	0.00%	0.00%	0	0.00%	0.00%
<b>Total for Miscellaneous</b>	0	100.00%	0.00%	0	100.00%	0.00%
<b>TOTAL PERSONS WHO LEFT THE PROGRAM</b>	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. If an expenditure is incurred and reported in the grantee's financial system for the current quarter, report it below. This data will not necessarily reflect draws in IDIS.**

### Expenditures (\$)

Activities	Homelessness Prevention		Homeless Assistance		Total	
	Quarter	Grant to Date	Quarter	Grant to Date	Quarter	Grant to Date
Financial Assistance	19,538	24,011	0	0	19,538	24,011
Housing Relocation & Stabilization Services	0	0	0	0	0	0
Data Collection & Evaluation					58	58
Administration					3,664	3,664
<b>TOTAL</b>					<b>23,260</b>	<b>27,733</b>

## Grant Allocation

**Are there any changes to the Grant Allocations since the previous QPR?** No

## 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** Mark V. Bozigian  
**Title/Position** City Manager

**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

<b>Part</b>	<b>Last Updated</b>
<b>Grantee State</b>	05/04/2010
<b>Grantee Information</b>	05/04/2010
<b>Report Period and Status</b>	05/04/2010
<b>Persons and Households Served</b>	05/04/2010
<b>Housing Outcomes Homelessness Prevention</b>	05/04/2010
<b>Housing Outcomes Homeless Assistance</b>	05/04/2010
<b>Expenditures by Activity</b>	05/04/2010
<b>Authorizing Information and Certification</b>	05/04/2010