



CoC PSH/RRH Grant Closeout Form

This form is required to be completed in full by the sub-recipient. This form must be submitted along with your Annual Performance Report (APR), zipped and ready to upload to SAGE, along with a copy of the completed Match Form and supporting documentation.

Project Name: _____

HUD Grant Agreement Number: _____

IHCDA Grant Agreement Number: _____

Program Year Dates: _____

Total Grant Award Amount: _____

Total Claims Amount: _____

Number of Units: _____

Number of Beds: _____

Are 100% of clients in the HMIS? Yes No, please explain

Any Target Subpopulation? No Yes, please explain

*Percentage of households enrolled in your program that have self-certified more than 3 months of their homeless status: _____

**Please note, if more than 25% of households enrolled into your program have self-certified more than 3 months of their homeless status, you are required to notify IHCDA. No more than 25% of households can self-certify their homeless status and be eligible to receive Rental Assistance under the CoC program.*

Please explain any error rates on the APR data that exceeds 15%:

Q07b: *Point-in-Time Count of Persons on the Last Wednesday* and Q08b: *Point-in-Time Count of Households on the Last Wednesday* from the APR reflects Point-in-Time Actual Bed and Utilization data. If the number of beds and units proposed is different from the number actually available on the last Wednesday of each month please explain why:

Q15: *Living Situation* reflects data of where client's entered the program from and should be an accurate reflection of their homeless situation. If any clients have entered from an 'other location' please explain:

Describe any significant accomplishments achieved by your program during the program year:

Additional comments:
