

## Q1. Contact Information

**Project Name:** Project Homeward Bound Shelter Plus Care (2008)

**Project Sponsor:** Sandhills Community Action Program Inc.

**Grantee:** Sandhills Community Action Program Inc.

**Grant Number:** NC19C508001

**Prefix:** Mrs.

**First Name:** Nina

**Middle Name:**

**Last Name:** Walker

**Suffix:**

**Title:** Executive Director

**Street Address 1:** P.O. Box 937

**Street Address 2:**

**City:** Carthage

**State:** North Carolina

**Zip Code:** 28327

**Format:** 12345 or 12345-1234

**E-mail Address:** ninawalker@nc.rr.com

**Confirm E-mail Address:** ninawalker@nc.rr.com

**Phone Number:** 910-947-5675

**Format:** 123-456-7890

**Extension:** 25

**Fax Number:** 910-947-5514

**Format:** 123-456-7890

## Q2. Submission Certification

### Instructions

Before submitting your APR, an authorized grantee official must certify that the statement below is true by placing a check mark in the box. Your APR will not be reviewed if the check mark is not completed.

**Name of Authorized Grantee Official:** Nina Walker

**Title/Position:** Executive 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:**

### Q3. Project Information

Please complete the project information for this grant based on the grant application or subsequent amendments.

**Instructions:**

Projects that received funding for acquisition, new construction and rehabilitation (e.g. hard costs) are required to maintain the facility as a homeless program for a 20 year period, which is documented by submitting an APR each year.

Select yes if this APR is fulfilling the reporting obligation associated with the 20-year use requirement under either of these conditions: 1. The original grant was only for hard costs (acquisition, new construction, rehabilitation), or 2. The original grant was for hard costs and soft costs (leasing, operations or supportive services) and the grantee declined to renew the soft costs at some point.

Select no if this project is currently receiving SHP, S+C or SRO funding to support leasing, operations, or supportive services in this property, as the project is required to submit an APR to fulfill the reporting obligations associated with the current grant.

**Type of Grant** S+C

**Component Type** TRA

**Content depends on "Type of Grant" selection**

**Click save to update form.**

**Is this project operated by a victim service provider as defined by the Violence Against Women and Department of Justice Re-authorization Act of 2005?** No  
**Click save to update form.**

**Was this project funded under a special initiative?** No

**Target Subpopulation** None

**CoC Number and Name** NC-503 - North Carolina Balance of State CoC

**Amount of Contract or Award**

**Operating Year Start Date** 11/21/2009

**Operating Year End Date** 11/20/2010

**Operating Year Covered by this APR** 4

**Is this an extension APR?** No

**Is this a final APR?** No

**Is this a corrected APR?** No

**Is this APR fulfilling the reporting obligation associated with a 20-year use requirement?** No  
**Click save to update form.**

## Q4. Site Information

### Instructions:

The site information address is the address of the principal program service site. If this is a program with multiple sites (e.g. mobile outreach program, scattered-site housing program, etc.) enter the program's administrative office address. Victim service providers are exempt from recording address information. Enter DV on each line of the address form instead of an address.

**Street/PO Box:** 110 Hamlet Ave.

**City:** Hamlet

**State:** North Carolina

**Zip Code:** 28345

**Format:** 12345 or 12345-1234

**Identify the program site configuration type:** Single Site, Single Building

**Identify the site type for the principal service site:** Residential: Special Needs and Non Special Needs

**Identify the housing type for the principal service site:** Single Apartment (non-SRO) Units

**Explain any changes made in this section from the information provided in the original application:**

**Maximum Characters: 2000**

N/A

## Q5. Bed & Unit Inventory

**Instructions:**

The Proposed Bed and Unit Inventory should match your Exhibit 2 information. The Actual Bed and Unit Inventory is the number of beds/units reliably ready for occupancy starting on or before the last day of the project's operating year. If some or all of the beds are not designated exclusively for one type of household then report beds in each type based on the average use of those beds. Projects that only have units (no fixed number of beds - e.g. apartment units) should estimate the number of beds. For PSH Only - The Chronically Homeless beds are those that were identified in your grant application as a subset of the total beds designated for persons who are chronically homeless. The number of actual chronically homeless beds represents those that are reliably ready for occupancy starting on or before the last day of the project's operating year. A bed may be used by a chronically homeless person regardless of the number of chronically homeless beds designated in your grant application - this number is reflective only of those beds specially put aside or targeted in your grant application for chronically homeless persons. Projects that do not have a fixed number of units may record either the number of facilities operated (e.g. 1 unit = 1 facility) or may use the number of bedrooms (e.g. 5 units = 5 bedrooms) as is appropriate for the type of facility.

### Proposed Bed and Unit Inventory Total Number of Year Round Beds/Units from Application

	Beds	CH Beds (PSH Only)	Units
Households without Children			1
Households with Children			
<b>Total</b>	0		1

### Actual Bed and Unit Inventory Total Current Number of Year Round Beds/Units

	Beds	CH Beds (PSH only)	Units
Households without Children			1
Households with Children			
<b>Total</b>	0		1

**Q5b: Explanation of Changes**

Explain any difference in the actual inventory from the information provided in the application.

Maximum Characters: 2000

## Q8. Persons Served

### Instructions:

Report the unduplicated count of all people served during the operating year. Each person should be counted in the household type associated with his or her last stay of the operating year.

The household types include:

- a) Households without Children  $\zeta$  include single adult persons, or adults with adult companions that have never had a child in their household.
- b) Households with Children and Adults  $\zeta$  include any household with at least one adult and one child present regardless of whether the child(ren) is present for the full program stay. (Rule  $\zeta$  If ever a child in the household, always a household with children).
- c) Households with only Children  $\zeta$  include any household where all persons are younger than age 18. (Age is determined based on: entry date closest to the end of the operating year or if they were in the program during the previous operating year then age is based on the first day of the operating year.)

### Number of Persons in Households Served During the Operating Year

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
Adults	1	1			
Children	0				
Don't Know/Refused	0				
Information Missing	0				
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Average Number of Persons Served Each Night

	Total	Without Children	With Children and Adults	With only Children	Unknown Type
Average Number of Persons	1	1			

### Point-in-Time Count of Persons on the Last Wednesday in

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
January	1	1			
April	1	1			
July	1	1			
October	1	1			

## Q9. Households Served

**Instructions:**

Report the unduplicated number of households served by household type. The type of household is determined based on the type of persons in the household, considering all program stays within the operating year.

a) Households without Children  $\hat{c}$  include single adult persons, or adults with adult companions that have never had a child in their household.

b) Households with Children and Adults  $\hat{c}$  include a person in any household with at least one adult and one child present regardless of whether the child(ren) is present for the full program stay. (Rule  $\hat{c}$  If ever a child in the household, always a household with children).

c) Households with only Children  $\hat{c}$  include a person in any household where all persons are younger than age 18 . (Age is determined based on: entry date closest to the end of the operating year or if they were in the program during the previous operating year then age is based on the first day of the operating year.)

d) Type Unknown - If age is missing for a member of a household, it may not be possible to determine that person's household type. In that case, persons should be entered under unknown household type.

### Number of Households Served During the Operating Year

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
Households	1	1			

### Point-in-Time Count of Households Served on the Last Wednesday in

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
January	1	1			
April	1	1			
July	1	1			
October	1	1			



## Q15a1. Gender - Adults

**Instructions:**

Report the number of adults in each gender response category, recorded by the type of household in which each adult was last served.

### Gender of Adults Number of Adults in Households

	Total	Without Children	With Children and Adults	Unknown Type
Male	1	1		
Female	0			
Transgendered	0			
Don't Know/Refused	0			
Information Missing	0			
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>

## Q15a2. Gender - Children

**Instructions:**

Report the number of children in each gender response category, recorded by the type of household in which each child was last served.

### Gender of Children Number of Children in Households

	Total	With Children and Adults	With Only Children	Unknown Type
<b>Male</b>	0	0		
<b>Female</b>	0	0		
<b>Transgendered</b>	0	0		
<b>Don't Know/Refused</b>	0			
<b>Information Missing</b>	0			
<b>Subtotal</b>	0	0	0	0

## Q16. Age

**Instructions:**

Report the number of persons in each age category. Age should be calculated based on age at program entry (of the last program stay during the operating year) or age on the first date of the operating year, whichever is later.

### Age Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
Under 5	0				
5 - 12	0				
13 - 17	0				
18 - 24	0				
25 - 34	0				
35 - 44	0				
45 - 54	1	1			
55 - 61	0				
62+	0				
Don't Know/Refused	0				
Information Missing	0				
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Q17a. Ethnicity/Race - Ethnicity

**Instructions:**

Report the number of persons in each ethnicity category, recorded by the type of household in which each person was last served.

**Ethnicity  
 Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
Non-Hispanic/Non-Latino	1	1			
Hispanic/Latino	0				
Don't Know/Refused	0				
Information Missing	0				
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Q17b. Ethnicity/Race - Race

**Instructions:**

Report the number of persons in each race category, recorded by the type of household in which each person was last served.

**Race  
 Number of Persons in Households**

	Total	Without Children	With Children and Adults	With only Children	Unknown Type
White, Non-Hispanic/Non-Latino	0				
White, Hispanic/Latino	0				
White, Missing Ethnicity	0				
Black or African-American	0				
Asian	0				
American Indian or Alaska Native	0				
Native Hawaiian or Other Pacific Islander	0				
Multiple Races	1	1			
Don't Know/Refused	0				
Information Missing	0				
<b>Total Minority</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Non-minority</b>	<b>0</b>				
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Q18a1. Physical and Mental Health Types of Conditions

**Instructions:**

Report the number of persons with each condition, reported separately for persons in different household types. An individual may have more than one condition identified and therefore may be reported in more than one row of the table.

### Known Physical and Mental Health Conditions Number of Persons in Households

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Type
<b>Mental Illness</b>	1	1			
<b>Alcohol Abuse</b>	0				
<b>Drug Abuse</b>	0				
<b>Chronic Health Condition</b>	0				
<b>HIV/AIDS and Related Diseases</b>	0				
<b>Developmental Disability</b>	0				
<b>Physical Disability</b>	0				

## Q19. Domestic Violence Status

**Instructions:**

19a. Report the number of adults and unaccompanied youth who indicated a past domestic violence experience, based on the assessment at last program entry. Click save to update the screen after entering this response.

19b. If any persons are recorded as having a past domestic violence experience, an additional table will show. Report the number of persons who most recently experienced domestic violence within each of the specified timeframes.

**19a. Past Domestic Violence Experience  
 Number of Adults and Unaccompanied Youth in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
<b>Yes</b>	0				
<b>No</b>	1	1			
<b>Don't Know/Refused</b>	0				
<b>Information Missing</b>	0				
<b>Total</b>	1	1	0	0	0

## Q20a1. Residence Prior to Program Entry - Homeless Situations

### Instructions

This is one of three tables on prior residence: homeless living situations, institutional settings, and other locations. Report the number of persons who stayed in each of the homeless living situations listed below on the night before their most recent program entry.

Note that the percentages calculated for each row reflect the percentage of all persons served, not the percentage of persons counted in this table.

**Residence Prior to Program Entry - Homeless Situations  
 Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
Emergency shelter	1	1			
Transitional housing for homeless persons	0				
Place not meant for human habitation	0				
Safe Haven	0				
<b>Subtotal</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>



## Q20a2. Residence Prior to Program Entry - Institutional Settings

### Instructions

This is one of three tables on prior residence: homeless living situations, institutional settings, and other locations. Report the number of persons who stayed in each of the institutional settings listed below on the night before their most recent program entry.

Note that the percentages calculated for each row reflect the percentage of all persons served, not the percentage of persons counted in this table.

### Residence Prior to Program Entry - Institutional Settings Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
Psychiatric facility	0	0			
Substance abuse or detox center	0	0			
Hospital (non-psychiatric)	0	0			
Jail, prison, or juvenile detention	0	0			
Foster care	0	0			
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## Q20a3. Residence Prior to Program Entry - Other Locations

### Instructions

This is one of three tables on prior residence: homeless living situations, institutional settings, and other locations. Report the number of persons who stayed in each of the other locations listed below on the night before their most recent program entry.

Note that the percentages calculated for each row reflect the percentage of all persons served, not the percentage of persons counted in this table.

**Residence Prior to Program Entry - Other Locations  
 Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
PSH for homeless persons	0				
Owned by client, no subsidy	0				
Owned by client, with subsidy	0				
Rental by client, no subsidy	0				
Rental by client, with VASH subsidy	0				
Rental by client, with other subsidy	0				
Hotel/Motel, paid by client	0				
Staying or living with family	0				
Staying or living with friend(s)	0				
Other	0				
Don't Know/Refused	0				
Information Missing	0				
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
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## Q21. Veteran Status

### Instructions

Report the number of adults in each veteran status category.

### Veteran Status Number of Adults in Household

	Total	Without Children	With Children and Adults	Unknown Type
<b>Veteran</b>	0			
<b>Not a Veteran</b>	1	1		
<b>Don't Know/Refused</b>	0			
<b>Information Missing</b>	0			
<b>Total</b>	1	1	0	0

## Q23. Client Monthly Cash - Income Amount by Entry and Exit Status

### Instructions

Report the number of adult leavers in each income category.

Income at entry - Count each adult in the row that corresponds with the amount of income each person had at the first entry of the operating year or annual assessment nearest the first day of the operating year, whichever is later.

Income at exit - Count each adult in the row that corresponds with the amount of income each person had at exit.

Less/Same/More/Unknown Income - Count each adult in the row that corresponds with the amount of income each person had at entry and in the column that corresponds to whether the person's income at exit was less, the same, or more than income at entry. Record the person in the unknown column if income at exit is missing.

Average Change - In each row, calculate the average change in income between entry and exit for the people counted in that row in the "Income at Entry" column. (E.g., report the average change (\$) in income for the people who had no income at entry.) Calculate the average for all clients and report in the total row.

### Client Monthly Cash-Income Amount Number of Adult Leavers

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income at Exit	Average Change (\$) Monthly Income per Adult
No income							
\$1 - \$150							
\$151 - \$250							
\$251 - \$500							
\$501 - \$750							
\$751 - \$1000							
\$1,001 - \$1,250							
\$1,251 - \$1,500							

**Applicant:** Sandhills Community Action Program, Inc.

56-0854878

**Project:** Project Homeward Bound Shelter Plus Care

CoC\_APR\_034909

\$1,501 - \$1,750							
\$1,751 - \$2,000							
\$2,001 +							
Don't Know/Refused							
Missing/No Follow-up							
<b>Total</b>	0	0	0	0	0	0	

## Q27. Participation Length

### Instructions:

Report the number of persons in each participation length category, recorded separately for Leavers and Stayers. Length of participation should be based on program entry to exit (or the end of the operating year, whichever is first) of their most recent program enrollment, including days stayed in the program prior to the start of the operating year.

Leaver - The term 'leaver' refers to clients who exited and were not in the program on the last day of the operating year.

Stayer - The term 'stayer' refers to clients who were in the program on the last day of the operating year. This includes clients who exited the program and re-entered the program before the end of the operating year.

Also report the average and median length of participation of all Leavers and all Stayers.

### Length of Participation by Exit Status Number of Persons

	Total	Leavers	Stayers
Less than 30 days	0		
31 to 60 days	0		
61 to 180 days	0		
181 to 365 Days	0		
366 to 730 Days (1-2 Yrs)	0		
731 to 1095 Days (2-3 Yrs)	0		
1096 to 1460 Days (3-4 Yrs)	0		
1461 to 1825 Days (4-5 Yrs)	1		1
More than 1825 Days (>5 Yrs)	0		
Information Missing	0		
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>

## Q29a1. Destination at Program Exit

**Instructions:**

Report the number of persons who exited to each destination type. Record the persons who participated in the program, based on the type of household in which they were served.

### Exit Destination Number of Leavers in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
<b>Permanent Destinations</b>					
Owned by client, no ongoing subsidy	0	0			
Owned by client, with ongoing subsidy	0	0			
Rental by client, no ongoing subsidy	0	0			
Rental by client, VASH subsidy	0	0			
Rental by client, other ongoing subsidy	0	0			
PSH for homeless persons	0	0			
Living with family, permanent tenure	0	0			
Living with friends, permanent tenure	0	0			
<b>Temporary Destinations</b>					
Emergency shelter	0	0			
TH for homeless persons	0	0			
Staying with family, temporary tenure	0	0			
Staying with friends, temporary tenure	0	0			
Place not meant for human habitation	0	0			
Safe haven	0	0			
Hotel or motel, paid by client	0	0			
<b>Institutional Settings</b>					
Foster care	0	0			
Psychiatric facility	0	0			
Substance abuse or detox facility	0	0			
Hospital (non-psychiatric)	0	0			
Jail or prison	0	0			
<b>Other Destinations</b>					

<b>Deceased</b>	0	0			
<b>Other</b>	0	0			
<b>Don't Know/Refused</b>	0	0			
<b>Information Missing</b>	0	0			
<b>Total</b>	0	0	0	0	0



## Q31. S+C Expenditures and Value of Services

### Instructions

Report all Shelter Plus Care (S+C) funds expended on rental assistance during the operating year. (This should include all funds expended out of the rental assistance line item that went towards--rental assistance, deposits, damage expenses, etc.)

Report all of the Shelter Plus Care funds expended during the operating year on administration.

Report the value of all documented services match received by S+C clients during the operating year. Record the values separately, for each service type.

### S+C and Documented Services Match During the Operating Year

	Expenditure Amount
<b>Rental Assistance</b>	\$4,150.00
<b>Administration</b>	
<b>Total S+C Expenditures</b>	\$4,150

### Value of Supportive Services Received by S+C Clients During the Operating Year

Documented Services Match	Value (\$)
Outreach	
Case management	\$14,464.00
Life skills (outside of case management)	
Alcohol and drug abuse services	
Mental health services	
AIDS-related services	
Other health care services	
Education	
Housing placement	
Employment assistance	
Child care	
Transportation	
Legal	
Other	
<b>Total documented services</b>	\$14,464.00

## **Q40. Significant Program Accomplishments**

### **Instructions**

**Please describe any significant accomplishments achieved by your program during the operating year.**

**Maximum Characters: 2000**

Resident has gained more self determination and confidence to be able to be more self sufficient. Building resources in the community and working on social skills with others.

## **Q42. Additional Comments**

**Please provide any additional comments on other areas of the APR that need explanations, such as difference in anticipated and actual program outputs or bed utilization.**

Maximum Characters: 2000

## Submission Summary

Part	Last Updated
<b>Q1. Contact Information</b>	06/03/2011
<b>Q2. Submission Certification</b>	06/03/2011
<b>Q3. Project Information</b>	06/03/2011
<b>Q4. Site Information</b>	06/03/2011
<b>Q5. Bed &amp; Unit Inventory</b>	06/03/2011
<b>Q9. Households Served</b>	06/03/2011
<b>Q15a1. Gender - Adults</b>	06/03/2011
<b>Q15a2. Gender - Children</b>	06/03/2011
<b>Q16. Age</b>	06/03/2011
<b>Q17a. Ethnicity/Race - Ethnicity</b>	06/03/2011
<b>Q17b. Ethnicity/Race - Race</b>	06/03/2011
<b>Q18a1. Condition Type</b>	06/03/2011
<b>Q19. DV Status</b>	06/03/2011
<b>Q20a1. Prior Residence - Homeless</b>	06/03/2011
<b>Q20a2. Prior Residence - Institutional</b>	06/03/2011
<b>Q20a3. Prior Residence - Other</b>	06/03/2011
<b>Q21. Veteran Status</b>	06/03/2011
<b>Q23. Cash Income - @ Entry &amp; Exit</b>	06/03/2011
<b>Q27. Participation Length</b>	06/03/2011
<b>Q29a1. Destination</b>	06/03/2011
<b>Q31. S+C Financial &amp; Match</b>	06/10/2011
<b>Q40. Performance - Accomplishments</b>	06/03/2011
<b>Q42. Additional Comments</b>	No Input Required