Q1. Contact Information

Project Name:	Project Homeward Bound
Project Sponsor:	Sandhills Community Aciton Program, Inc.
Grantee:	Sandhills Community Action Program, Inc.
Grant Number:	NC0091B4F031003
Prefix:	Mrs.
First Name:	Nina
Middle Name:	
Last Name:	Walker
Suffix:	
Title:	Executive Director
Street Address 1:	103 Saunders St.
Street Address 2:	
City:	Carthage
State:	North Carolina
Zip Code: **Format: 12345 or 12345-1234**	28327
E-mail Address:	ninawalker@nc.rr.com
Confirm E-mail Address:	ninawalker@nc.rr.com
Phone Number: **Format: 123-456-7890**	910-947-5675
Extension:	
Fax Number: **Format: 123-456-7890**	910-947-5514

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: | X |

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	SHP
Component Type **Content depends on "Type of Grant" selection** **Click save to update form.**	TH
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? **Click save to update form.**	No
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	$240,792
Operating Year Start Date	04/01/2010
Operating Year End Date	03/31/2011
Operating Year Covered by this APR	5
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? **Click save to update form.**	No

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: P.O. Box 937

City: Carthage

State: North Carolina

Zip Code: 28327
Format: 12345 or 12345-1234

Identify the program site configuration type: Multiple Sites

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: Shared Housing

Explain any changes made in this section from the information provided in the original application:
Maximum Characters: 2000

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			
Households with Children			3
Total	0		3

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

	Beds	CH Beds (PSH only)	Units
Households without Children			3
Households with Children			
Total	0		3

Q5b: Explanation of Changes

Explain any difference in the actual inventory from the information provided in the application.
Maximum Characters: 2000

*Sited in the directions- 3 Transitional Houses can be documented as the number of facilities operated.

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 ¿ include single adult persons, or adults with adult companions that have never had a child in their household.
 b) Households with Children and Adults ¿ 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 ¿ If ever a child in the household, always a household with children).
 c) Households with only Children ¿ 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	14	2	12		
Children	25		25		
Don't Know/Refused	0				
Information Missing	0				
Total	39	2	37	0	0

Average Number of Persons Served Each Night

	Total	Without Children	With Children and Adults	With only Children	Unknown Type
Average Number of Persons	0				

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

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
January	0				
April	0				
July	0				
October	0				

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 ¿ include single adult persons, or adults with adult companions that have never had a child in their household.
 b) Households with Children and Adults ¿ 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 ¿ If ever a child in the household, always a household with children).
 c) Households with only Children ¿ 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	14	2	12		

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	0				
April	0				
July	0				
October	0				

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	0			
Female	14	2	12	
Transgendered	0			
Don't Know/Refused	0			
Information Missing	0			
Subtotal	14	2	12	0

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
Male	12	12		
Female	16	16		
Transgendered	0			
Don't Know/Refused	0			
Information Missing	0			
Subtotal	28	28	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	13		13		
5 - 12	14		14		
13 - 17	0				
18 - 24	1		1		
25 - 34	0				
35 - 44	0				
45 - 54	0				
55 - 61	0				
62+	0				
Don't Know/Refused	0				
Information Missing	0				
Total	28	0	28	0	0

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	39	2	37		
Hispanic/Latino	0				
Don't Know/Refused	0				
Information Missing	0				
Total	39	2	37	0	0

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	2		2		
White, Hispanic/Latino	0				
White, Missing Ethnicity	0				
Black or African-American	37	2	35		
Asian	0				
American Indian or Alaska Native	0				
Native Hawaiian or Other Pacific Islander	0				
Multiple Races	0				
Don't Know/Refused	0				
Information Missing	0				
Total Minority	37	2	35	0	0
Total Non-minority	2		2		
Total	39	2	37	0	0

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
Mental Illness	0	0	0		
Alcohol Abuse	0	0	0		
Drug Abuse	0	0	0		
Chronic Health Condition	0	0	0		
HIV/AIDS and Related Diseases	0	0	0		
Developmental Disability	0	0	0		
Physical Disability	0	0	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
Yes	2	0	2		
No	33		33		
Don't Know/Refused	0				
Information Missing	0				
Total	35	0	35	0	0

19b. When Past Domestic Violence Experience Occurred
Number of Adults and Unaccompanied Youth in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
Less than 3 Months					
3 to 6 Months Ago					
6 to 12 Months Ago					
More than a Year Ago					
Don't Know/Refused					
Information Missing					

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	0	0	0		
Transitional housing for homeless persons	0	0	0		
Place not meant for human habitation	0	0	0		
Safe Haven	0	0	0		
Subtotal	0	0	0	0	0

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	0		
Substance abuse or detox center	0	0	0		
Hospital (non-psychiatric)	0	0	0		
Jail, prison, or juvenile detention	0	0	0		
Foster care	0	0	0		
Subtotal	0	0	0	0	0

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	30		30		
Rental by client, with VASH subsidy	0				
Rental by client, with other subsidy	0				
Hotel/Motel, paid by client	1		1		
Staying or living with family	5	1	4		
Staying or living with friend(s)	0				
Other	0				
Don't Know/Refused	0				
Information Missing	0				
Subtotal	36	1	35	0	0

	Total	Without Children	With Children and Adults	With Only Children	Unknown Type
Total	36	1	35	0	0

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
Veteran	0	0	0	
Not a Veteran	0	0	0	
Don't Know/Refused	0	0	0	
Information Missing	0	0	0	
Total	0	0	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	2						
$1 - $150							
$151 - $250	2	3					
$251 - $500		1					
$501 - $750							
$751 - $1000							
$1,001 - $1,250							
$1,251 - $1,500							

$1,501 - $1,750						
$1,751 - $2,000						
$2,001 +						
Don't Know/Refused						
Missing/No Follow-up						
Total	4	4	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	13	8	5
366 to 730 Days (1-2 Yrs)	24	9	15
731 to 1095 Days (2-3 Yrs)	0		
1096 to 1460 Days (3-4 Yrs)	0		
1461 to 1825 Days (4-5 Yrs)	0		
More than 1825 Days (>5 Yrs)	0		
Information Missing	0		
Total	37	17	20

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
Permanent Destinations					
Owned by client, no ongoing subsidy	0				
Owned by client, with ongoing subsidy	0				
Rental by client, no ongoing subsidy	0				
Rental by client, VASH subsidy	0				
Rental by client, other ongoing subsidy	15		15		
PSH for homeless persons	0				
Living with family, permanent tenure	1	1			
Living with friends, permanent tenure	0				
Temporary Destinations					
Emergency shelter	0				
TH for homeless persons	0				
Staying with family, temporary tenure	0				
Staying with friends, temporary tenure	0				
Place not meant for human habitation	0				
Safe haven	0				
Hotel or motel, paid by client	0				
Institutional Settings					
Foster care	0				
Psychiatric facility	0				
Substance abuse or detox facility	0				
Hospital (non-psychiatric)	0				
Jail or prison	0				
Other Destinations					

Deceased	0				
Other	0				
Don't Know/Refused	0				
Information Missing	0				
Total	16	1	15	0	0

Q30a1. SHP Expenditures - Development Costs

Instructions

Report all SHP and cash match expended during this operating year on acquisition, rehabilitation, and new construction for the project.

In the SHP Funds column, list all SHP funds expended during the operating year on each line item.

In the cash match column, list all matching funds expended during the operating year on each line item. If your grant application exceeded the amount of match required for your project, you must record all cash match expended that is at least equal to the amount you indicated you were generating in your grant application or technical submission.

SHP and Cash Match Expenditures During the Operating Year - Development Costs

Expenditure Type	SHP Funds	Cash Match	Match %	Total Expenditures
Acquisition			0%	$0.00
Rehabilitation			0%	$0.00
New Construction			0%	$0.00
Development - Subtotal	$0.00	$0.00	0%	$0.00

Q30a2. SHP Expenditures - Supportive Services

Instructions

Report all SHP and cash match expended during this operating year on acquisition, rehabilitation, and new construction for the project.

In the SHP Funds column, list all SHP funds expended during the operating year on each line item.

In the cash match column, list all matching funds expended during the operating year on each line item. If your grant application exceeded the amount of match required for your project, you must record all cash match expended that is at least equal to the amount you indicated you were generating in your grant application or technical submission.

SHP and Cash Match Expenditures During the Operating Year - Supportive Services

Expenditure Type	SHP Funds	Cash Match	Match %	Total Expenditures
Outreach				
Case management	$103,047.00			
Life skills (not 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	$900.00			
Services - Subtotal	$103,947.00			
Cash Match Expended		$16,340.00	14%	$120,287.00

Q30a3. SHP Expenditures - Leasing, Operating, & Admin

Instructions

Report all SHP and cash match expended during this operating year on acquisition, rehabilitation, and new construction for the project.

In the SHP Funds column, list all SHP funds expended during the operating year on each line item.

In the cash match column, list all matching funds expended during the operating year on each line item. If your grant application exceeded the amount of match required for your project, you must record all cash match expended that is at least equal to the amount you indicated you were generating in your grant application or technical submission.

SHP and Cash Match Expenditures During the Operating Year - Leasing Operating & Admin

Expenditure Type	SHP Funds	Cash Match	Match %	Total Expenditures
Real Property Leasing	$12,000.00			
Operating Costs	$105,054.02		0%	$105,054.02
Administration	$10,080.00			
Leasing, Operating, Admin - Subtotal	$127,134.02			

SHP and Cash Match Expenditures During the Operating Year - Totals

Total SHP Expenses	SHP Funds	Cash Match	Match %	Total Expenditures
Development	$0.00	$0.00	0%	$0.00
Supportive Services	$103,947.00	$16,340.00	14%	$120,287.00
Real Property Leasing	$12,000.00			$12,000.00
Operating Expenses	$105,054.02		0%	$105,054.02
Administration	$10,080.00			$10,080.00
Total Expenses	$231,081.02			$247,421.02

Q40. Significant Program Accomplishments

Instructions

Please describe any significant accomplishments achieved by your program during the operating year.
Maximum Characters: 2000

The families in our program are gaining resources while becoming empowered to be self sufficient. Several have come through the program and received their GED, recently we have had a mother of 3 boys, to complete the Dental Assistant Program, and is now working in a dental office in Charlotte.

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
Q1. Contact Information	07/12/2011
Q2. Submission Certification	07/01/2011
Q3. Project Information	07/01/2011
Q4. Site Information	07/01/2011
Q5. Bed & Unit Inventory	07/01/2011
Q9. Households Served	07/01/2011
Q15a1. Gender - Adults	07/01/2011
Q15a2. Gender - Children	07/01/2011
Q16. Age	07/01/2011
Q17a. Ethnicity/Race - Ethnicity	07/01/2011
Q17b. Ethnicity/Race - Race	07/01/2011
Q18a1. Condition Type	07/01/2011
Q19. DV Status	07/01/2011
Q20a1. Prior Residence - Homeless	07/01/2011
Q20a2. Prior Residence - Institutional	07/01/2011
Q20a3. Prior Residence - Other	07/01/2011
Q21. Veteran Status	07/01/2011
Q23. Cash Income - @ Entry & Exit	07/01/2011
Q27. Participation Length	07/01/2011
Q29a1. Destination	07/01/2011
Q30a1. SHP Financial - Development	07/01/2011
Q30a2. SHP Financial - Services	07/01/2011
Q30a3. SHP Financial - All Other	07/01/2011
Q40. Performance - Accomplishments	07/01/2011
Q42. Additional Comments	No Input Required