

**EMERGENCY SOLUTIONS GRANT (ESG)
NORTH DAKOTA HOMELESS GRANT (NDHG)
FINAL PROGRESS REPORT
INSTRUCTIONS**

The Final Progress Report is divided into 4 separate parts, each of which must be fully completed.

PART I

- Enter grantee name.
- Check whether you are a nonprofit organization or unit of local government.
- Enter the instrument number – this number is found on your financial award.
- Enter the budget/project period, i.e., the start date of the award through December 31.
- Enter the name and phone number of the individual completing the report.
- Type the name and title of the individual authorized by your agency to certify the accuracy of the information being submitted. Note: This is typically the executive director of the agency.
- The authorized individual is to sign and date Part 1 of the report form.

PART II

Note: If your agency sub-contracts with another entity to provide services funded with these dollars, you must obtain and submit to NDHFA a separate Part 2 from the sub-grantee, indicating the name of the sub-grantee on the top of the document.

1. List funded activities accomplished to date.
2. Did any problems arise while administering the grant? If yes, explain the problems and the extent of the delay. If you are a seasonal operation, please state this and include your months of operation.
3. Did you spend 100% of your funds? If no, explain the barriers to spending these funds.
4. Are you using the CARES (Coordinated Assessment, Referral, and Evaluation System)? If no, explain the barriers to not using this. This does not apply to domestic violence assistance providers.
5. List bed information (for shelters only).
6. Check the program(s) and service(s) provided by your facility funded under ESG or NDHG.

PART III

The Progress Report details the current amount of funds expended/obligated for the period covered by this report. It is a summary report of all of the activities of the subgrantees.

1. Total Grant Funds Available: Total amount of funds awarded to the grantee by NDHFA. This amount can be found on Part I of the financial award, #1 under the Funding Authorization Section.
2. Total Recipient Share of the Budget: Represents the total amount of match funds that have been pledged for this project period. This amount can be found on Part I of the financial award, #6 under the Funding Authorization Section.
3. Total Funds Available: Line 1 plus line 2.
4. Funds Activity: This section of the progress report deals only with program funds. Each category represents the total amount of funds either expended or obligated by all of the subgrantees.
5. Recipient Funds Activity: This section tracks the amount of match funds that have been expended or obligated by category. Dollar amounts in these categories are totals of all funds expended by the subgrantees.
6. Funds Unobligated: This amount represents the total funds the grantee has yet to commit or expend.
7. Recipient Funds Unobligated: This amount represents the total match that must be committed before the end of the grant period.
8. Total Funds Unobligated: This is the total amount of funding still available on this grant award.

PART IV (ESG ONLY)

1. Complete the ESG Match and attach match supporting documentation. Match documentation must be submitted as a letter on letterhead describing the type of match (private donations, in-kind donations, etc.) and dollar amount, as well as supporting documentation of the match (checks, letters, etc.). If non-cash contributions are used as match, include the formula that was used to determine the dollar amount.



**EMERGENCY SOLUTIONS GRANT
NORTH DAKOTA HOMELESS GRANT
FINAL PROGRESS REPORT**
PLANNING AND HOUSING DEVELOPMENT DIVISION
SFN 62161 (05/23)

PART I

Grantee		Instrument Number	
<input type="checkbox"/> Nonprofit Organization		<input type="checkbox"/> Unit of Local Government	
Budget/Project Period From (MM/DD/YYYY) To (MM/DD/YYYY)		Period Covered by This Report From (MM/DD/YYYY) To (MM/DD/YYYY)	
Report Prepared By		Email Address	
Do you have any highlighted stories that these funds were used for that we could share with HUD?			

Typed Name of Authorized Representative	Title
Signature of Authorized Representative	Date

NDHFA USE ONLY

Reviewed By	Date Reviewed Mid-term
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PART II

Complete a separate Part II Report for your agency and any agency you contract with to provide services for each subgrantee. When answering questions, use the space provided or attach additional sheets.

List funded activities accomplished to date.

Did any problems arise while administering the grant? If yes, explain the problems and the extent of the delay. If you are a seasonal operation, please state this and include your months of operation.

Did you spend 100% of your funds? If no, explain the barriers to spending these funds.

Did you attach match documentation? Match documentation must be submitted as a letter on letterhead describing the type of match (private donations, in-kind donations, etc.) and dollar amount, as well as supporting documentation of the match (checks, letters, etc.). If non-cash contributions are used as match, include the formula that was used to determine the dollar amount.

Are you using the CARES (Coordinated Assessment, Referral, and Evaluation System)? If not, explain the barriers to not using this. This does not apply to domestic violence assistance providers.

EMERGENCY SHELTER PROJECTS ONLY. USE SHELTER BED UTILIZATION REPORT

Number of Beds – Rehabbed (number of additional beds created as a result of a rehab activity)	
Total Number of Beds – Nights Available (the total number of shelter bed-nights available is the total number of beds in all shelters the recipient funded with ESG that were available to program participants during the reporting period)	
Number of Beds – Conversion (number of beds created as a result of conversion of a building to a shelter)	
Total Number of Beds – Nights Provided (total number of bed-nights provided is the total number of beds in all shelters the recipient funded with ESG that were filled each night during the reporting period)	

FOR THIS REPORTING PERIOD, CHECK THE PROGRAM(S) AND SERVICE(S) PROVIDED BY YOUR FACILITY (CHECK ALL THAT APPLY)

Emergency Shelter Component <input type="checkbox"/> Renovation <input type="checkbox"/> Operations <input type="checkbox"/> Essential Services
Street Outreach Component <input type="checkbox"/> Street Outreach
Homeless Prevention Component (at risk of homelessness individuals and/or households) <input type="checkbox"/> Housing Relocation and Stabilization Services <input type="checkbox"/> Short-Term and/or Medium-Term Rental Assistance (Project Based Assistance) <input type="checkbox"/> Short-Term and/or Medium-Term Rental Assistance (Tenant Based Assistance)
Rapid Re-housing Component (homeless individuals and/or households) <input type="checkbox"/> Housing Relocation and Stabilization Services <input type="checkbox"/> Short-Term and/or Medium-Term Rental Assistance (Project Based Assistance) <input type="checkbox"/> Short-Term and/or Medium-Term Rental Assistance (Tenant Based Assistance)
HMIS Component <input type="checkbox"/> HMIS
Administrative Component (NDHG Only) <input type="checkbox"/> Salaries for administrative activities

PART III

Grantee		
1. Total grant funds available		\$
2. Total Recipient Share of the Budget (Match)		\$
3. Total Funds Available		\$
4. Funds expended/obligated on:		
a. Street Outreach Component	\$	
b. Emergency Shelter Component	\$	
c. Homeless Prevention Component	\$	
d. Rapid Re-Housing Component	\$	
e. HMIS Component	\$	
f. Administrative Component (<i>NDHG Only</i>)	\$	
g. Total funds expended/obligated	\$	
5. Match funds activity to date – funds expended obligated on		
a. Street Outreach Component	\$	
b. Emergency Shelter Component	\$	
c. Homeless Prevention Component	\$	
d. Rapid Re-Housing Component	\$	
e. HMIS Component	\$	
f. Administrative Component	\$	
g. Total funds expended/obligated	\$	
6. Match funds unobligated (line 1 minus line 4g):		\$
7. Recipient funds unobligated (line 2 minus line 5g):		\$
8. Total funds unobligated (line 6 plus line 7):		\$

PART IV (ESG ONLY)

Name of Recipient		Date	
Type of Match (total amount of grant or amount of request for reimbursement)			
Recipient Agency		Recipient Agency DUNS Number	
Address		City	State ZIP Code
Executive Director	Email Address	Telephone Number	

MATCH DOCUMENTATION

Eligible Category	Amount of Match	Description of Match	Source of Funds	Contract Term	*Documentation Attached
Street Outreach					<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Shelter					<input type="checkbox"/> Yes <input type="checkbox"/> No
Homeless Prevention					<input type="checkbox"/> Yes <input type="checkbox"/> No
Rapid Rehousing					<input type="checkbox"/> Yes <input type="checkbox"/> No
HMIS					<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Amount of ESG Match	Total Amount of ESG Request or Grant	100% Match <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name	Signature
Title	Date

***Match documentation must be submitted as a letter on letterhead describing the type of match (private donations, in-kind donations, etc.) and dollar amount, as well as supporting documentation of the match (checks, letters, etc.). If non-cash contributions are used as match, include the formula that was used to determine the dollar amount.**