



Housing Commission Agenda Report

February 18, 2021
Item 4

SUBJECT REVIEW OF SEMI-ANNUAL PROGRESS REPORTS FOR FY 2020/21 HOUSING AND HUMAN SERVICES GRANT (HHSG) SUBRECIPIENTS

RECOMMENDATION

This item is for the Commission’s information only; no action is required.

ATTACHMENTS

1. 1st Semi-Annual Reports (covers July 1 – December 2020) Submitted via ZoomGrants

Background

At its March 18 meeting, the Housing Commission will be reviewing applications for housing-related funding through the City’s Housing and Human Services Grant (HHSG) program for FY 2021/22. Recently, the Commission requested an opportunity to receive updates from agencies that received funding for the current fiscal year (2020/21) prior to considering applications for the coming year.

Discussion

A total of six (6) housing-related projects received HHSG funding in FY 2020/21:

AGENCY	PROJECT	FUNDING	SOURCE
Abode Services*	Tri-Valley Rapid Rehousing Program		
	(Rent Subsidies)	\$95,305*	HOME
	(Case Management)	\$54,695*	LIHF
CityServe	HOPE Street Outreach	\$80,000	LIHF
CRIL	Housing & Independent Living Services	\$15,901	LIHF
ECHO Housing	Housing Counseling Services	\$40,000	LIHF
Habitat for Humanity**	Housing Rehabilitation Program	\$35,000	LIHF
Tri-Valley REACH	Housing Preventative Maintenance & Repair	\$35,000	LIHF

* Abode Services: FY 2020/2021 funding includes a projected \$70,000 in carry-over HOME funds for Rent Subsidies and a projected \$20,000 in carry-over LIHF funds for Case Mgmt.

** Habitat for Humanity: FY 2020/2021 funding includes a projected \$93,000 in carry-over funds for projects.

All agencies have submitted online semi-annual reports in January through the ZoomGrants system. These 1st Semi-Annual Reports cover July 1 through December 2020. Copies of these reports are attached for your reference.

All agencies have been invited to attend the February 18 meeting and make a brief presentation to the Commission on the status of their respective programs during the first half of the fiscal year.

Staff Recommendation

This report is for the Commission's general information. The Commission will have the opportunity to ask questions at the meeting as appropriate.

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Abode Services

Tri-Valley Rapid Re-Housing Program

USD\$ 150,000.00 USD\$ 150,000.00 Requested

Report 1

Due date (mm/dd/yyyy) 1/15/2021

Report 1 not required

✓ Report 1 submitted: 1/15/2021

Un-Submit

GENERAL INFORMATION

1. Name of Person Completing Report:

Gina Chua

2. Title:

Housing Program Manager

3. Telephone:

510 304-9001

4. E-Mail:

gchua@abodeservices.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Abode Services' has continued its successful partnership with the City to serve the population using the Rapid Re-Housing model. The experienced staff has served Pleasanton households in need of Rapid Re-Housing assistance. Abode has continued to serve as a leader in Rapid Re-Housing in Alameda County, beginning with the Homeless Prevention and Rapid Re-housing Program (HPRP).

The Tri-Valley Pleasanton Rapid Rehousing program provided services for seven Pleasanton households during the first mid-term July-December 2020 FY.

Abode Services received two new referrals in the first mid-term. One of the referrals were housed in August and the other is in housing search. Abode has five household that were carried over from last 19-20 FY, and they are currently sustaining housing with subsidy assistance.

As we continue to make progress in these challenging times, we fully expect to meet our goals this 20-21 year.

6. Describe any significant actions taken during the reporting period.

n/a

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

n/a

8. Were any costs (from any source) incurred for this project or program during this reporting period?

Yes

No

1 total to date

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

Yes (already submitted invoice/s)

1 total to date

Yes (but invoice/s not yet submitted)

No (no expenditures this period)

Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

Persons

Households

1 total to date

11. Please indicate the Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

6 Numeric GOAL for THIS FISCAL YEAR.

6 total to date

6.00 TOTAL

6.00 TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

2 A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]

2 total to date

0 B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)

0 total to date

2.00 TOTAL

2.00 TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

(the total should match the number reports in 11B above)

2 Extremely Low Income (<30% Median)

2 total to date

0 Very Low Income (30% to 50% Median)

0 total to date

0 Low Income (50% to 80% Median)

0 total to date

0 Moderate Income and Above (>80% Median)

0 total to date

2.00

TOTAL**2.00 TOTAL**

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

(note that some clients may meet multiple categories and some not any)

<input type="text" value="0"/>	Seniors (62 and older)	0 total to date
<input type="text" value="0"/>	Disabled	0 total to date
<input type="text" value="0"/>	Female-Headed Households	0 total to date
<input type="text" value="2"/>	Homeless	2 total to date
2.00	TOTAL	2.00 TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

<input type="text" value="1"/>	White	1 total to date
<input type="text" value="1"/>	White + HISPANIC	1 total to date
<input type="text" value="0"/>	Black/African American	0 total to date
<input type="text" value="0"/>	Black/African American + HISPANIC	0 total to date
<input type="text" value="0"/>	Asian	0 total to date
<input type="text" value="0"/>	Asian + HISPANIC	0 total to date
<input type="text" value="0"/>	American Indian/Alaskan Native	0 total to date
<input type="text" value="0"/>	American Indian/Alaskan Native + HISPANIC	0 total to date
<input type="text" value="0"/>	Native Hawaiian/Other Pacific Islander	0 total to date
<input type="text" value="0"/>	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
<input type="text" value="0"/>	American Indian/ Alaskan Native and White	0 total to date
<input type="text" value="0"/>	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
<input type="text" value="0"/>	Asian and White	0 total to date
<input type="text" value="0"/>	Asian and White + HISPANIC	0 total to date
<input type="text" value="0"/>	Black/African American and White	0 total to date
<input type="text" value="0"/>	Black/African American and White + HISPANIC	0 total to date
<input type="text" value="0"/>	American Indian/Alaskan Native and Black/African American	0 total to date
<input type="text" value="0"/>	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
<input type="text" value="0"/>	Other/Multi Racial	0 total to date
<input type="text" value="0"/>	Other/Multi Racial + HISPANIC	0 total to date
2.00	TOTAL	2.00 TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.); should match the unit of service stated in your HHS contract): placements

17. Numeric GOAL stated in your HHS contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

6-10

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

7	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	7 total to date
0	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date
7.00	TOTAL	7.00 TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

[e.g., additional unit of service types, anecdotal information, etc.]

n/a

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

n/a

21. For CAPER: Describe the original purpose for which the City granted the HHS funds. If applicable, explain why your agency did not spend the entire grant.

n/a

22. For CAPER: Describe the accomplishments of the project or program funded through HHS. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

n/a

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

n/a

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

n/a

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

n/a

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

n/a

Housing Division

USD\$ 961,007.00 Available

FY 2020/21 Housing and Human Services Grant Program

Deadline: 1/27/2020

CityServe of the Tri-Valley

Pleasanton Housing Grant for Homeless Street Outreach/Homelessness Prevention

USD\$ 80,000.00 USD\$ 80,000.00 Requested

Report 1

Due date (mm/dd/yyyy) 1/15/2021

Report 1 not required

✓ Report 1 submitted: 1/15/2021

Un-Submit

GENERAL INFORMATION

1. Name of Person Completing Report:

Christine Beitsch-Bahmani

2. Title:

CEO

3. Telephone:

925-222-2273

4. E-Mail:

christine@cityservecares.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Due to the pandemic, the needs and focus areas are constantly assessed. As Covid numbers in the county go up and down, we have to continuously modify our daily operations and monitor how to keep both our team and participants safe. We have never closed or reduced services. Most of our modifications have included virtual meetings, conference calls with clients, sending website and virtual resources via email and meeting in open air settings during our pop-ups or outreach rounds.

In regards to the Prevention team we have been preventing homelessness by coordinating the Emergency Rental Assistance

Program (ERAP) serving over 220 families and spending over 600K on first and second rental payments. We have been giving weekly reports to Steve on our progress. Our team has created many access points for Pleasanton residents by offering bilingual paperwork, marketing, applications and staffing. We have hosted pop-up rental assistance booths at many local apartment complexes and weekly on Tuesdays centrally located at Inklings Coffee and Tea in their parking lot. With the limitations surrounding the pandemic we paused our comprehensive case management services to utilize our case workers to support the emergency rental assistance program and focus on basic need requests such as food security options, job navigation, understanding their tenant rights, home grocery deliveries, assistance with school supplies, hygiene and PPE needs. We had mass drive thru PPE distribution in Pleasanton handing out over 13,000 masks to 500 households. We also had an open air holiday market serving ERAP families and over 100 families received a holiday meal, coats, new shoes, clothing, toys and more.

Our intervention team team worked closely with Pleasanton homeless liaison officers for clean ups, safer ground referrals and mental health support. We partner with Open Heart Kitchen to follow them to sites and offer support services when food is given out. We also helped with the census count.

6. Describe any significant actions taken during the reporting period.

5 Chronically homeless individuals from Pleasanton were given the opportunity to apply to a housing opportunity in Livermore. One elderly client was housed on December 23, 2020. Our case manager worked with her to ensure that she was able to fill out all necessary paperwork for the unit available. She was very excited to move in just before Christmas.

We identified 3 Chronically homeless individuals and moved them into a hotel. Each week from July to August, we met with the individuals to work through obstacles and help them apply for benefits. The goal was to assess their movement toward sustainability. At the end of August they were moved into Safer Ground and given the opportunity to have a full time housing navigator. Unfortunately 2 out of the 3 did not want to stay at that program and due to differences they decided to leave.

In August, additional outreach was done to assess if other chronically homeless individuals would be able to fit the requirements of safer ground. Working with the Pleasanton homeless liaison officers, we reached out to over 20 individuals. Our intervention team coordinated with the officers as well as other service providers and community members to get as many of these individuals into safer ground. We assisted with: coordinating with clients and their doctors and medical teams at Axis Community health to get medical verification forms filled out, connecting with the county and abode services on the process of getting those approved for the program to the hotel, working with clients to manage their expectations and their responsibilities going into this program while working with service providers of this hotel shelter to assist with the success of the program to help clients move forward with housing navigation and other needs.

13 clients from Pleasanton moved into the hotel and currently 1 client was permanently housed.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

Due to the pandemic and over the course of changing stay at home orders we needed to modify how we work and interface with clients. We adapted to changing local services that were opening and closing, so we helped individuals navigate through how to apply for benefits while working through the obstacles of the procedures changing over the course of 6 months due to the Covid levels in Alameda County.

We had to modify our street outreach training to include mental health and addiction training, as well as institute higher levels of self-care and counseling measures for our frontline staff that has seen heightened anxiety, drug use, domestic abuse, mental health and growing medical ailments on a daily basis. This has taken a personal toll on 95% of our team.

Addiction and mental health assistance are some of the resources that the intervention team at CityServe has connected many clients to. Due to being able to connect clients to these resources, clients have begun working through some of the issues that they are facing. In conjunction with homeless liaison officers, many clients have been connected to mental health support through the county's IHOT team so that their mental well being can be assessed. An additional client facing addiction, made the decision to go to rehab and is awaiting an opening.

We adjusted to prioritize homeless individuals living in their cars with basic car repairs to keep them in a "shelter". 2 homeless Pleasanton residents needed major overhauls to their cars. This was done to ensure safety for the individual.

Due to a large number of in-kind donations, we hosted a socially distanced and safe free open market to pick up groceries, food, clothing, jackets, toys and other supplies. .

Other than slight modifications and pivoting focus areas our project has been effective during this timeframe and with very limited and stretched staffing available based on high demand.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes 1 total to date
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons 1 total to date
 Households

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

191	Numeric GOAL for THIS FISCAL YEAR.	191 total to date
191.00	TOTAL	191.00 TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

187	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	187 total to date
298	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	298 total to date
485.00	TOTAL	485.00 TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

(the total should match the number reports in 11B above)

79	Extremely Low Income (<30% Median)	79 total to date
18	Very Low Income (30% to 50% Median)	18 total to date
90	Low Income (50% to 80% Median)	90 total to date
0	Moderate Income and Above (>80% Median)	0 total to date
187.00	TOTAL	187.00 TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

(note that some clients may meet multiple categories and some not any)

7	Seniors (62 and older)	7 total to date
7	Disabled	7 total to date
67	Female-Headed Households	67 total to date
11	Homeless	11 total to date
92.00	TOTAL	92.00 TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

55	White	55 total to date
53	White + HISPANIC	53 total to date
23	Black/African American	23 total to date
0	Black/African American + HISPANIC	0 total to date
20	Asian	20 total to date
0	Asian + HISPANIC	0 total to date
0	American Indian/Alaskan Native	0 total to date
0	American Indian/Alaskan Native + HISPANIC	0 total to date
4	Native Hawaiian/Other Pacific Islander	4 total to date
0	Native Hawaiian/Other Pacific Islander + HISPANIC	0 total to date
0	American Indian/ Alaskan Native and White	0 total to date
0	American Indian/ Alaskan Native and White + HISPANIC	0 total to date
0	Asian and White	0 total to date
0	Asian and White + HISPANIC	0 total to date
0	Black/African American and White	0 total to date
0	Black/African American and White + HISPANIC	0 total to date
0	American Indian/Alaskan Native and Black/African American	0 total to date
0	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
30	Other/Multi Racial	30 total to date
2	Other/Multi Racial + HISPANIC	2 total to date
187.00	TOTAL	187.00 TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.); should match the unit of service stated in your HHSg contract):
Unduplicated intake or enrollment into any of our programs.

17. Numeric GOAL stated in your HHSg contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

191

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

187	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	187 total to date
298	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	298 total to date
485.00	TOTAL	485.00 TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

[e.g., additional unit of service types, anecdotal information, etc.]

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

N/A

21. For CAPER: Describe the original purpose for which the City granted the HHSg funds. If applicable, explain why your agency did not spend the entire grant.

N/A

22. For CAPER: Describe the accomplishments of the project or program funded through HHSg. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

N/A

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

N/A

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

N/A

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

N/A

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

N/A

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Community Resources for Independent Living

Housing and Independent Living Skills

USD\$ 19,501.00 USD\$ 19,501.00 Requested

Report 1

Due date (mm/dd/yyyy) 1/15/2021

Report 1 not required

✓ Report 1 submitted: 1/14/2021

Un-Submit

GENERAL INFORMATION

1. Name of Person Completing Report:

Edymir Guerrero

2. Title:

Program Director

3. Telephone:

510-881-5743

4. E-Mail:

edymir.guerrero@crilhayward.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

9 new consumers were directly provided one or more independent living skills training, support or counseling services to improve their level of independence. CRIL's travel training program continues to be well received. The number of Pleasanton consumers who are accessing CRIL's Device Lending and Demonstration Center has decreased due in part of to COVID 19 and the shelter in place order. With the COVID 19 shelter in place order, CRIL's outreach efforts have been drastically reduced. While CRIL is providing services by phone, email and digitally through zoom and or video teleconferencing, CRIL is continuing to increase its digital efforts for consumers. * Important to note that almost all of CRIL's staff have underlying preconditions and are extremely vulnerable to COVID 19.

6. Describe any significant actions taken during the reporting period.

In January 2020, CRIL placed a FT IL Service Coordinator, as well as, a FT Travel Trainer in the Livermore Office. The 2 staff will provide services to Dublin, Livermore and Pleasanton. However, COVID 19 has dramatically reduced CRIL's outreach efforts and walk ins.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

COVID 19 shelter in place dramatically affected CRIL's output in the 1st Quarter. CRIL has adjusted to a virtual office and our hope is to increase productivity. The shelter in place has particularly affected CRIL's work at Senior Centers, Senior Apartment Complexes and Schools.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes 1 total to date
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s)
 Yes (but invoice/s not yet submitted) 1 total to date
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons 1 total to date
 Households

11. Please indicate the Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

<input type="text" value="30"/>	Numeric GOAL for THIS FISCAL YEAR.	30 total to date
<input type="text" value="30.00"/>	TOTAL	30.00 TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

<input type="text" value="9"/>	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	9 total to date
<input type="text" value="0"/>	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	0 total to date
<input type="text" value="9.00"/>	TOTAL	9.00 TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

(the total should match the number reports in 11B above)

<input type="text" value="2"/>	Extremely Low Income (<30% Median)	2 total to date
<input type="text" value="6"/>	Very Low Income (30% to 50% Median)	6 total to date
<input type="text" value="1"/>	Low Income (50% to 80% Median)	1 total to date
	Moderate Income and Above (>80% Median)	0 total to date

9.00 TOTAL**9.00 TOTAL**

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

(note that some clients may meet multiple categories and some not any)

 Seniors (62 and older)

4 total to date

 Disabled

9 total to date

 Female-Headed Households

2 total to date

 Homeless

1 total to date

16.00 TOTAL**16.00 TOTAL**

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

 White

6 total to date

 White + HISPANIC

1 total to date

 Black/African American

0 total to date

 Black/African American + HISPANIC

0 total to date

 Asian

1 total to date

 Asian + HISPANIC

0 total to date

 American Indian/Alaskan Native

0 total to date

 American Indian/Alaskan Native + HISPANIC

0 total to date

 Native Hawaiian/Other Pacific Islander

0 total to date

 Native Hawaiian/Other Pacific Islander + HISPANIC

0 total to date

 American Indian/ Alaskan Native and White

0 total to date

 American Indian/ Alaskan Native and White + HISPANIC

0 total to date

 Asian and White

1 total to date

 Asian and White + HISPANIC

0 total to date

 Black/African American and White

0 total to date

 Black/African American and White + HISPANIC

0 total to date

 American Indian/Alaskan Native and Black/African American

0 total to date

 American Indian/Alaskan Native and Black/African American + HISPANIC

0 total to date

 Other/Multi Racial

0 total to date

 Other/Multi Racial + HISPANIC

0 total to date

9.00 TOTAL**9.00 TOTAL**

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHSG contract):

Counseling Hours

17. Numeric GOAL stated in your HHSG contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

300 counseling hours and 30 persons

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

157	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	157 total to date
0	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date
157.00	TOTAL	157.00 TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

[e.g., additional unit of service types, anecdotal information, etc.]

N/A

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

N/A

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

N/A

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

N/A

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

N/A

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

N/A

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

N/A

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

N/A

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Eden Council for Hope and Opportunity

Housing Counseling Services

USD\$ 40,000.00 USD\$ 40,000.00 Requested

Report 1

Due date (mm/dd/yyyy) 1/15/2021

Report 1 not required

✓ Report 1 submitted: 1/26/2021

Un-Submit

GENERAL INFORMATION

1. Name of Person Completing Report:

Marjorie A. Rocha

2. Title:

Executive Director

3. Telephone:

510-581-9380

4. E-Mail:

margie@echofairhousing.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

Activity has been underway for this project since the start of the fiscal year (July 1, 2019). During the first half of the fiscal year, we provided 113 counseling sessions to 96 unduplicated client households.

6. Describe any significant actions taken during the reporting period.

ECHO continues to provide services to the Spanish-speaking community. A bilingual staff person is available 9am to 5pm, Monday through Friday.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

ECHO participated in the following outreach and activities:

7/10/2020 - distributed 330 fliers to Pleasanton community-based organizations

8/7/2020 - distributed 330 fliers to Pleasanton community-based organizations

11/9/2020 - distributed 330 fliers to Pleasanton community-based organizations

8/10/2020 - KPFA Radio Interview

11/19/2020 - KCBS 740 AM and KCBS 106.9 FM public service announcements

11/19/2020 - KALX public service announcement

8/13/2020 - Northern California Fair Housing Coalition for counselor training and case review

12/10/2020 - Northern California Fair Housing Coalition for counselor training and case review

9/30/2020 - Regional Fair Housing Training

10/8/2020 - Regional Fair Housing Training (Spanish)

10/15/2020 - Regional Tenant/Landlord Training

10/21/2020 - Fair Housing Tester Training

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes 1 total to date
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
 Households 1 total to date

11. Please indicate the Numeric GOAL stated in your HHS contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

305	Numeric GOAL for THIS FISCAL YEAR.	305 total to date
305.00	TOTAL	305.00 TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

96	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	96 total to date
1328	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	1,328 total to date
1,424.00	TOTAL	1,424.00 TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

(the total should match the number reports in 11B above)

48	Extremely Low Income (<30% Median)	48 total to date
	Very Low Income (30% to 50% Median)	39 total to date

39		
9	Low Income (50% to 80% Median)	9 total to date
	Moderate Income and Above (>80% Median)	
96.00	TOTAL	96.00 TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

(note that some clients may meet multiple categories and some not any)

17	Seniors (62 and older)	17 total to date
18	Disabled	18 total to date
66	Female-Headed Households	66 total to date
	Homeless	
101.00	TOTAL	101.00 TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

38	White	38 total to date
21	White + HISPANIC	21 total to date
22	Black/African American	22 total to date
11	Black/African American + HISPANIC	11 total to date
2	Asian	2 total to date
	Asian + HISPANIC	
	American Indian/Alaskan Native	
	American Indian/Alaskan Native + HISPANIC	
	Native Hawaiian/Other Pacific Islander	
	Native Hawaiian/Other Pacific Islander + HISPANIC	
	American Indian/ Alaskan Native and White	
	American Indian/ Alaskan Native and White + HISPANIC	
	Asian and White	
	Asian and White + HISPANIC	
1	Black/African American and White	1 total to date
	Black/African American and White + HISPANIC	
	American Indian/Alaskan Native and Black/African American	
	American Indian/Alaskan Native and Black/African American + HISPANIC	
1	Other/Multi Racial	1 total to date
	Other/Multi Racial + HISPANIC	
96.00	TOTAL	96.00 TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHSG contract):

Inquiry/Complaint

17. Numeric GOAL stated in your HHSG contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

305

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

129	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	129 total to date
1328	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	1,328 total to date
1,457.00	TOTAL	1,457.00 TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

[e.g., additional unit of service types, anecdotal information, etc.]

ECHO achieved the following for the first half of the fiscal year:

Fair Housing Counseling, Mediation, Investigation, or Enforcement - 2 units of service

Tenant/Landlord Counseling and Mediation - 46 units of service

Rental Assistance Program - 13 units of service

Homeseeking Program - 52 units of service

There may be more services than households because the client may ask for more than one service.

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

N/A

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

N/A

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

N/A

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

N/A

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

N/A

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

N/A

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

N/A

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Habitat for Humanity East Bay/Silicon Valley, Inc.

Housing Rehabilitation Program

USD\$ 128,000.00 USD\$ 128,000.00 Requested

Report 1

Due date (mm/dd/yyyy) 1/15/2021

Report 1 not required

✓ Report 1 submitted: 1/15/2021

Un-Submit

GENERAL INFORMATION

1. Name of Person Completing Report:

Dona Gomez

2. Title:

Operations Manager

3. Telephone:

510-906-2215

4. E-Mail:

dgomez@habitatebsv.org

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

We have received increased interest in the program due to the marketing efforts described in #6 below. We have received 37 requests for applications in the first 6 months of FY20-21, this is a significant increase as we only received 6 requests of applications in FY19-20. And only 36 request for applications between October 2016 and November 2019.

We have received 5 full applications already in FY20-21, while we only received 2 completed applications in all of FY19-20.

Across all of our home repair programs, the overall the impact of Covid-19 and related restrictions and control protocol has impacted our ability to do inspections, get bids, acquire permits and City inspections, and secure materials. For the materials that are available, there have been significant cost increases. Our contractor pool has been reduced by business failures, voluntary downsizing and increased demand. We have undertaken a coordinated contractor recruitment effort to good effect and expect to have more resources available going forward. We are modifying scopes of work to avoid the biggest bottlenecks in the supply chain, and focusing on tasks that can be done with over the counter permits.

6. Describe any significant actions taken during the reporting period.

The majority of applicants indicated they applied to the program because of outreach through a utility bill mailer insert in partnership with the City of Pleasanton which went out to all households over the course of a two month period. Outreach was also conducted on a deeper level with Spectrum Community Services, wherein we presented about the program to all their staff and volunteers and had hard copy fliers distributed with all their Meals on Wheels boxes.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

We are hopefully that the increased interest in the program will allow up to complete more project this year but we many no be able to complete the anticipated 9 projects.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes 1 total to date
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
 Households 1 total to date

11. Please indicate the Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

<input type="text" value="9"/>	Numeric GOAL for THIS FISCAL YEAR.	9 total to date
<input type="text" value="9.00"/>	TOTAL	9.00 TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

<input type="text" value="0"/>	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	0 total to date
<input type="text" value="0"/>	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	0 total to date
<input type="text" value="0.00"/>	TOTAL	0.00 TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

(the total should match the number reports in 11B above)

<input type="text" value="0"/>	Extremely Low Income (<30% Median)	0 total to date
<input type="text" value="0"/>	Very Low Income (30% to 50% Median)	0 total to date

<input type="text" value="0"/>	Low Income (50% to 80% Median)	0 total to date
<input type="text" value="0"/>	Moderate Income and Above (>80% Median)	0 total to date
<input type="text" value="0.00"/>	TOTAL	0.00 TOTAL

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

(note that some clients may meet multiple categories and some not any)

<input type="text" value="0"/>	Seniors (62 and older)	0 total to date
<input type="text" value="0"/>	Disabled	0 total to date
<input type="text" value="0"/>	Female-Headed Households	0 total to date
<input type="text" value="0"/>	Homeless	0 total to date
<input type="text" value="0.00"/>	TOTAL	0.00 TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

<input type="text" value="0"/>	White	0 total to date
<input type="text" value="0"/>	White + HISPANIC	0 total to date
<input type="text" value=""/>	Black/African American	
<input type="text" value=""/>	Black/African American + HISPANIC	
<input type="text" value=""/>	Asian	
<input type="text" value=""/>	Asian + HISPANIC	
<input type="text" value=""/>	American Indian/Alaskan Native	
<input type="text" value=""/>	American Indian/Alaskan Native + HISPANIC	
<input type="text" value=""/>	Native Hawaiian/Other Pacific Islander	
<input type="text" value=""/>	Native Hawaiian/Other Pacific Islander + HISPANIC	
<input type="text" value=""/>	American Indian/ Alaskan Native and White	
<input type="text" value=""/>	American Indian/ Alaskan Native and White + HISPANIC	
<input type="text" value=""/>	Asian and White	
<input type="text" value=""/>	Asian and White + HISPANIC	
<input type="text" value=""/>	Black/African American and White	
<input type="text" value=""/>	Black/African American and White + HISPANIC	
<input type="text" value="0"/>	American Indian/Alaskan Native and Black/African American	0 total to date
<input type="text" value="0"/>	American Indian/Alaskan Native and Black/African American + HISPANIC	0 total to date
<input type="text" value="0"/>	Other/Multi Racial	0 total to date
<input type="text" value="0"/>	Other/Multi Racial + HISPANIC	0 total to date
<input type="text" value="0.00"/>	TOTAL	0.00 TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHSG contract):

number of completed home repair projects

17. Numeric GOAL stated in your HHSG contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

9

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

<input type="text" value="0"/>	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	0 total to date
<input type="text" value="0"/>	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	0 total to date
<input type="text" value="0.00"/>	TOTAL	0.00 TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):

[e.g., additional unit of service types, anecdotal information, etc.]

We completed one repair project in Pleasanton under the Renew AC Loan Program.

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

N/A

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

N/A

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

N/A

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

N/A

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

N/A

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

N/A

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

N/A

Housing Division

FY 2020/21 Housing and Human Services Grant Program

USD\$ 961,007.00 Available

Deadline: 1/27/2020

Tri-Valley REACH, Inc.

Home Improvements, Preventative Maintenance/Repairs

USD\$ 35,000.00 USD\$ 35,000.00 Requested

Report 1

Due date (mm/dd/yyyy) 1/15/2021

Report 1 not required

✓ Report 1 submitted: 1/14/2021

Un-Submit

GENERAL INFORMATION

1. Name of Person Completing Report:

Kay King

2. Title:

Board Chair

3. Telephone:

925-980-6739

4. E-Mail:

skkbking@comcast.net

PROJECT / PROGRAM STATUS

5. Describe the current status of your project or program (e.g., planning, pre-development, activity underway, service marketing, etc.) and the current focus of any activity.

While the \$35,000 grant funds have been fully utilized, the entire scope of work for rehabilitation and home improvement projects continue for the six Pleasanton and five Livermore properties.

6. Describe any significant actions taken during the reporting period.

In January of 2020, REACH conducted certified home inspection reviews of all eleven properties; five in Livermore and six in Pleasanton. After thorough review of all recommendations, REACH created statement of work for each property, identifying major rehabilitation, minor repairs and home improvement projects. Cost of the entire project was estimated around \$90,000. REACH identified three Pleasanton properties as priorities and the work commenced in early Fall.

As of January 1, 2021, City of Pleasanton grant funds in the amount of \$35,000 have been applied to three Pleasanton properties

rehabilitation projects. Total cost for these the three properties was \$42,800. Funds raised from other grants, donations and fund raising efforts were used to cover the balance of \$7800 between the grant and total costs.

7. If applicable, describe any modifications to the project or program goals, timelines, etc., and reason(s) for change. If you have not submitted invoices due to project delays, please provide details here.

There were no modifications to the project or program goals. The three prioritized properties were rehabilitated in a timely manner and there was no disruption to the tenant's and their daily lives.

8. Were any costs (from any source) incurred for this project or program during this reporting period?

- Yes 1 total to date
 No

9. Were any Pleasanton grant funds expended for this project or program during this reporting period?

- Yes (already submitted invoice/s) 1 total to date
 Yes (but invoice/s not yet submitted)
 No (no expenditures this period)
 Other:

CLIENT DATA

10. Please indicate how client data are reported for this project or program (please keep consistent for questions 11 through 14 and with your original application):

- Persons
 Households 1 total to date

11. Please indicate the Numeric GOAL stated in your HHSG contract for the number of Pleasanton clients to be served THIS FISCAL YEAR (if none, enter a zero).

<input type="text" value="16"/>	Numeric GOAL for THIS FISCAL YEAR.	16 total to date
<input type="text" value="16.00"/>	TOTAL	16.00 TOTAL

12. Please complete the following table regarding the NUMBER OF UNDUPLICATED CLIENTS SERVED during this reporting period using the indicator chosen above (persons OR households):

<input type="text" value="16"/>	A) Number of NEW PLEASANTON CLIENTS served by this project during this reporting period (unduplicated) [NOTES: In the 1st semi-annual report, all unduplicated clients are considered to be new. In the 2nd semi-annual report, include only new unduplicated clients who were not included in the previous report.]	16 total to date
<input type="text" value="20"/>	B) Number of NEW CLIENTS AGENCY-WIDE served by this project during this reporting period (unduplicated; if project serves only Pleasanton clients, enter a zero; do not include Pleasanton residents in this answer)	20 total to date
<input type="text" value="36.00"/>	TOTAL	36.00 TOTAL

13. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following income categories:

(the total should match the number reports in 11B above)

<input type="text" value="16"/>	Extremely Low Income (<30% Median)	16 total to date
<input type="text"/>	Very Low Income (30% to 50% Median)	
<input type="text"/>	Low Income (50% to 80% Median)	
<input type="text"/>	Moderate Income and Above (>80% Median)	
	TOTAL	16.00 TOTAL

16.00

14. Please indicate the number of new, unduplicated Pleasanton clients served during this reporting period, as reported in 11B above, who met the following special categories:

(note that some clients may meet multiple categories and some not any)

<input type="text"/>	Seniors (62 and older)	
<input type="text" value="16"/>	Disabled	16 total to date
<input type="text"/>	Female-Headed Households	
<input type="text"/>	Homeless	
<input type="text" value="16.00"/>	TOTAL	16.00 TOTAL

15. List the number of new, unduplicated Pleasanton clients your agency served during this reporting period in the following race/ethnicity categories. [Notes: Total must equal 11B. HUD considers "Hispanic" as an ethnicity and not a separate race.]

<input type="text" value="13"/>	White	13 total to date
<input type="text" value="1"/>	White + HISPANIC	1 total to date
<input type="text"/>	Black/African American	
<input type="text"/>	Black/African American + HISPANIC	
<input type="text" value="2"/>	Asian	2 total to date
<input type="text"/>	Asian + HISPANIC	
<input type="text"/>	American Indian/Alaskan Native	
<input type="text"/>	American Indian/Alaskan Native + HISPANIC	
<input type="text"/>	Native Hawaiian/Other Pacific Islander	
<input type="text"/>	Native Hawaiian/Other Pacific Islander + HISPANIC	
<input type="text"/>	American Indian/ Alaskan Native and White	
<input type="text"/>	American Indian/ Alaskan Native and White + HISPANIC	
<input type="text"/>	Asian and White	
<input type="text"/>	Asian and White + HISPANIC	
<input type="text"/>	Black/African American and White	
<input type="text"/>	Black/African American and White + HISPANIC	
<input type="text"/>	American Indian/Alaskan Native and Black/African American	
<input type="text"/>	American Indian/Alaskan Native and Black/African American + HISPANIC	
<input type="text"/>	Other/Multi Racial	
<input type="text"/>	Other/Multi Racial + HISPANIC	
<input type="text" value="16.00"/>	TOTAL	16.00 TOTAL

UNITS OF SERVICE

16. Please define the primary UNIT OF SERVICE you use for this project or program (e.g., counseling hours, medical visits, meals served, miles driven, etc.; should match the unit of service stated in your HHSG contract):

Units of Service are defined by property. REACH has 6 Pleasanton properties with 16 clients

17. Numeric GOAL stated in your HHSG contract for the units of service to be provided to Livermore clients THIS FISCAL YEAR (if none, enter a zero)

0

18. Please complete the following table regarding the UNIT OF SERVICE listed above:

6	Number of units of service provided to Pleasanton clients during THIS REPORTING PERIOD (if none, enter a zero)	6 total to date
5	Number of units of service provided AGENCY-WIDE for this project during THIS REPORTING PERIOD (enter a zero if not applicable or if project serves only Pleasanton clients; do not include Pleasanton units in this answer)	5 total to date
11.00	TOTAL	11.00 TOTAL

19. Please include any additional comments or clarifications here (if you have no additional comments, enter "N/A"):
[e.g., additional unit of service types, anecdotal information, etc.]

REACH has eleven properties; 5 in Livermore and 6 in Pleasanton. Rehabilitation and home improvement projects are in process at all properties. However, all funds from the City of Pleasanton are utilized specifically for Pleasanton projects.

CAPER REPORT (END OF YEAR)

20. For CAPER [DO NOT ANSWER UNTIL FINAL REPORT]: Name and title of person who will attend Human Services Commission CAPER meeting (August or September):

NA

21. For CAPER: Describe the original purpose for which the City granted the HHSG funds. If applicable, explain why your agency did not spend the entire grant.

NA

22. For CAPER: Describe the accomplishments of the project or program funded through HHSG. Provide detail on how the program responded to needs within the community. Describe any new and creative methods the agency implemented to meet community needs

NA

23. For CAPER: Does the agency feel this project or program was a success? How do you measure the success? Did it meet or exceed the goals and outcomes described in the performance measures in the original application? If not, why?

NA

24. For CAPER: Describe any problems or delays encountered with the project or program. How were they handled? What effects, if any, were there on costs? Describe any changes that made the project or program successful now or in the future.

NA

25. For CAPER: List agencies you collaborated with on this project or program. Describe the nature of the collaboration.

NA

26. For CAPER: Did you obtain funding from other sources not identified above? If so, list sources and amounts.

NA