



**MARYLAND DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
SHELTER AND TRANSITIONAL HOUSING FACILITIES GRANT PROGRAM**

**ANNUAL CERTIFICATION AND ACTIVITY REPORT  
FY 2024**

<b>Project Name:</b>	
<b>Project Address:</b>	
<b>Sponsor Name:</b>	
<b>CDA #:</b>	
<b>Report Due Date:</b>	

In accordance with the Financing and Regulatory Agreement, you must submit an annual certification verifying that all residents of the Project are homeless households.

To the best of my knowledge, understanding and belief, the aforementioned property complies with the restrictions required by the Regulatory documents and the applicable program regulations, and that the information is true and correct.

Certified by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Also, in an effort to assist us in determining the characteristics of the households served while residing in the Project and to assess each Project's progress in assisting residents' transition to independence and permanent housing, please provide the following information on the persons served in the Project in the year for which the report is being provided.

1. The total number of households served during the reporting period. \_\_\_\_\_.

2. For each household type, the number of households served during the reporting period.


single female  
single male  
female sole head-of-household family  
male sole head-of-household family  
two parent family  
a couple with no children

\_\_\_\_\_ At least one member is a U.S. military veteran  
\_\_\_\_\_ At least one member who is disabled


physical disability  
mental disability  
other disability (explain): \_\_\_\_\_

3. Using the number of households reported above, the total number of persons served:

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4. Upon entering the Project, how many households had:

\_\_\_\_\_ one or more household members employed  
none of the household members employed

5. How many of the households served during the reporting period received housing subsidies?

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6. Indicate the number of households experiencing the following issues upon entering the Project:


mental illness  
substance addictions  
literacy problems  
release from incarceration


physical health problems  
domestic violence  
sexual assault/abuse  
other (explain): \_\_\_\_\_

7. To which of the services listed below has the Project referred households? Write the number of households who have accessed each type of service next to each category.


mental health services  
physical health services  
employment training  
employment placement  
education advancement  
established a savings account  
other: \_\_\_\_\_


substance abuse treatment  
childcare  
budgeting classes  
parenting classes  
life skills training  
legal assistance/advocacy  
other: \_\_\_\_\_

8. How many households left the Project during the reporting period? \_\_\_\_\_

For these households, please provide the following information:

(a) The reason (with corresponding number) the household exited the Project (include only one situation per household):

- asked to leave by project administrator
- 24-month time period expired (no housing secured upon exit)
- moved in with relatives/friends
- moved into their own unsubsidized apartment
- moved into their own subsidized apartment
- bought their own home
- other (explain) \_\_\_\_\_

(b) List the number of households upon exiting the project that:

\_\_\_\_\_ attained full-time employment      \_\_\_\_\_ attained part-time employment  
\_\_\_\_\_ advanced their education      \_\_\_\_\_ receive no government subsidies

9. Describe the measurable outcomes that your organization uses to demonstrate overall programmatic success.

10. Using the measurable outcomes described in #9, provide as much information/statistics as is available on *all* former residents of the Project (not only those exiting during this reporting period) relating to their *current* living situation. Include information such as percent employed (indicate whether full time or part time); type of residence maintained (rent, own, living with relatives/others); length of time residing in their current residence; average salary; continued advancement of education; and dependence on government subsidies.

11. Does your organization provide follow-up services to former residents after leaving your Project?  Yes  No

If yes, provide a description of the follow-up services, including the maximum length of time these services are available to former residents.

***Please email the certificates to: [DHCD.compliance\\_dca@maryland.gov](mailto:DHCD.compliance_dca@maryland.gov) with “Compliance” and the Property name in the subject line.***