



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

**ANNUAL CERTIFICATION AND ACTIVITY REPORT
FY 2024**

Project Name:	
Project Address:	
Sponsor Name:	
CDA #:	
Report Due Date:	

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.

<input type="text"/>	single female
<input type="text"/>	single male
<input type="text"/>	female sole head-of-household family
<input type="text"/>	male sole head-of-household family
<input type="text"/>	two parent family
<input type="text"/>	a couple with no children

_____ At least one member is a U.S. military veteran

_____ At least one member who is disabled

<input type="text"/>	physical disability
<input type="text"/>	mental disability
<input type="text"/>	other disability (explain): _____

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

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? _____

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

<input type="text"/>	mental illness	<input type="text"/>	physical health problems
<input type="text"/>	substance addictions	<input type="text"/>	domestic violence
<input type="text"/>	literacy problems	<input type="text"/>	sexual assault/abuse
<input type="text"/>	release from incarceration	<input type="text"/>	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.

<input type="text"/>	mental health services	<input type="text"/>	substance abuse treatment
<input type="text"/>	physical health services	<input type="text"/>	childcare
<input type="text"/>	employment training	<input type="text"/>	budgeting classes
<input type="text"/>	employment placement	<input type="text"/>	parenting classes
<input type="text"/>	education advancement	<input type="text"/>	life skills training
<input type="text"/>	established a savings account	<input type="text"/>	legal assistance/advocacy
<input type="text"/>	other: _____	<input type="text"/>	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):

- | | |
|--------------------------|---|
| <input type="checkbox"/> | asked to leave by project administrator |
| <input type="checkbox"/> | 24-month time period expired (no housing secured upon exit) |
| <input type="checkbox"/> | moved in with relatives/friends |
| <input type="checkbox"/> | moved into their own unsubsidized apartment |
| <input type="checkbox"/> | moved into their own subsidized apartment |
| <input type="checkbox"/> | bought their own home |
| <input type="checkbox"/> | 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 with "Compliance" and the Property name in the subject line.