

Grantee Information	
Fiduciary Agency:	
Staff Reporting:	Staff Email: .
Subgrantee Agency (if applicable):	
Subgrantee Agency (if applicable):	
Performance Period:	
Is this the annual report? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete Annual section below.)</i>	

Instructions: Complete the information below based on the households served by Shelter Diversion (SDP) during the indicated Performance Period. Reports are due quarterly and must be submitted by the fiduciary as part of the Financial Status Report (FSR) via MSHDA’s grant management system. An annual Performance Report is required for each 12 months of the Pilot and must reflect both the Performance Period and the annual cumulative information as detailed in the Annual section below.

Key Performance Indicator: Households Served		
Number of households served during the Performance Period:		
Number of positive exits:		
Recidivism rate: 30 days _____	60 days _____	90 Days _____

Narrative Responses:

1. How did the use of Shelter Diversion Pilot (SDP) funds in this performance period align with the goals and strategies of the pilot overall? (Attach an additional document if narrative does not fit in text box)
 - a.
2. Please detail at least one specific success and one specific challenge encountered in SDP in this performance period. (attach an additional document if narrative does not fit in text box)
 - a.

Attachment:

Attach the HMIS report that corresponds to the performance period.

ANNUAL Performance: Households Served	
Number of households served during the Annual period:	
Cumulative Recidivism – How many households returned to homelessness after being served by Shelter Diversion _____	

Narrative Responses:

1. How did the use of Shelter Diversion Pilot (SDP) funds in the annual performance period align with the goals and strategies of the pilot overall? (Attach an additional document if narrative does not fit)
 - a.
2. Please detail successes and challenges encountered in SDP in the annual performance period.
 - a.

Attachment:

Attach the HMIS report that corresponds to the annual performance period.