

## Homekey Performance Milestone Reporting Workbook

#### **Cover Sheet**

This workbook contains forms required for all Homekey grantees for notice of Milestone Completion per the applicable Homekey NOFA and Standard Agreement. You may report multiple milestones within one workbook and may need to fill out this workbook multiple times during your contract term. You may attach additional pages and supplemental documents as needed. An appendix has been included on page 8 to provide guidance on sufficient forms of proof for milestone completion.

**Please Note:** Submission of this form does not automatically constitute completion of a milestone. The Department will review the evidence of completion provided and reach out if more information is needed.

| Contract Number:  |  | Sponsor Name:       |  |
|---|--|---------------------|--|
| Award Date:   |  | Project Name:       |  |
| I am submitting thi                                     | s workbook beca  | ause:               |  |
|   | A and B on page 2. F<br>eted when submitting                 | Please attach accom | es from my Standard  panying evidence for all  endix on page 8 for examples of |
| □ 2. I have expended activities.  Fill out Section 2 of | ,  | nd/or Operating fu  | ınds on eligible Homekey   |
| ☐ 3. Construction is a Fill out Section 3 of            | completed for this F<br>on <b>page 3</b> , and <b>4a</b> .Ui |                     | e 5  |
| ☐ 4. This Homekey p Fill out Section 4 of on pages 6-7  | •  |                     | or greater.<br>and <b>4b</b> . Housing First Checklist                         |
|   |  |                     |  |

If Representative is not known, submit this form to the appropriate email address:

Once completed, sign and submit this workbook to your Grant Management

- Homekey Round 1 (2020): HomekeySGM@hcd.ca.gov
- Homekey Round 2 (2021-2022): Homekey2SGM@hcd.ca.gov
- Homekey Round 3 (2023): <u>Homekey3SGM@hcd.ca.gov</u>.

Representative.

## 1. Performance Milestone Completion

Fill in the name of the performance milestone as documented in Exhibit E of the Standard Agreement along with the date the milestone was due and the date it was completed. Evidence of completion must accompany this workbook for a milestone to be considered completed on time by the Department. For examples of appropriate evidence of completion, please see Appendix A.

| A. | Fill | out this | Table | for | <b>Applicable</b> | Performance | Milestones |
|----|------|----------|-------|-----|-------------------|-------------|------------|
|----|------|----------|-------|-----|-------------------|-------------|------------|

| Capital Funds Expended   | Original Deadline | Date<br>Completed |
|--|-------------------|-------------------|
| **** *** ** **   |                   |                   |
| ill out Section 2 on page 3  |                   |                   |
| Construction Completed   |                   |                   |
| ill out Section 3 on page 3 and Unit Mix on page 5   |                   |                   |
| 0% Occupancy Reached   |                   |                   |
| fill out Section 4, 4A and 4B on pages 4-6. If eventually converting   |                   |                   |
| p permanent, submit <u>Conversion Plan</u> along with this form.   |                   |                   |
| ffordability Covenant / Regulatory Agreement Draft Submitted   |                   |                   |
| ffordability Covenant / Regulatory Agreement Recorded  |                   |                   |
| Operating Subsidy Expended   |                   |                   |
| ill out Section 2 on page 3  |                   |                   |
| Other (please specify)   |                   |                   |
| ote: If completing the Construction or Full Occupancy milestones, finit Mix form on page 5 and Housing First certification on page 6-7 in<br>Input any Additional Comments on Development Progress |                   | , , ,             |

Authorized Representative Signature

Date

# 2. Complete this Section when Capital or Operating Funds are Fully Expended

Fill out the table with expenditures made by Fiscal Year once either all Homekey Capital award or Operating award funds have been expended. **Accompanying proof of expenditures is required to confirm milestone completion.** 

|                       | FY 21-22<br>(Jul 2021-<br>Jun 2022 | FY 22-23<br>(Jul 2022-<br>Jun 2023 | FY 23-24<br>(Jul 2023-<br>Jun 2024) | FY 24-25<br>(Jul 2024-<br>Jun 2025) | FY 25-26<br>(Jul 2025-<br>Jun 2026) | Total |
|-----------------------|------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------|
| Capital<br>Expended   |                                    |                                    |                                     |                                     |                                     |       |
| Operating<br>Expended |                                    |                                    |                                     |                                     |                                     |       |
| Fiscal Year<br>Totals |                                    |                                    |                                     |                                     |                                     |       |

# 3. Complete this Section when Construction is Completed

Fill out the Unit Mix on page 5 in addition to this table:

| Fill out the table below once construction   | on is completed.   |
|--|--|
| Yes or No: This Project was habitable or operational upon acquisition and did <b>not</b> | ☐ <b>Yes –</b> The project was acquired with no rehab necessary to make it habitable.  Enter N/A to Construction Begin and End Dates |
| require additional rehabilitation with Homekey or other funds.                           | □ <b>No</b> – Homekey or other funds were used to rehabilitate or construct this project.  |
| Construction Start Date:   |  |
| Construction Completion Date:  |  |
| Total Number of Assisted Units Created: (Include manager/staff units):                   |  |
| Total Number of ADA Accessible Units Created:  |  |
| Certificate of Occupancy Date: Required for new construction projects only               |  |

# 4. Complete this Section when Full Occupancy is Reached

Fill out pages 5-7 in addition to this table.

| Fill out the table below once occupancy is completed.  |  |
|--|--|
| Affordability Covenant Expiration Date:  |  |
| Number of Assisted Units Occupied (Include occupied manager/staff units):  |  |
| Total Number of Individuals Currently Housed:  |  |
| Is your most current Supportive Services Plan on file with the Department? (if not, please attach)                         |  |
| Is your most current Property Management Plan on file with<br>the Department?<br>(if not, please attach)                   |  |
| Has tenant information been input into HMIS?   |  |
| Interim to Permanent Projects Only: Is your Interim to Permanent Conversion Plan included with this Milestone Submission?* |  |

\*Note: If reporting occupancy for an interim project that is eventually going to convert to permanent housing during the restricted use period, you must submit a conversion plan to accompany proof of full occupancy. Criteria that must be included in this plan can be found in the Conversion FAQ and Guidance: <a href="https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/homekey/HK-Conversion-Guidance.pdf">https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/homekey/HK-Conversion-Guidance.pdf</a>

### 4a. Unit Mix

Fill out this table when completing the Construction Milestone and/or Full Occupancy Milestone. Include all units created to date in Total Number of Homekey-Assisted Units, even if some are unoccupied at the time of workbook submission.

| Unit Mix              | Select the unit size and enter the number of units and appropriate target population as applicable for each row and column |  |                  |   |  |  |
|-----------------------|--|--|------------------|---|--|--|
| # of Bedrooms         | Total Number of<br>Homekey-Assisted<br>Units   | Number of<br>Occupied<br>Homekey Units | AMI Income Limit | Restricted to Subset of Target Population |  |  |
| Manager/Staff Unit(s) |  |  |                  | N/A                                       |  |  |
|                       |  |  |                  |   |  |  |
|                       |  |  |                  |   |  |  |
|                       |  |  |                  |   |  |  |
|                       |  |  |                  |   |  |  |
|                       |  |  |                  |   |  |  |
| Totals:               |  |  |                  |   |  |  |

#### 4b. Housing First Checklist

Sponsor must sign and submit this form when certifying completion of the Occupancy milestone.

Per the NOFA Article V §501: The Eligible Applicant shall certify to employ the core components of Housing First, as set forth at Welfare and Institutions Code section 8255, in its property management and tenant selection practices. Projects shall accept tenants regardless of sobriety, participation in services or treatment, history of incarceration, credit history, or history of eviction in accordance with practices permitted pursuant to Housing First practices, including local Coordinated Entry System prioritization protocols, or other federal or state Project funding sources

| Tenant Screening  |
|---|
| ☐ If the project cannot serve someone, it works through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.   |
| ☐ The project does everything possible not to reject an individual or family based on poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."  |
| ☐ Access to the project is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or any other unnecessary condition not imposed by the terms of the funding itself.   |
| ☐ People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy. Building and units include physical features that accommodate disabilities.   |
| Housing-Based, Voluntary Services   |
| ☐ If serving youth experiencing homelessness, services use a positive youth development model and culturally competent services to engage with tenants.   |
| ☐ Services are informed by a harm-reduction philosophy that recognizes that substance use/ addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding substance use and are offered education regarding safer practices and how to avoid risky behaviors. |
| ☐ Case managers and service coordinators who are trained in and actively employ evidence-based practices for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.  |

Homekey Performance Milestone Reporting Workbook Division of State Financial Assistance – State Grant Management Branch

| Authorized Representative Signature   | Date                                 |
|---|--------------------------------------|
| I, the Grantee, certify, upon occupancy, that I will en<br>First (as set forth at Welfare and Institutions Code s<br>management and tenant selection practices. | , ,                                  |
| ☐ Program Requires Housing Providers to Provide Tenants' Rights & Responsibilities Of Tenancy Under protections)  | er CA Law <i>(including eviction</i> |
| ☐ Every effort is made to provide a tenant the opposituation, program, or project to another if tenancy is eviction back into homelessness is avoided           | ,                                    |
| ☐ Tenants in supportive housing are given reasonal rent on time and offered special payment arrangement assistance with financial management, including rep     | ents for rent arrears and/or         |
| ☐ Substance use in and of itself, without other lease reason for eviction.  | e violations, is not considered a    |
| Housing Permanency  |                                      |

## Appendix – Adequate Proof of Completion

The table below provides examples of documents that can serve as verification of milestone completion. This list is not exhaustive. Verification submitted will need to line up to disbursements received, please be sure to reference how your RFF's were processed. For any questions or to confirm if alternative methods of proof are permissible, please contact your assigned Grant Management Representative.

| Milestone  | Example Verification Documents  |
|--|---|
| Capital or Operating Fund Expenditures             | <ul> <li>Settlement Statement (acquisition)</li> <li>General Ledger</li> <li>Evidence of relocation costs</li> </ul>  |
| Construction Completion                            | <ul> <li>Certificate of Occupancy</li> <li>Temporary Certificate of Occupancy,</li> <li>Certificate of Completion</li> <li>Contractor scope of work with signed statement of completion.</li> </ul>   |
| Full Occupancy                                     | <ul> <li>Rent Roll</li> <li>Tenant list (names omitted)</li> <li>Letter from authorized representative certifying number of units occupied on letterhead (allowable for interim projects only)</li> </ul>   |
| DRAFT or Recorded Covenant or Regulatory Agreement | <ul> <li>Draft version of covenant or regulatory agreement</li> <li>Scan of Conformed Copy (once recorded)</li> <li>Note: For interim projects, a template <u>Interim Declaration of Restrictive Covenants</u> is available on our <u>Program Forms</u> webpage. Fill in and submit this draft at any time to your Grant Management Representative to begin the process for preparing an execution copy.</li> </ul> |