

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
FEDERAL REAL PROPERTY ASSISTANCE PROGRAM
TITLE V - HOMELESS ASSISTANCE
ANNUAL UTILIZATION REPORT

BACKGROUND

Per Transferee's Quitclaim Deed or Lease, an Annual Utilization Report (AUR) on the protection and maintenance of the conveyed property and the operation of the approved program of use is due annually to the Department. **All Transferees MUST submit an AUR by March 1st of the calendar year and the information contain therein shall pertain to the previous calendar year (January 1st to December 31st).**

INSTRUCTIONS

This form **MUST** be utilized to satisfy the reporting requirement. Failure to utilize this form or to provide complete responses will result in the report being returned to transferee for appropriate action.

Please note that not all of the items listed below will apply to all Transferees. Accordingly, a response of "Not Applicable" is appropriate in such instances. Additionally, where indicated, a simple "Yes" or "No" will suffice as a response.

Transferees are not limited by the space provided below and may attach additional pages to provide more detailed responses/information as needed. If desired, Transferees may request an electronic copy of the form by sending a request to rpb@psc.hhs.gov.

If you have any questions concerning the reporting requirement or the information requested, please call the Federal Real Property Assistance Program at (301) 443-2265 or send an email to rpb@psc.hhs.gov.

TRANSFEEE

Organization Name	Street Address
Phone Number	Email

CERTIFYING OFFICIAL

Name	Title
Phone Number	Email

PROPERTY

Contract Number	Facility Name	Street Address
Number of Buildings Acquired with Transfer	Acres	What is the current condition of the property? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

GEOGRAPHICAL REGION

Type of Geographical Region <input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	Year Covered by this AUR
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DESCRIPTION OF PROGRAM OF USE

Briefly describe the program of use in operation on the property during the reporting period.

PROGRAM SPECIFIC QUESTIONS

Is the program described above different from the approved program of use?

Yes No N/A (**Note:** If "Yes," describe the new program in detail on a separate sheet.)

If the program differs, was HHS approval obtained in writing before changing the program?

Yes No N/A (**Note:** If "No," immediately notify HHS in writing to seek HHS written approval.)

Are there plans to change the program within the next 12 months?

Yes No N/A (**Note:** If "Yes," you must request HHS approval in writing prior to changing the program of use.)

PERMANENT SUPPORTIVE HOUSING QUESTIONS

What percentage of clients are currently employed, either in the community or with the transferee, and are earning income?

CLIENT INCOME AND RENT

Do clients pay rent?

Yes No N/A

If clients pay rent, is the rent charged less than or equal to 30% of the client's income?

Yes No N/A (**Note:** If "No," provide a detailed description of the rent calculation method.)

PROPERTY SPECIFIC QUESTIONS

Is any part of the property being used for income-producing purposes?

Yes No N/A (**Note:** If "Yes," an income statement **must** be attached to the AUR.)

Has the property been encumbered since the last report?

Yes No N/A

If the property has been encumbered, was HHS approval obtained in writing before encumbering the property?

Yes No N/A (**Note:** If "No," provide documents and details of the encumbrance to HHS and seek approval.)

Are there any plans to encumber the property within the next 12 months?

Yes No N/A (**Note:** If "Yes," seek written approval from HHS before encumbering the property.)

Were any renovations completed during the reporting period?

Yes No N/A

If renovations were completed/in progress, was prior written approval obtained from HHS?

Yes No N/A (**Note:** If "No," provide a detailed description of the renovations completed to HHS.)

Are there plans to renovate the facility within the next 12 months?

Yes No N/A (**Note:** If "Yes," provide a detailed construction plan and milestones (Gantt Chart), and funding sources, for HHS review and approval prior to commencing renovations.)

PROPERTY SPECIFIC QUESTIONS (Continued)

Are all utilities acquired with the transfer being utilized?

Yes No N/A (**Note:** If "No," provide an explanation.)

Has there been any reported discrimination complaints filed in the past year?

Yes No N/A (**Note:** If "Yes," provide all case documents relevant to complaint to HHS.)

Have there been any incidents during the reporting period which would have the potential to affect the value of the transferred property and/or expose Transferee and/or the federal government to liability?

Yes No N/A (**Note:** If "Yes," provide detailed description of the incident, including information related to the results of any investigation and any programmatic changes undertaken in response.)

ABILITY TO FINANCE AND OPERATE

Operating Budget

The operating budget this reporting period was:

The operating budget last reporting period was:

BUDGETARY CHANGES

Is there a significant change in the operating budget compared to the last reporting period?

Yes No (**Note:** If "Yes," provide a detailed reason for the change on a separate sheet.)

PROGRAM STAFFING

Identify the number and positions of staff members currently employed on the transferred property.

STAFF LEVELS

Is there a significant change in staffing compared to the last reporting period?

Yes No (**Note:** If "Yes," provide an explanation for the change on a separate sheet)

FACILITY UTILIZATION AND CLIENTELE DEMOGRAPHICS

Please provide the following information concerning the number of unduplicated clients served on the transferred property during the reporting period.

FACILITY UTILIZATION

Number Emergency Shelter Beds

Number Transitional Housing Beds

Total Number of Shelter Nights Provided

Number Permanent Supportive Housing Beds

Total Units of Occupied Housing

SERVICES PROVIDED (Check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> Perm Supt Housing | <input type="checkbox"/> Food Dist/Meals |
| <input type="checkbox"/> Clothing/Goods | <input type="checkbox"/> Education | <input type="checkbox"/> Child Care | <input type="checkbox"/> Referral Services |
| <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Medical | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Case Management |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Dental | <input type="checkbox"/> Job Skills Training | <input type="checkbox"/> Independent Living Skills |
| <input type="checkbox"/> Administrative Offices | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Supportive Services | <input type="checkbox"/> Other (Specify) |
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CLIENTELE DEMOGRAPHICS (Enter yearly total numbers of unduplicated clients served)

Adults (≥18)	Minors (<18)
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Household Types

Two-Parent Households	Single Female Households	Single Male Households
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Other Categories of Interest

Disabled (non-Veteran)	Disabled Veterans	Veterans	Victims of Domestic Violence	Individuals
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RACE DEMOGRAPHICS

American Indian/Alaskan Native	Asian	Black/African American	Native Hawaiian/Pacific Islander
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White	Multiracial
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ETHNICITY

Hispanic/Latino	Non-Hispanic/Non-Latino
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DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION CERTIFICATION

The transferee certifies, by submission of this AUR, that it has not and will not discriminate on the basis of race, color, national origin, religion, sex, age, familial status, or handicap in the use of the property, and will maintain the records required to demonstrate compliance with all applicable Federal law including the following: section 606 of the Federal Property and Administrative Services Act of 1949; the Fair Housing Act (42 U.S.C. § 3601-19); Executive Order 11063 (Equal Opportunity in Housing), as applicable; Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d to d-4) (Nondiscrimination in Federally Assisted Programs); Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681); the prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. § 6101-07) and implementing regulations; and the prohibitions against otherwise qualified individuals with handicaps under Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794); the Architectural Barriers Act Accessibility Standards (ABAAS) (36 CFR 1191, Appendices C and D); Section 5 of Executive Order 13950 (Combating Sex and Race Stereotyping); and all other implementing regulations for the above listed statutes.

Where the transferee is unable to attest to the statements in this certification, it must state such and include an explanation.

SIGNATURE INSTRUCTIONS

If applicable (refer to the deed covenant concerning lead-based paint), the Transferee must certify, by signature of this report, that during occupancy of the property, monitoring and on going lead-based paint maintenance activities have been performed in accordance with 24 C.F.R. §35.1355, including the provision to occupants of the Notice of Completion of Lead-Based Paint Hazard Abatement describing the work done and the results of the clearance.

Please attach to this report evidence that the transferred property is insured. Generally, this is accomplished by submitting a Certificate of Insurance. Please be sure the proof of insurance provided indicates that the policy is current and has not expired. Also, if Transferee is self-insured, please provide appropriate documentation.

The Transferee must certify by signature below that the foregoing is true and correct to the best of his/her knowledge, information, and belief. Please note that the report must be signed and dated by the individual designated in the Resolution which authorized the acquisition of this property, or his/her successor in function.

Please attach to this report photographs of the property, including interior and exterior photographs of all buildings/facilities. The photographs should capture the physical condition of the property and illustrate that the property is in use, if applicable.

Signature of Authorized Representative	Date (mm/dd/yyyy)
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ANNUAL UTILIZATION REPORT (AUR) SUBMISSION INSTRUCTIONS

There are two (2) options available for the submission of your completed AUR.

1. Scan the signed AUR and email it with proof of insurance and supporting documentation (if applicable) to rpb@psc.hhs.gov.
2. Mail the signed AUR with proof of insurance and supporting documentation (if applicable) to:

Federal Real Property Assistance Program
Program Support Center
7700 Wisconsin Avenue, Suite 8216
Bethesda, MD 20814

Please note, electronic submission is preferred. Should you have any questions concerning the reporting requirement or the requested information, please call the Federal Real Property Assistance Program at (301) 443-2265 or send an email to rpb@psc.hhs.gov .
