Harris County Community Services Department
PY 2011 HPRP Project Status Report

Subrecipient/ Project #:		**Prepared by:**	
Project Title:		**Date:**	
Reporting Month:	18 YTD thru Mar-11 (Select Reporting Month) 20	**Telephone & Email:**	
Grant Type:	HPRP	**Report Type:**	Original X Revised

	(a) Contract Goal	(b) Current Reporting Period	(c) # of persons at or below 50% AMI	(d) % at or below 50% AMI	(e) Previous Periods YTD Total	(f) New YTD (b+e)	(g) % of contract goal (f/a)	(h) % of contract time elapsed	HCCSD OHCD Office Use Only	Explanation required if not on target on % of contract goal year-to-date.
# of Unduplicated Persons (New Clients)				#DIV/0!		0	#DIV/0!	53%		Subrecipient's Note to CSD:
Deliverable No. 1 Homeless Prevention Activity										
# of Persons						0	#DIV/0!	53%		
Amount of Assistance this month		$0.00			$0.00	$0.00				
Deliverable No. 2 Homeless Assistance/Rapid Re-Housing Activity										
# of Persons						0	#DIV/0!	53%		
Amout of Assistance this month		$0.00			$0.00	$0.00				