

2024 Close Out Form | Housing Stability and Eviction Diversion

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| Date: | |
| Agency Name: | |
| HSED Grant Number: | |
| Grant Award Amount: | |

Program Information:

- Total number of Households served using HSED funds:** _____
(Case Management, Legal Services and Eviction Relief from January 1, 2024 - December 31, 2024)
- Average (estimated) number of days from intake to Eviction Relief payment:** _____
If your agency did not provide Eviction Relief assistance, please answer "N/A."
- Total dollar amount of HSED funds utilized in 2024:** \$ _____

Grantee Feedback

- Please provide a short narrative detailing your agencies' primary use of HSED 2024 funds.

- Please provide your agencies' feedback on the HSED program, including eligible uses of funds, processes, reporting, etc.