

Regional Mobility (Month) Report

I. Voucher Holder Recruitment

(Offeror) held (number) (name of event) at (location). The (name of event) was advertised through (type of advertising) and focused on (describe the event). Copies of the (press release/website posting/advertisement/letter) are attached to this report.

Name of Event	Description	Location	Date	Advertised	Attendance

Throughout (month), (number) Voucher Holders attended these events. The following Voucher Holders attended these events:

Name	Telephone No.	Current Zip Code	Name of Event

II. Landlord Recruitment

(Offeror) held (number) (name of event) at (location). The (name of event) was advertised through (type of advertising) and focused on (describe the event). Copies of the (press release/website posting/advertisement/letter) are attached to this report.

Name of Event	Description	Location	Date	Advertised	Attendance

Throughout (month), (number) Landlords attended these events. The following Landlords attended these events:

Name	Telephone No.	Property Zip Code	Name of Event

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III. Regional Mobility Outreach and Awareness

(Offeror) staff attended (number) (name of event) at (location). The (name of event) was hosted by (name) and focused on (describe the event).

Name of Event	Description	Hosted by	Contact Information	Date

Additionally, (Offeror) staff directly contacted the following rental properties:

Name	Telephone No.	Property Zip Code	Purpose of Contact

IV. Pre-counseling Services

(Offeror) staff provided pre-counseling services to (number) Voucher Holders. These pre-counseling services include: (name/describe).

Name	Telephone No.	Current Zip Code	Services Provided

V. Vacancy Referrals

(Offeror) staff provided (number) vacancy referrals to (number) Voucher Holders. As a result, (number) Voucher Holders have leased units.

Name	Telephone No.	Property	Zip Code	Leased?

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VI. Post-counseling

(Offeror) staff provided post-counseling services to (number) Voucher Holders. These post-counseling services include: (name/describe).

Name	Telephone No.	Current Zip Code	Services Provided

VII. Summary

During (month), (Offeror) (brief summary- include details regarding follow up efforts and outstanding issues).

This report was prepared by (name) and submitted to CMHA on (date).

Signature

Date