Housing Opportunities for Persons with AIDS (HOPWA) Program

Consolidated Annual Performance and Evaluation Report (CAPER) Measuring Performance Outcomes

OMB Number 2506-0133 (Expiration Date: 10/31/2014)

The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. The public reporting burden for the collection of information is estimated to average 42 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

Overview. The Consolidated Annual Performance and Evaluation Report (CAPER) provides annual performance reporting on client outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The CAPER, in conjunction with the Integrated Disbursement Information System (IDIS), fulfills statutory and regulatory program reporting requirements and provides the grantee and HUD with the necessary information to assess the overall program performance and accomplishments against planned goals and objectives.

HOPWA formula grantees are required to submit a CAPER, and complete annual performance information for all activities undertaken during each program year in the IDIS, demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER and IDIS data to obtain essential information on grant activities, project sponsors, Subrecipient organizations, housing sites, units and households, and beneficiaries (which includes racial and ethnic data on program participants). The Consolidated Plan Management Process tool (CPMP) provides an optional tool to integrate the reporting of HOPWA specific activities with other planning and reporting on Consolidated Plan activities.

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Continued Use Periods. Grantees that received HOPWA funding for new construction, acquisition, or substantial rehabilitations are required to operate their facilities for HOPWA-eligible beneficiaries for a ten (10) years period. If no further HOPWA funds are used to support the facility, in place of completing Section 7B of the CAPER, the grantee must submit an Annual Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 6 in CAPER. The required use period is three (3) years if the rehabilitation is non-substantial.

In connection with the development of the Department's standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor/subrecipient records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, and Housing Status or Destination at the end of the operating year. Other suggested but optional elements are: Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Date of Contact, Date of Engagement, Financial Assistance, Housing Relocation & Stabilization Services, Employment, Education, General Health Status, , Pregnancy Status, Reasons for Leaving, Veteran's Information, and Children's Education. Other HOPWA projects sponsors may also benefit from collecting these data elements.

Final Assembly of Report. After the entire report is assembled, please number each page sequentially.

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: at HOPWA@hud.gov. Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C.

Record Keeping. Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. **In the case that HUD must review client level data, no client names or identifying information will be retained or recorded. Information is reported in aggregate to HUD without personal identification. Do not submit client or personal information in data systems to HUD.**

Definitions

Adjustment for Duplication: Enables the calculation of unduplicated output totals by accounting for the total number of households or units that received more than one type of HOPWA assistance in a given service category such as HOPWA Subsidy Assistance or Supportive Services. For example, if a client household received both TBRA and STRMU during the operating year, report that household in the category of HOPWA Housing Subsidy Assistance in Part 3, Chart 1, Column [1b] in the following manner:

HOPWA Housing Subsidy Assistance		[1] Outputs: Number of Households
1.	Tenant-Based Rental Assistance	69
2a.	**Permanent Housing Facilities:** Received Operating Subsidies/Leased units	0
2b.	**Transitional/Short-term Facilities:** Received Operating Subsidies	0
3a.	**Permanent Housing Facilities:** Capital Development Projects placed in service during the operating year	0
3b.	**Transitional/Short-term Facilities:** Capital Development Projects placed in service during the operating year	0
4.	Short-term Rent, Mortgage, and Utility Assistance	0
5.	**Adjustment for duplication**	0

	(subtract)	
6.	**TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)**	69

Administrative Costs: Costs for general management, oversight, coordination, evaluation, and reporting. By statute, grantee administrative costs are limited to 3% of total grant award, to be expended over the life of the grant. Project sponsor administrative costs are limited to 7% of the portion of the grant amount they receive.

Beneficiary(ies): All members of a household who received HOPWA assistance during the operating year including the one individual who qualified the household for HOPWA assistance as well as any other members of the household (with or without HIV) who benefitted from the assistance.

Central Contractor Registration (CCR): The primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions, including Federal agency contract and assistance awards. Both current and potential federal government registrants (**grantees)** are required to register in CCR in order to be awarded contracts by the federal government. Registrants must update or renew their registration at least once per year to maintain an active status. Although recipients of direct federal contracts and grant awards have been required to be registered with CCR since 2003, this requirement is now being extended to indirect recipients of federal funds with the passage of ARRA (American Recovery and Reinvestment Act). Per ARRA and FFATA (Federal Funding Accountability and Transparency Act) federal regulations, all **grantees** and sub-grantees or subcontractors receiving federal grant awards or contracts must have a DUNS (Data Universal Numbering System) Number.

Chronically Homeless Person: An individual or family who : (i) is homeless and lives or resides individual or family who: (i) Is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions. Additionally, the statutory definition includes as chronically homeless a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days if such person met the other criteria for homeless prior to entering that facility. (See 42 U.S.C. 11360(2))This does not include doubled-up or overcrowding situations.

Disabling Condition: Evidencing a diagnosable substance use disorder, serious mental illness, developmental disability, chronic physical illness, or disability, including the co-occurrence of two or more of these conditions. In addition, a disabling condition may limit an individual's ability to work or perform one or more activities of daily living. An HIV/AIDS diagnosis is considered a disabling condition.

Facility-Based Housing Assistance: All eligible HOPWA Housing expenditures for or associated with supporting facilities including community residences, SRO dwellings, short-term facilities, project-based rental units, master leased units, and other housing facilities approved by HUD.

Faith-Based Organization: Religious organizations of three types: (1) congregations; (2) national networks, which include national denominations, their social service arms (for example, Catholic Charities, Lutheran Social Services), and networks of related organizations (such as YMCA and YWCA); and (3) freestanding religious organizations, which are incorporated separately from congregations and national networks.

Grassroots Organization: An organization headquartered in the local community where it provides services; has a social services budget of $300,000 or less annually, and six or fewer full-time equivalent employees. Local affiliates of national organizations are not considered "grassroots."

HOPWA Eligible Individual: The one (1) low-income person with HIV/AIDS who qualifies a household for HOPWA assistance. This person may be considered "Head of Household." When the CAPER asks for information on eligible individuals, report on this individual person only. Where there is more than one person with HIV/AIDS in the household, the additional PWH/A(s), would be considered a beneficiary(s).

HOPWA Housing Information Services: Services dedicated to helping persons living with HIV/AIDS and their families to identify, locate, and acquire housing. This may also include fair housing counseling for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap/disability. .

HOPWA Housing Subsidy Assistance Total: The unduplicated number of households receiving housing subsidies (TBRA, STRMU, Permanent Housing Placement services and Master Leasing) and/or residing in units of facilities dedicated to persons living with HIV/AIDS and their families and supported with HOPWA funds during the operating year.

Household: A single individual or a family composed of two or more persons for which household incomes are used to determine eligibility and for calculation of the resident rent payment. The term is used for collecting data on changes in income, changes in access to services, receipt of housing information services, and outcomes on achieving housing stability. Live-In Aides (see definition for Live-In Aide) and non-beneficiaries (e.g. a shared housing arrangement with a roommate) who resided in the unit are not reported on in the CAPER.

Housing Stability: The degree to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year. See *Part 5: Determining Housing Stability Outcomes* for definitions of stable and unstable housing situations.

In-kind Leveraged Resources: These involve additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. The actual value of the support can be the contribution of professional services, based on customary rates for this specialized support, or actual costs contributed from other leveraged resources. In determining a rate for the contribution of volunteer time and services, use the rate established in HUD notices, such as the rate of ten dollars per hour. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

Leveraged Funds: The amount of funds expended during the operating year from non-HOPWA federal, state, local, and private sources by grantees or sponsors in dedicating assistance to this client population. Leveraged funds or other assistance are used directly in or in support of HOPWA program delivery.

Live-In Aide: A person who resides with the HOPWA Eligible Individual and who meets the following criteria: (1) is essential to the care and well-being of the person; (2) is not obligated for the support of the person; and (3) would not be living in the unit except to provide the necessary supportive services. *See the Code of Federal Regulations Title 24, Part 5.403 and the HOPWA Grantee Oversight Resource Guide for additional reference.*

Master Leasing: Applies to a nonprofit or public agency that leases units of housing (scattered-sites or entire buildings) from a landlord, and subleases the units to homeless or low-income tenants. By assuming the tenancy burden, the agency facilitates housing of clients who may not be able to maintain a lease on their own due to poor credit, evictions, or lack of sufficient income.

Operating Costs: Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing

function and operation costs like utilities, maintenance, equipment, insurance, security, furnishings, supplies and salary for staff costs directly related to the housing project but not staff costs for delivering services.

Outcome: The degree to which the HOPWA assisted household has been enabled to establish or maintain a stable living environment in housing that is safe, decent, and sanitary, (per the regulations at 24 CFR 574.310(b)) and to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support.

Output: The number of units of housing or households that receive HOPWA assistance during the operating year.

Permanent Housing Placement: A supportive housing service that helps establish the household in the housing unit, including but not limited to reasonable costs for security deposits not to exceed two months of rent costs.

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income for state and local governments at 24 CFR 85.25, or for non-profits at 24 CFR 84.24.

Project-Based Rental Assistance (PBRA): A rental subsidy program that is tied to specific facilities or units owned or controlled by a project sponsor or Subrecipient. Assistance is tied directly to the properties and is not portable or transferable**.**

Project Sponsor Organizations: Any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to provide eligible housing and other support services or administrative services as defined in 24 CFR 574.300. Project Sponsor organizations are required to provide performance data on households served and funds expended. Funding flows to a project sponsor as follows:

HUD Funding → Grantee → Project Sponsor

Short-Term Rent, Mortgage, and Utility (STRMU) Assistance: A time-limited, housing subsidy assistance designed to prevent homelessness and increase housing stability. Grantees may provide assistance for up to 21 weeks in any 52 week period. The amount of assistance varies per client depending on funds available, tenant need and program guidelines.

Stewardship Units: Units developed with HOPWA, where HOPWA funds were used for acquisition, new construction and rehabilitation that no longer receive operating subsidies from HOPWA. Report information for the units is subject to the three-year use agreement if rehabilitation is non-substantial and to the ten-year use agreement if rehabilitation is substantial.

Subrecipient Organization: Any organization that receives funds from a project sponsor to provide eligible housing and other support services and/or administrative services as defined in 24 CFR 574.300. If a subrecipient organization provides housing and/or other supportive services directly to clients, the subrecipient organization must provide performance data on household served and funds expended. Funding flows to subrecipients as follows:

HUD Funding → Grantee → Project Sponsor → Subrecipient

Tenant-Based Rental Assistance (TBRA): TBRA is a rental subsidy program similar to the Housing Choice Voucher program that grantees can provide to help low-income households access affordable housing. The TBRA voucher is not tied to a specific unit, so tenants may move to a different unit without losing their assistance, subject to individual program rules. The subsidy amount is determined in part based on household income and rental costs associated with the tenant's lease.

Transgender: Transgender is defined as a person who identifies with, or presents as, a gender that is different from his/her gender at birth.

Veteran: A veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

Housing Opportunities for Person with AIDS (HOPWA)
Consolidated Annual Performance and Evaluation Report (CAPER)
Measuring Performance Outputs and Outcomes

OMB Number 2506-0133 (Expiration Date: 10/31/2014)

Part 1: Grantee Executive Summary

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of $25,000 or greater that assists grantees or project sponsors carrying out their administrative or evaluation activities. In Chart 4, indicate each subrecipient organization with a contract/agreement to provide HOPWA-funded services to client households. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

***Note**: Please see the definition section for distinctions between project sponsor and subrecipient.*

***Note**: If any information does not apply to your organization, please enter N/A. Do not leave any section blank.*

1. Grantee Information

HUD Grant Number COH10F999 and COH11F999		**Operating Year for this report** ***From (mm/dd/yy)*** 04/01/2011 ***To (mm/dd/yy)*** 03/31/2012		
Grantee Name State of Colorado				
Business Address	1313 Sherman St., Room 500			
City, County, State, Zip	Denver	Denver	CO	80203
Employer Identification Number (EIN) or Tax Identification Number (TIN)				
DUN & Bradstreet Number (DUNs):		**Central Contractor Registration (CCR):** **Is the grantee's CCR status currently active?** ☒ **Yes** ☐ **No** **If yes, provide CCR Number:**		
***Congressional District of Grantee's Business Address**	1			
***Congressional District of Primary Service Area(s)**				
***City(ies) and County(ies) of Primary Service Area(s)**	**Cities:**	**Counties:**		
Organization's Website Address www.Colorado.gov/DOLA		**Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area?** ☒ Yes ☐ No **If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.**		

*** Service delivery area information only needed for program activities being directly carried out by the grantee.**

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households. These elements address requirements in the Federal Financial Accountability and Transparency Act of 2006 (Public Law 109-282).

Note: *Please see the definitions for distinctions between project sponsor and subrecipient.*

Note: *If any information does not apply to your organization, please enter N/A.*

Project Sponsor Agency Name Northern Colorado AIDS Project Southern Colorado AIDS Project Western Colorado AIDS Project		**Parent Company Name, *if applicable*** Colorado Health Network, Inc. DBA Colorado AIDS Project	
Name and Title of Contact at Project Sponsor Agency	Robert George, DCAP Regional Director Tracie Smith, DCAP Housing and Resources Manager		
Email Address	robertg@DenverCAP.org tracies@DenverCAP.org		
Business Address	**2490 W. 26th Ave. #300A**		
City, County, State, Zip,	Denver, CO 80211		
Phone Number *(with area code)*	303-837-1501		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	84-0961159	**Fax Number (with area code)** 303-837-0388	
DUN & Bradstreet Number (DUNs):	149553331		
Congressional District of Project Sponsor's Business Address	1		
Congressional District(s) of Primary Service Area(s)	**3,4,5**		
City(ies) and County(ies) of Primary Service Area(s)	**Counties: Larimer, Weld, Morgan, Logan, Phillips, Washington, Yuma, Sedgwick, El Paso, Custer, Lincoln, Crowley, Chaffee, Sagauche, Alamosa, Kit Carson, Huerfano, Mineral, Otero, Kiowa, Fremont, Rio Grande, Bent, Baca, Conejos, Costilla, Prowers, Las Animas, Cheyenne, Pueblo, Teller, Archuletta, Delta, Delores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, and Summit.**		
Total HOPWA contract amount for this Organization for the operating year	**$33,222.74 from 2009 grant;** **$424,707.00 from 2010 grant**	**Counties:**	
Organization's Website Address www.coloradoaidsproject.org	**Does your organization maintain a waiting list?** ☒ Yes ☐ No **If yes, explain in the narrative section how this list is administered.**		
Is the sponsor a nonprofit organization? ☒ **Yes** ☐ **No** *Please check if yes and a faith-based organization.* ☐ *Please check if yes and a grassroots organization.* ☐			

Project Sponsor Agency Name **Boulder County AIDS Project**		**Parent Company Name, *if applicable*** None		
Name and Title of Contact at Project Sponsor Agency	Ana Hopperstadt, Executive Director			
Email Address	**ana@bcap.org**			
Business Address	**2118 14th St.**			
City, County, State, Zip,	Boulder, CO 80302			
Phone Number *(with area code)*	303-444-6121			
Employer Identification Number (EIN) or Tax Identification Number (TIN)	74-2442032	**Fax Number (with area code)** 303-444-0260		
DUN & Bradstreet Number (DUNs):	845731454			
Congressional District of Project Sponsor's Business Address	2,4			
Congressional District(s) of Primary Service Area(s)	**2,4**			
City(ies) and County(ies) of Primary Service Area(s)	**Boulder, Broomfield**			
Total HOPWA contract amount for this Organization for the operating year		**Counties:**		
Organization's Website Address www.coloradoaidsproject.org	**Does your organization maintain a waiting list?** ☒ Yes ☐ No **If yes, explain in the narrative section how this list is administered.**			
Is the sponsor a nonprofit organization? ☒ **Yes** ☐ **No** *Please check if yes and a faith-based organization.* ☐ *Please check if yes and a grassroots organization.* ☐		**Does your organization maintain a waiting list?** ☐ Yes ☐ No **If yes, explain in the narrative section how this list is administered.**		

3. Administrative Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of $25,000 or greater that assists project sponsors to carry out their administrative services but no services directly to client households. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Note: *Please see the definitions for distinctions between project sponsor and subrecipient.*

Note: *If any information does not apply to your organization, please enter N/A.*

Subrecipient Name	Colorado Health Network, Inc DBA Colorado AIDS Project		**Parent Company Name, *if applicable***	
Name and Title of Contact at Subrecipient	Ruth Pederson, Chief Operating Officer			
Email Address	ruthp@coloradoaidsproject.org			
Business Address	2490 W. 26th Ave. Ste. 300A			
City, State, Zip, County	Denver	CO	80211	USA
Phone Number (with area code)	303-837-1510		**Fax Number (include area code)** 303-837-0388	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	84-0961159			
DUN & Bradstreet Number (DUNs):	149553331			
North American Industry Classification System (NAICS) Code				
Congressional District of Subrecipient's Business Address	1st			
Congressional District of Primary Service Area	1st			
City (ies) and County (ies) of Primary Service Area(s)	**Cities: Denver, Aurora, Littleton, Lakewood, Centennial, Aravada, Wheatridge, Westminster, Castle Rock, Northglenn, Thronton**		**Counties: Denver, Arapahoe, Adams, Jefferson, Douglas, Broomfield**	
Total HOPWA Subcontract Amount of this Organization for the operating year	$20353.49			

4. Program Subrecipient Information

Complete the following information for each subrecipient organization providing HOPWA-funded services to client households. These organizations would hold a contract/agreement with a project sponsor(s) to provide these services. For example, a subrecipient organization may receive funds from a project sponsor to provide nutritional services for clients residing within a HOPWA facility-based housing program. Please note that subrecipients who work directly with client households must provide performance data for the grantee to include in Parts 2-7 of the CAPER.

***Note**: Please see the definition of a subrecipient for more information.*

***Note:** Types of contracts/agreements may include: grants, sub-grants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders.*

***Note**: If any information is not applicable to the organization, please report N/A in the appropriate box. Do not leave boxes blank.*

Sub-recipient Name		**Parent Company Name, *if applicable***		
Name and Title of Contact at Contractor/ Sub-contractor Agency				
Email Address				
Business Address				
City, County, State, Zip				
Phone Number (included area code)		**Fax Number (include area code)**		
Employer Identification Number (EIN) or Tax Identification Number (TIN)				
DUN & Bradstreet Number (DUNs)				
North American Industry Classification System (NAICS) Code				
Congressional District of the Sub-recipient's Business Address				
Congressional District(s) of Primary Service Area				
City(ies) and County(ies) of Primary Service Area	**Cities:**	**Counties:**		
Total HOPWA Subcontract Amount of this Organization for the operating year				

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

Provide a one to three page narrative summarizing major achievements and highlights that were proposed and completed during the program year. Include a brief description of the grant organization, area of service, the name(s) of the program contact(s), and an overview of the range/type of housing activities provided. This overview may be used for public information, including posting on HUD's website. ***Note**: Text fields are expandable.*

Southern Colorado AIDS Project (SCAP), Northern Colorado AIDS Project (NCAP) and Western Colorado AIDS Project (WestCAP) merged with Denver Colorado AIDS Project (DCAP) this year, and all are now part of Colorado Health Network. Inc, dba Colorado AIDS Project (CAP). Boulder County AIDS Project (BCAP), while not part of the merger, continued to take part in the HOPWA CHAMP program and CAP continued as project administrative subrecipient. The merged organization, along with BCAP, provides CHAMP assistance to all counties associated with the balance of the state outside of DCAP's eligible metropolitan service area (EMSA). These statewide counties include: Boulder, Larimer, Weld, Morgan, Logan, Phillips, Washington, Yuma, Sedgwick, El Paso, Custer, Lincoln, Crowley, Chaffee, Sagauche, Alamosa, Kit Carson, Huerfano, Mineral, Otero, Kiowa, Fremont, Rio Grande, Bent, Baca, Conejos, Costilla, Prowers, Las Animas, Cheyenne, Pueblo, Teller, Archuletta, Delta, Delores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Lake, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, and Summit.

SCAP Program Contact: Richard Blair, Regional Director
Sandra Dunlap, Medical Case Manager/HOPWA Coordinator

NCAP Program Contact: Jeff Basinger, Regional Director
Jennifer Case, Client Services Director

WCAP Program Contact: Mary Beth Luedtke, Regional Director
Martha Monroe, Lead Case Manager/HOPWA Coordinator

BCAP Program Contact: Ana Hopperstad, Executive Director
Conlaodh Guy, Bilingual Medical Case Manager/HOPWA Coordinator

Supportive services included: housing counseling, medical case management including linkage to care, adherence counseling, risk reduction counseling, employment and self-sufficiency/budgeting assistance, and benefits navigation. All clients in the HOPWA CHAMP subsidy program received on-going bio-psycho-social assessments of need, creation of a treatment plan with related referrals to agency and community resources, and on-going support. Each housing client developed a permanent housing plan with their case manager and were required to apply for other permanent housing programs (i.e. Section 8) when available.

b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

1. Outputs Reported. Describe significant accomplishments or challenges in achieving the number of housing units supported and the number households assisted with HOPWA funds during this operating year compared to plans for this assistance, as approved in the Consolidated Plan/Action Plan. Describe how HOPWA funds were distributed during your program year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.

Historically, we have been able use this grant to provide permanent housing (PH) assistance, along with short term mortgage, rent and utility (STRMU) assistance. However, due to increasing rental costs and limited funded, statewide CAP agencies and BCAP chose to transfer all available funding directly into tenant based rental assistance (TBRA) subsidies and supportive services. This year 69 households received ongoing subsidy assistance and all participants received wrap around supportive services.

2. Outcomes Assessed. Assess your program's success in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and improve access to care. Compare current year results

to baseline results for clients. Describe how program activities/projects contributed to meeting stated goals. If program did not achieve expected targets, please describe how your program plans to address challenges in program implementation and the steps currently being taken to achieve goals in next operating year. If your program exceeded program targets, please describe strategies the program utilized and how those contributed to program successes.

It is the goal of this program to assist clients in obtaining and maintaining permanent, affordable and safe/sanitary housing. Stable housing is critical for clients when it comes to accessing and staying engaged in medical care. At year end, 58 clients maintained stable housing on this program, and continue to receive supportive services appropriate to their needs. While funding limitations are always present the participating agencies have made a priority of connecting participants with other housing opportunities, in order to maximize their ability to help as many participants as possible with a dwindling budget. 11 participants transitioned off of the program. Seven of these participants ultimately received local Section 8 Housing Choice Vouchers, or other subsidies, 3 participants were able to move into private housing, and 1 participant disconnected from service without further contact.

3. Coordination. Report on program coordination with other mainstream housing and supportive services resources, including the use of committed leveraging from other public and private sources that helped to address needs for eligible persons identified in the Consolidated Plan/Strategic Plan.

Each participating agency partners with local housing authorities and landlord's to offer participants as many stable housing options as possible. Throughout the year, each agency strongly encourages or requires participants to apply for any and all housing opportunities that are appropriate, including Section 8 HCV vouchers, Project-Based Section 8. sliding-scale tax credit properties and other affordable housing options. Medical Case Managers/HOPWA Coordinators work one-on-one with participants to navigate the application processes and advocate on their behalf with any and all community housing organizations.

4. Technical Assistance. Describe any program technical assistance needs and how they would benefit program beneficiaries.

While DCAP staff routinely provides technical assistance to the statewide CHAMP HOPWA agencies, we could always benefit from additional HUD sponsored trainings and on-going updates pertaining to any changes to the HOPWA program at the federal level. Additional information pertaining to other federally funded housing opportunities is always welcome and much needed, especially in the state's rural areas where safe and affordable housing is scarce and participants have difficulty utilizing their subsidies due to Fair Market Rent restrictions.

c. Barriers and Trends Overview

Provide a narrative addressing items 1 through 3. Explain how barriers and trends affected your program's ability to achieve the objectives and outcomes discussed in the previous section.

1. Describe any barriers (including regulatory and non-regulatory) encountered in the administration or implementation of the HOPWA program, how they affected your program's ability to achieve the objectives and outcomes discussed, and, actions taken in response to barriers, and recommendations for program improvement. Provide an explanation for each barrier selected.

HOPWA regulations pertaining to initial one-year term leases can be problematic for participants. Potential landlords are often uncomfortable signing a one-year, or even a 6-month (if that is the prevailing trend in the community), lease with someone who has little to no income, despite their program participation and likely on-going subsidy. Many local landlords have had negative experiences with previous subsidy programs and are hesitant to engage in rental agreements with low-income tenants. As a result, participating agencies spend a lot of time advocating on behalf of their clients and explaining the program to landlords without compromising confidentiality.

☑ HOPWA/HUD Regulations	☐ Planning	☑ Housing Availability	☑ Rent Determination and Fair Market Rents
☑ Discrimination/Confidentiality	☑ Multiple Diagnoses	☐ Eligibility	☐ Technical Assistance or Training
☑ Supportive Services	☑ Credit History	☑ Rental History	☑ Criminal Justice History
☑ Housing Affordability	☐ Geography/Rural Access	☐ Other, please explain further	

Due to increased funding limitations, all agencies had to be prudent when considering moving people off their waitlists and into housing. Unfortunately, this resulted in extensive waitlists and very little movement onto the

program, even though several participants moved off of the program. Increasing local rental rates, specifically in the resort areas, along with a shortage of affordable housing options, have made it difficult to find suitable units within the published Fair Market Rents (FMR's). In some cases, given the disabled population we work with exclusively, 110% of HUD published FMR is being used as the payment standard, or statewide agencies are defaulting to their local Housing Authority FMR's, which are often permitted a locality exception increase in FMR by HUD.

From a supportive services perspective, it is always challenging assisting clients with multiple diagnosis, and often some criminal history in their past. When coupled with poor credit and rental history, finding suitable housing can be difficult. Medical Case Managers (MCM) and HOPWA Coordinators work diligently to assist clients with budgeting and cleaning up their financial background, as well as providing supportive documentation to landlords regarding successes in overcoming and addressing previous criminal background and/or substance abuse issues. Additionally, program participants routinely work on developing wellness plans with their MCM's to ensure that all appropriate referrals to mental health, patient advocates, medical providers, workforce centers, and other community resources continue to be made as participant needs change.

2. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population.

Trends in the community affecting people living with HIV/AIDS are very similar to those faced by individuals and families across the country. With the continued increase in cost of living, and the lack of available jobs, it is difficult for our clients to secure gainful employment sufficient enough to support their households. More and more HIV+ individuals and their families, especially in the rural and resort areas, are at an extreme risk of increased poverty, marginalization and homelessness. In the non-metro areas of the state there is a definite lack of mass transit options, making it difficult for HIV+ individuals/families to get to and from their home to engage in medical care, employment, and other supportive services. Despite our best efforts to create resource lists and a referral safety net for our clients, other community based organizations and human service agencies are feeling the financial crunch as well. In the end, those living with or affected by HIV/AIDS in our communities still face an abundance of unmet needs such as transportation, job readiness training, education, housing/utility assistance, and the need for on-going supportive services. With the aging of our population we anticipate a need for specialized assisted living and long-term care. At present, these resources do not exist. Further development of a plan to address the needs of aging clients and their families is critical.

3. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.

Reports on the CHAMP program statistics and expenditures are compiled and submitted on a monthly basis. Quarterly reports are also provided to the Colorado Department of Local Affairs. Financial audits are performed regularly and each agency submits IRS 990 forms, as required. These are reports are available to the public. Additionally, several agencies participate in community outreach forums to educate interested citizens about the services they offer, including the HOPWA program.

Regional/Executive Directors at all agencies respond to public queries pertaining to HOPWA and other agency programs, as appropriate.

d. Unmet Housing Needs: An Assessment of Unmet Housing Needs

In Chart 1, provide an assessment of the number of HOPWA-eligible households that require HOPWA housing subsidy assistance but are not currently served by any HOPWA-funded housing subsidy assistance in this service area.

In Row 1, report the total unmet need of the geographical service area, as reported in *Unmet Needs for Persons with HIV/AIDS*, Chart 1B of the Consolidated or Annual Plan(s), or as reported under HOPWA worksheet in the Needs Workbook of the Consolidated Planning Management Process (CPMP) tool.
Note: *Report most current data available, through Consolidated or Annual Plan(s), and account for local housing issues, or changes in HIV/AIDS cases, by using combination of one or more of the sources in Chart 2.*

If data is collected on the type of housing that is needed in Rows a. through c., enter the number of HOPWA-eligible households by type of housing subsidy assistance needed. For an approximate breakdown of overall unmet need by type of housing subsidy assistance refer to the Consolidated or Annual Plan (s), CPMP tool or local distribution of funds. Do not include clients who are already receiving HOPWA-funded housing subsidy assistance.

Refer to Chart 2, and check all sources consulted to calculate unmet need. Reference any data from neighboring states' or municipalities' Consolidated Plan or other planning efforts that informed the assessment of Unmet Need in your service area. ***Note:*** *In order to ensure that the unmet need assessment for the region is comprehensive, HOPWA formula grantees should include those unmet needs assessed by HOPWA competitive grantees operating within the service area.*

1. Planning Estimate of Area's Unmet Needs for HOPWA-Eligible Households

1. Total number of households that have unmet housing subsidy assistance need.	5,398
2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance:	
a. Tenant-Based Rental Assistance (TBRA)	1,889
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	486
• Assistance with rental costs	486
• Assistance with mortgage payments	0
• Assistance with utility costs.	0
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	0

2. Recommended Data Sources for Assessing Unmet Need (check all sources used)

x	**= Data as reported in the area Consolidated Plan, e.g. Table 1B, CPMP charts, and related narratives**
	= Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care
	= Data from client information provided in Homeless Management Information Systems (HMIS)
	= Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need including those completed by HOPWA competitive grantees operating in the region.
	= Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted
	= Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing
	= Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g. local health department or CDC surveillance data

End of PART 1

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in the Consolidated or Annual Plan and used in the delivery of the HOPWA program and the amount of leveraged dollars. In Column [1], identify the type of leveraging. Some common sources of leveraged funds have been provided as a reference point. You may add Rows as necessary to report all sources of leveraged funds. Include Resident Rent payments paid by clients directly to private landlords. Do NOT include rents paid directly to a HOPWA program as this will be reported in the next section. In Column [2] report the amount of leveraged funds expended during the operating year. Use Column [3] to provide some detail about the type of leveraged contribution (e.g., case management services or clothing donations). In Column [4], check the appropriate box to indicate whether the leveraged contribution was a housing subsidy assistance or another form of support.
***Note**: Be sure to report on the number of households supported with these leveraged funds in Part 3, Chart 1, Column d.*

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance	$56,585	Financial Assistance	☐Housing Subsidy Assistance ☒Other Support
Ryan White-Other	$208,364	Case Management	☐Housing Subsidy Assistance ☒Other Support
Housing Choice Voucher Program			☐Housing Subsidy Assistance ☐Other Support
Low Income Housing Tax Credit			☐Housing Subsidy Assistance ☐Other Support
HOME			☐Housing Subsidy Assistance ☐Other Support
Shelter Plus Care			☐Housing Subsidy Assistance ☐Other Support
Emergency Solutions Grant			☐Housing Subsidy Assistance ☐Other Support
Other Public:			☐Housing Subsidy Assistance ☐Other Support
Other Public:			☐Housing Subsidy Assistance ☐Other Support
Other Public:			☐Housing Subsidy Assistance ☐Other Support
Other Public:			☐Housing Subsidy Assistance ☐Other Support
Other Public:			☐Housing Subsidy Assistance ☐Other Support
Private Funding			
Grants	$16,500	Financial Assistance	☐Housing Subsidy Assistance ☒Other Support
In-kind Resources			☐Housing Subsidy Assistance ☐Other Support
Other Private:			☐Housing Subsidy Assistance ☐Other Support
Other Private:			☐Housing Subsidy Assistance ☐Other Support
Other Funding			
Grantee/Project Sponsor/Subrecipient (Agency) Cash			☐Housing Subsidy Assistance ☐Other Support
Resident Rent Payments by Client to Private Landlord			
TOTAL (Sum of all Rows)	**$281,449**		

2. Program Income and Resident Rent Payments

In Section 2, Chart A., report the total amount of program income and resident rent payments directly generated from the use of HOPWA funds, including repayments. Include resident rent payments collected or paid directly to the HOPWA program. Do NOT include payments made directly from a client household to a private landlord.

Note: *Please see report directions section for definition of program income. (Additional information on program income is available in the HOPWA Grantee Oversight Resource Guide).*

A. Total Amount Program Income and Resident Rent Payment Collected During the Operating Year

	Program Income and Resident Rent Payments Collected	Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	0
2.	Resident Rent Payments made directly to HOPWA Program	0
3.	**Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)**	0

B. Program Income and Resident Rent Payments Expended To Assist HOPWA Households

In Chart B, report on the total program income and resident rent payments (as reported above in Chart A) expended during the operating year. Use Row 1 to report Program Income and Resident Rent Payments expended on Housing Subsidy Assistance Programs (i.e., TBRA, STRMU, PHP, Master Leased Units, and Facility-Based Housing). Use Row 2 to report on the Program Income and Resident Rent Payment expended on Supportive Services and other non-direct Housing Costs.

	Program Income and Resident Rent Payment Expended on HOPWA programs	Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	0
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	0
3.	**Total Program Income Expended (Sum of Rows 1 and 2)**	0

End of PART 2

PART 3: Accomplishment Data Planned Goal and Actual Outputs

In Chart 1, enter performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families.

Note: *The total households assisted with HOPWA funds and reported in PART 3 of the CAPER should be the same as reported in the annual year-end IDIS data, and goals reported should be consistent with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1.*

1. HOPWA Performance Planned Goal and Actual Outputs

	HOPWA Performance Planned Goal and Actual	[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
	HOPWA Housing Subsidy Assistance	[1] Output: Households				[2] Output: Funding	
1.	Tenant-Based Rental Assistance	69	69	0	0	$345,278	$313.846.50
2a.	**Permanent Housing Facilities:** Received Operating Subsidies/Leased units (Households Served)	0	0	0	0	0	0
2b.	**Transitional/Short-term Facilities:** Received Operating Subsidies/Leased units (Households Served) (Households Served)	0	0	0	0	0	0
3a.	**Permanent Housing Facilities**: Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	0	0
3b.	**Transitional/Short-term Facilities:** Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	0	0
4.	Short-Term Rent, Mortgage and Utility Assistance	0	0	0	0	0	0
5.	Permanent Housing Placement Services	0	0	0	0	0	0
6.	Adjustments for duplication (subtract)	0	0	0	0		
7.	**Total HOPWA Housing Subsidy Assistance (Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)**	69	69	0	0	$345,278	$313.846.50
	Housing Development (Construction and Stewardship of facility based housing)	[1] Output: Housing Units				[2] Output: Funding	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)	0	0	0	0	0	0
9.	Stewardship Units subject to 3 or 10 year use agreements	0	0				
10.	**Total Housing Developed (Sum of Rows 78 & 9)**	0	0			0	0
	Supportive Services	[1] Output Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance	69	69			$42,688.00	$17,337.27
11b.	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.	0	0			0	0
12.	Adjustment for duplication (subtract)	0	0			0	0
13.	**Total Supportive Services (Columns a. – d. equal the sum of Rows 11 a. & b. minus Row 12; Columns e. and f. equal the sum of Rows 11a. & 11b.)**	69	69			$42,688.00	$17,337.27
	Housing Information Services	[1] Output Households				[2] Output: Funding	
14.	Housing Information Services	0	0			0	0
15.	**Total Housing Information Services**	0	0			0	0

	Grant Administration and Other Activities	[1] Output Households				[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources					0	0
17.	Technical Assistance (if approved in grant agreement)					0	0
18.	Grantee Administration (maximum 3% of total HOPWA grant)					$12,453	$10,161
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					$27,157	$23,999
20.	**Total Grant Administration and Other Activities (Sum of Rows 17 – 20)**					$39,610	$34,160

	Total Expended					[2] Outputs: HOPWA Funds Expended	
						Budget	Actual
21.	**Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)**					$427,576	$365,344

2. Listing of Supportive Services

Report on the households served and use of HOPWA funds for all supportive services. Do NOT report on supportive services leveraged with non-HOPWA funds.

Data check: *Total unduplicated households and expenditures reported in Row 17 equal totals reported in Part 3, Chart 1, Row 13.*

	Supportive Services	[1] Output: Number of Households	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance	0	0
2.	Alcohol and drug abuse services	0	0
3.	Case management	69	$17,337.27
4.	Child care and other child services	0	0
5.	Education	0	0
6.	Employment assistance and training	0	0
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310	0	0
8.	Legal services	0	0
9.	Life skills management (outside of case management)	0	0
10.	Meals/nutritional services	0	0
11.	Mental health services	0	0
12.	Outreach	0	0
13.	Transportation	0	0
14.	Other Activity (if approved in grant agreement). **Specify**:	0	0
15.	**Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)**	69	
16.	**Adjustment for Duplication (subtract)**	0	
17.	**TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)**	69	$17,337.27

3. Short-Term Rent, Mortgage and Utility Assistance (STRMU) Summary

In Row a., enter the total number of households served and the amount of HOPWA funds expended on Short-Term Rent, Mortgage and Utility (STRMU) Assistance. In Row b., enter the total number of STRMU-assisted households that received assistance with mortgage costs only (no utility costs) and the amount expended assisting these households. In Row c., enter the total number of STRMU-assisted households that received assistance with both mortgage and utility costs and the amount expended assisting these households. In Row d., enter the total number of STRMU-assisted households that received assistance with rental costs only (no utility costs) and the amount expended assisting these households. In Row e., enter the total number of STRMU-assisted households that received assistance with both rental and utility costs and the amount expended assisting these households. In Row f., enter the total number of STRMU-assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended assisting these households. In row g., report the amount of STRMU funds expended to support direct program costs such as program operation staff.

Data Check: *The total households reported as served with STRMU in Row a., column [1] and the total amount of HOPWA funds reported as expended in Row a., column [2] equals the household and expenditure total reported for STRMU in Part 3, Chart 1, Row 4, Columns b. and f., respectively.*

Data Check: *The total number of households reported in Column [1], Rows b., c., d., e., and f. equal the total number of STRMU households reported in Column [1], Row a. The total amount reported as expended in Column [2], Rows b., c., d., e., f., and g. equal the total amount of STRMU expenditures reported in Column [2], Row a.*

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of Households Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	0	0
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	0	0
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	0	0
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	0	0
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	0	0
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	0	0
g.	Direct program delivery costs (e.g., program operations staff time)		0

End of PART 3

Part 4: Summary of Performance Outcomes

In Column [1], report the total number of eligible households that received HOPWA housing subsidy assistance, by type. In Column [2], enter the number of households that continued to access each type of housing subsidy assistance into next operating year. In Column [3], report the housing status of all households that exited the program.

***Data Check**: The sum of Columns [2] (Number of Households Continuing) and [3] (Exited Households) equals the total reported in Column[1].*
***Note**: Refer to the housing stability codes that appear in Part 5: Worksheet - Determining Housing Stability Outcomes.*

Section 1. Housing Stability: Assessment of Client Outcomes on Maintaining Housing Stability (Permanent Housing and Related Facilities)

A. Permanent Housing Subsidy Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Tenant-Based Rental Assistance	69	58	1 Emergency Shelter/Streets	0	*Unstable Arrangements*
			2 Temporary Housing	0	*Temporarily Stable, with Reduced Risk of Homelessness*
			3 Private Housing	3	*Stable/Permanent Housing (PH)*
			4 Other HOPWA	0	
			5 Other Subsidy	7	
			6 Institution	0	
			7 Jail/Prison	0	*Unstable Arrangements*
			8 Disconnected/Unknown	1	
			9 Death	0	*Life Event*
Permanent Supportive Housing Facilities/ Units	0	0	1 Emergency Shelter/Streets	0	*Unstable Arrangements*
			2 Temporary Housing	0	*Temporarily Stable, with Reduced Risk of Homelessness*
			3 Private Housing	0	*Stable/Permanent Housing (PH)*
			4 Other HOPWA	0	
			5 Other Subsidy	0	
			6 Institution	0	
			7 Jail/Prison	0	*Unstable Arrangements*
			8 Disconnected/Unknown	0	
			9 Death	0	*Life Event*

B. Transitional Housing Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Transitional/ Short-Term Housing Facilities/ Units	0	0	1 Emergency Shelter/Streets	0	*Unstable Arrangements*
			2 Temporary Housing	0	*Temporarily Stable with Reduced Risk of Homelessness*
			3 Private Housing	0	*Stable/Permanent Housing (PH)*
			4 Other HOPWA	0	
			5 Other Subsidy	0	
			6 Institution	0	
			7 Jail/Prison	0	*Unstable Arrangements*
			8 Disconnected/unknown	0	
			9 Death	0	*Life Event*

B1:Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months	0

Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Housing Subsidy Assistance)

Report the total number of households that received STRMU assistance in Column [1].
In Column [2], identify the outcomes of the households reported in Column [1] either at the time that they were known to have left the STRMU program or through the project sponsor or subrecipient's best assessment for stability at the end of the operating year.
Information in Column [3] provides a description of housing outcomes; therefore, data is not required.
At the bottom of the chart:

- In Row 1a., report those households that received STRMU assistance during the operating year of this report, and the prior operating year.
- In Row 1b., report those households that received STRMU assistance during the operating year of this report, and the two prior operating years.

Data Check: *The total households reported as served with STRMU in Column [1] equals the total reported in Part 3, Chart 1, Row 4, Column b.*
Data Check*: The sum of Column [2] should equal the number of households reported in Column [1].*

Assessment of Households that Received STRMU Assistance

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
0	**Maintain Private Housing <u>without</u> subsidy** (*e.g. Assistance provided/completed and client is stable, not likely to seek additional support*)	0	*Stable/Permanent Housing (PH)*
	Other Private Housing without subsidy (e.g. client switched housing units and is now stable, not likely to seek additional support)	0	
	Other HOPWA Housing Subsidy Assistance	0	
	Other Housing Subsidy (PH)	0	
	Institution (*e.g. residential and long-term care*)	0	
	Likely that additional STRMU is needed to maintain current housing arrangements	0	*Temporarily Stable, with Reduced Risk of Homelessness*
	Transitional Facilities/Short-term (e.g. *temporary or transitional arrangement*)	0	
	Temporary/Non-Permanent Housing arrangement (*e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days*)	0	
	Emergency Shelter/street	0	*Unstable Arrangements*
	Jail/Prison	0	
	Disconnected	0	
	Death	0	*Life Event*

1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).	0
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).	0

Section 3. HOPWA Outcomes on Access to Care and Support

1a. Total Number of Households

Line [1]: For project sponsors/subrecipients that provided HOPWA housing subsidy assistance during the operating year identify in the appropriate row the number of households that received HOPWA housing subsidy assistance (TBRA, STRMU, Facility-Based, PHP and Master Leasing) and HOPWA funded case management services. Use Row c. to adjust for duplication among the service categories and Row d. to provide an unduplicated household total.

Line [2]: For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance identify in the appropriate row the number of households that received HOPWA funded case management services.

Note: *These numbers will help you to determine which clients to report Access to Care and Support Outcomes for and will be used by HUD as a basis for analyzing the percentage of households who demonstrated or maintained connections to care and support as identified in Chart 1b. below.*

Total Number of Households	
1. **For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance:** Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	69
b. Case Management	69
c. Adjustment for duplication (subtraction)	69
d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)	69
2. **For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance:** Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	
b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance	

1b. Status of Households Accessing Care and Support

Column [1]: Of the households identified as receiving services from project sponsors/subrecipients that provided HOPWA housing subsidy assistance as identified in Chart 1a., Row 1d. above, report the number of households that demonstrated access or maintained connections to care and support within the program year.

Column [2]: Of the households identified as receiving services from project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a., Row 2b., report the number of households that demonstrated improved access or maintained connections to care and support within the program year.

Note: *For information on types and sources of income and medical insurance/assistance, refer to Charts below.*

Categories of Services Accessed	**[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:**	**[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:**	**Outcome Indicator**
1. Has a housing plan for maintaining or establishing stable on-going housing	68		*Support for Stable Housing*
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	68		*Access to Support*
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	67		*Access to Health Care*
4. Accessed and maintained medical insurance/assistance	68		*Access to Health Care*
5. Successfully accessed or maintained qualification for sources of income	65		*Sources of Income*

Chart 1b., Line 4: Sources of Medical Insurance and Assistance include, but are not limited to the following (Reference only)

• MEDICAID Health Insurance Program, or use local program name • MEDICARE Health Insurance Program, or use local program name	• Veterans Affairs Medical Services • AIDS Drug Assistance Program (ADAP) • State Children's Health Insurance Program (SCHIP), or use local program name	• Ryan White-funded Medical or Dental Assistance

Chart 1b., Row 5: Sources of Income include, but are not limited to the following (Reference only)

• Earned Income • Veteran's Pension • Unemployment Insurance • Pension from Former Job • Supplemental Security Income (SSI)	• Child Support • Social Security Disability Income (SSDI) • Alimony or other Spousal Support • Veteran's Disability Payment • Retirement Income from Social Security • Worker's Compensation	• General Assistance (GA), or use local program name • Private Disability Insurance • Temporary Assistance for Needy Families (TANF) • Other Income Sources

1c. Households that Obtained Employment

Column [1]: Of the households identified as receiving services from project sponsors/subrecipients that provided HOPWA housing subsidy assistance as identified in Chart 1a., Row 1d. above, report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or related case management/counseling services.

Column [2]: Of the households identified as receiving services from project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a., Row 2b., report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or case management/counseling services.
Note: *This includes jobs created by this project sponsor/subrecipients or obtained outside this agency.*
Note: *Do not include jobs that resulted from leveraged job training, employment assistance, education or case management/counseling services.*

Categories of Services Accessed	[1 For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	0	

End of PART 4

PART 5: Worksheet - Determining Housing Stability Outcomes (optional)

1. This chart is designed to assess program results based on the information reported in Part 4 and to help Grantees determine overall program performance. Completion of this worksheet is optional.

Permanent Housing Subsidy Assistance	**Stable Housing** (# of households remaining in program plus 3+4+5+6)	**Temporary Housing** (2)	**Unstable Arrangements** (1+7+8)	**Life Event** (9)
Tenant-Based Rental Assistance (TBRA)	68		1	
Permanent Facility-based Housing Assistance/Units				
Transitional/Short-Term Facility-based Housing Assistance/Units				
Total Permanent HOPWA Housing Subsidy Assistance				
Reduced Risk of Homelessness: Short-Term Assistance	**Stable/Permanent Housing**	**Temporarily Stable, with Reduced Risk of Homelessness**	**Unstable Arrangements**	**Life Events**
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)				
Total HOPWA Housing Subsidy Assistance	68		1	

Background on HOPWA Housing Stability Codes
Stable Permanent Housing/Ongoing Participation
3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self-sufficient arrangements) with reasonable expectation that additional support is not needed.
4 = Other HOPWA-funded housing subsidy assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.
5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).
6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

Temporary Housing
2 = Temporary housing - moved in with family/friends or other short-term arrangement, such as Ryan White subsidy, transitional housing for homeless, or temporary placement in institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center).

Unstable Arrangements
1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).
7 = Jail /prison.
8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

Life Event
9 = Death, i.e., remained in housing until death. This characteristic is not factored into the housing stability equation.

Tenant-based Rental Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as reported under: 3, 4, 5, and 6. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item: 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Permanent Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Transitional/Short-Term Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) continue in the residences (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Other Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Tenure Assessment. A baseline of households in transitional/short-term facilities for assessment purposes, indicate the number of households whose tenure exceeded 24 months.

STRMU Assistance: Stable Housing is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period and there is reasonable expectation that additional support is not needed in order to maintain permanent housing living situation (as this is a time-limited form of housing support) as reported under housing status: Maintain Private Housing with subsidy; Other Private with Subsidy; Other HOPWA support; Other Housing Subsidy; and Institution. Temporarily Stable, with Reduced Risk of Homelessness is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period or left their current housing arrangement for a transitional facility or other temporary/non-permanent housing arrangement and there is reasonable expectation additional support will be needed to maintain housing arrangements in the next year, as reported under housing status: Likely to maintain current housing arrangements, with additional STRMU assistance; Transitional Facilities/Short-term; and Temporary/Non-Permanent Housing arrangements Unstable Situation is the sum of number of households reported under housing status: Emergency Shelter; Jail/Prison; and Disconnected.

End of PART 5

PART 6: Annual Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)

The Annual Certification of Usage for HOPWA Facility-Based Stewardship Units is to be used in place of Part 7B of the CAPER if the facility was originally acquired, rehabilitated or constructed/developed in part with HOPWA funds but no HOPWA funds were expended during the operating year. Scattered site units may be grouped together on one page.

Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten (10) years. If non-substantial rehabilitation funds were used they are required to operate for at least three (3) years. Stewardship begins once the facility is put into operation.
Note: *See definition of Stewardship Units.*

1. General information

HUD Grant Number(s)	Operating Year for this report *From (mm/dd/yy) To (mm/dd/yy)* ☐ Final Yr ☐ Yr 1; ☐ Yr 2; ☐ Yr 3; ☐ Yr 4; ☐ Yr 5; ☐ Yr 6; ☐ Yr 7; ☐ Yr 8; ☐ Yr 9; ☐ Yr 10;
Grantee Name	Date Facility Began Operations *(mm/dd/yy)*

2. Number of Units and Non-HOPWA Expenditures

Facility Name:	**Number of Stewardship Units Developed with HOPWA funds**	**Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year**
Total Stewardship Units (subject to 3- or 10- year use periods)		

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	
Site Information: Project Zip Code(s)	
Site Information: Congressional District(s)	
Is the address of the project site confidential?	☐ *Yes, protect information; do not list* ☐ *Not confidential; information can be made available to the public*
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.	
Name & Title of Authorized Official of the organization that continues to operate the facility:	**Signature & Date (mm/dd/yy)**
Name & Title of Contact at Grantee Agency *(person who can answer questions about the report and program)*	**Contact Phone (with area code)**

End of PART 6

Part 7: Summary Overview of Grant Activities
A. Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, Facility-Based Units, Permanent Housing Placement and Master Leased Units ONLY)

Note: *Reporting for this section should include ONLY those individuals, beneficiaries, or households that received and/or resided in a household that received HOPWA Housing Subsidy Assistance as reported in Part 3, Chart 1, Row 7, Column b. (e.g., do not include households that received HOPWA supportive services ONLY).*

Section 1. HOPWA-Eligible Individuals who Received HOPWA Housing Subsidy Assistance

a. Total HOPWA Eligible Individuals Living with HIV/AIDS

In Chart a., provide the total number of eligible (and unduplicated) low-income individuals living with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance during the operating year. This total should include only the individual who qualified the household for HOPWA assistance, NOT all HIV positive individuals in the household.

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	69

Chart b. Prior Living Situation

In Chart b., report the prior living situations for all Eligible Individuals reported in Chart a. In Row 1, report the total number of individuals who continued to receive HOPWA housing subsidy assistance from the prior operating year into this operating year. In Rows 2 through 17, indicate the prior living arrangements for all new HOPWA housing subsidy assistance recipients during the operating year.

Data Check: *The total number of eligible individuals served in Row 18 equals the total number of individuals served through housing subsidy assistance reported in Chart a. above.*

	Category	Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	Continuing to receive HOPWA support from the prior operating year	69
New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	0
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	0
4.	Transitional housing for homeless persons	0
5.	**Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)**	0
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	0
7.	Psychiatric hospital or other psychiatric facility	0
8.	Substance abuse treatment facility or detox center	0
9.	Hospital (non-psychiatric facility)	0
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	0
12.	Rented room, apartment, or house	0
13.	House you own	0
14.	Staying or living in someone else's (family and friends) room, apartment, or house	0
15.	Hotel or motel paid for without emergency shelter voucher	0
16.	Other	0
17.	Don't Know or Refused	0
18.	**TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)**	69

c. Homeless Individual Summary

In Chart c., indicate the number of eligible individuals reported in Chart b., Row 5 as homeless who also are homeless Veterans and/or meet the definition for Chronically Homeless (See Definition section of CAPER). The totals in Chart c. do not need to equal the total in Chart b., Row 5.

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	3	1

Section 2. Beneficiaries

In Chart a., report the total number of HOPWA eligible individuals living with HIV/AIDS who received HOPWA housing subsidy assistance (*as reported in Part 7A, Section 1, Chart a.*), and all associated members of their household who benefitted from receiving HOPWA housing subsidy assistance (resided with HOPWA eligible individuals).

Note: *See definition of HOPWA Eligible Individual*

Note: *See definition of Transgender.*

Note: *See definition of Beneficiaries.*

Data Check: *The sum of each of the Charts b. & c. on the following two pages equals the total number of beneficiaries served with HOPWA housing subsidy assistance as determined in Chart a., Row 4 below.*

a. Total Number of Beneficiaries Served with HOPWA Housing Subsidy Assistance

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a.)	69
2. Number of ALL other persons **diagnosed** as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	0
3. Number of ALL other persons **NOT diagnosed** as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy	66
4. TOTAL number of ALL beneficiaries served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)	135

b. Age and Gender

In Chart b., indicate the Age and Gender of all beneficiaries as reported in Chart a. directly above. Report the Age and Gender of all HOPWA Eligible Individuals (those reported in Chart a., Row 1) using Rows 1-5 below and the Age and Gender of all other beneficiaries (those reported in Chart a., Rows 2 and 3) using Rows 6-10 below. The number of individuals reported in Row 11, Column E. equals the total number of beneficiaries reported in Part 7, Section 2, Chart a., Row 4.

HOPWA Eligible Individuals (Chart a, Row 1)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18	0	0	0	0	0
2.	18 to 30 years	2	3	0	0	5
3.	31 to 50 years	28	15	0	0	43
4.	51 years and Older	15	6	0	0	21
5.	**Subtotal (Sum of Rows 1-4)**	42	27	0	0	69
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	21	23			
7.	18 to 30 years	6	7			
8.	31 to 50 years	5	3			
9.	51 years and Older	1	0			
10.	**Subtotal (Sum of Rows 6-9)**	33	33			
Total Beneficiaries (Chart a, Row 4)						
11.	**TOTAL (Sum of Rows 5 & 10)**	75	60	0	0	135

c. Race and Ethnicity*

In Chart c., indicate the Race and Ethnicity of all beneficiaries receiving HOPWA Housing Subsidy Assistance as reported in Section 2, Chart a., Row 4. Report the race of all HOPWA eligible individuals in Column [A]. Report the ethnicity of all HOPWA eligible individuals in column [B]. Report the race of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [C]. Report the ethnicity of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [D]. The summed total of columns [A] and [C] equals the total number of beneficiaries reported above in Section 2, Chart a., Row 4.

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a., Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a., Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native	1	0	5	0
2.	Asian	0	0	0	0
3.	Black/African American	15	0	22	0
4.	Native Hawaiian/Other Pacific Islander	0	0	0	0
5.	White	52	12	26	7
6.	American Indian/Alaskan Native & White	0	0	0	0
7.	Asian & White	0	0	0	0
8.	Black/African American & White	0	0	0	0
9.	American Indian/Alaskan Native & Black/African American	0	0	0	0
10.	Other Multi-Racial	1	0	13	0
11.	Column Totals (Sum of Rows 1-10)	69	12	47	7
Data Check: *Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a., Row 4.*					

**Reference (data requested consistent with Form HUD-27061 Race and Ethnic Data Reporting Form)*

Section 3. Households

Household Area Median Income

Report the area median income(s) for all households served with HOPWA housing subsidy assistance.

Data Check*: The total number of households served with HOPWA housing subsidy assistance should equal Part 3C, Row 7, Column b and Part 7A, Section 1, Chart a. (Total HOPWA Eligible Individuals Served with HOPWA Housing Subsidy Assistance).*

Note: *Refer to http://www.huduser.org/portal/datasets/il/il2010/select_Geography_mfi.odn for information on area median income in your community.*

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	63
2.	31-50% of area median income (very low)	6
3.	51-80% of area median income (low)	0
4.	**Total (Sum of Rows 1-3)**	69

Part 7: Summary Overview of Grant Activities
B. Facility-Based Housing Assistance

Complete one Part 7B for each facility developed or supported through HOPWA funds.

Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds. If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor or subrecipient should complete Part 6: Annual Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 2a., Project Site Information, and 2b., Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, but continued to receive HOPWA operating dollars this reporting year.

1. Project Sponsor/Subrecipient Agency Name (Required)

2. Capital Development

2a. Project Site Information for HOPWA Capital Development of Projects (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

Note: *If units are scattered-sites, report on them as a group and under type of Facility write "Scattered Sites."*

Type of Development this operating year	HOPWA Funds Expended this operating year *(if applicable)*	Non-HOPWA funds Expended *(if applicable)*	Name of Facility:
☐ New construction	$	$	**Type of Facility [Check only one box.]** ☐ Permanent housing ☐ Short-term Shelter or Transitional housing ☐ Supportive services only facility
☐ Rehabilitation	$	$	
☐ Acquisition	$	$	
☐ Operating	$	$	

a.	Purchase/lease of property:	Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:	Date started: Date Completed:
c.	Operation dates:	Date residents began to occupy: ☐ Not yet occupied
d.	Date supportive services began:	Date started: ☐ Not yet providing services
e.	Number of units in the facility:	HOPWA-funded units = Total Units =
f.	Is a waiting list maintained for the facility?	☐ Yes ☐ No *If yes, number of participants on the list at the end of operating year*
g.	What is the address of the facility (if different from business address)?	
h.	Is the address of the project site confidential?	☐ *Yes, protect information; do not publish list* ☐ *No, can be made available to the public*

2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)

For units entered above in 2a. please list the number of HOPWA units that fulfill the following criteria:

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed				
Homeownership units constructed (if approved)				

3. Units Assisted in Types of Housing Facility/Units Leased by Project Sponsor or Subrecipient

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

Note: *The number units may not equal the total number of households served.*

Please complete separate charts for each housing facility assisted. **Scattered site units may be grouped together.**

3a. Check one only

☐ Permanent Supportive Housing Facility/Units

☐ Short-term Shelter or Transitional Supportive Housing Facility/Units

3b. Type of Facility

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

Name of Project Sponsor/Agency Operating the Facility/Leased Units:

Type of housing facility operated by the project sponsor/subrecipient		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						
c.	Project-based rental assistance units or leased units						
d.	Other housing facility **Specify:**						

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/subrecipient on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) **Specify:**		
e.	**Adjustment to eliminate duplication (subtract)**		
f.	**TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)**		