

Contact Information for your Organization	
Question	Responses
Contact Information for Authorizing Official	
What is the Authorizing Official contact name?	Joan Serviss
What is the Authorizing Official contact title?	Director
In what department does the Authorizing Official contact work?	Arizona Department of Housing
What is the Authorizing Official contact email?	joan.serviss@azhousing.gov
What is the Authorizing Official contact phone number (including extension)?	602-771-1007
What is the Authorizing Official contact fax number?	
Contact Information for Reporting (APR/CAPER) Contact	
What is the Reporting contact name?	Connie Howell
What is the Reporting contact title?	Contracts Management Specialist
In what department does the Reporting contact work?	Arizona Department of Housing - Special Needs
What is the Reporting contact email?	connie.howell@azhousing.gov
What is the Reporting contact phone number (including extension)?	602-771-1026
What is the Reporting contact fax number?	
Contact Information for HMIS User	
What is the HMIS User contact name?	
What is the HMIS User contact title?	
In what department does the HMIS User contact work?	
What is the HMIS User contact email?	
What is the HMIS User contact phone number (including extension)?	
What is the HMIS User contact fax number?	
Contact Information for IDIS User	
What is the IDIS User contact name?	Anna Corona
What is the IDIS User contact title?	Info Management Coordinator
In what department does the IDIS User contact work?	Arizona Department of Housing - Data
What is the IDIS User contact email?	anna.corona@azhousing.gov
What is the IDIS User contact phone number (including extension)?	602-771-1080
What is the IDIS User contact fax number?	
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	David Bridge
What is the Primary Program contact title?	Special Needs Administrator
In what department does the Primary Program contact work?	Arizona Department of Housing - Special Needs
What is the Primary Program contact email?	david.bridge@azhousing.gov
What is the Primary Program contact phone number (including extension)?	602-771-1085
What is the Primary Program contact fax number?	
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Connie Howell
What is the Secondary Program contact title?	Contracts Management Specialist
In what department does the Secondary Program contact work?	Arizona Department of Housing - Special Needs
What is the Secondary Program contact email?	connie.howell@azhousing.gov
What is the contact Secondary Program phone number (including extension)?	602-771-1026
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	
What is the Services contact title?	
In what department does the Services contact work?	
What is the Services contact email?	
What is the Services contact phone number (including extension)?	
What is the Services contact fax number?	

GRANTEE SUMMARY

Complete the chart below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program.

Question	Responses
For Competitive Grantees Only	
For Competitive Grantees only, what is the grant number?	AZH22F999, AZH21F999, AZH20F999, AZH20FHW999 (CARES Act)
For Competitive Grantees only, which year (1, 2, or 3) of the grant does this report cover?	1, 2, 3, 3
Is the Competitive Grantee a nonprofit organization? Yes or No.	No
Is the Competitive Grantee a grassroots organization? Yes or No.	No
For Competitive Grantees only, how much was expended on an "Other Housing Activity" (as approved in the grant agreement)?	0
For All HOPWA Grantees	
What is the name of the Grantee organization?	Arizona Department of Housing
What is the Grantee's Unique Entity Identifier (UEI)?	Q15DSNA5KN97
What is the Employer ID Number (EIN) or Tax ID Number (TIN) of the Grantee?	86-6004791
For formula grantees only, are there any changes to your program year? Yes or No.	No
Note: HUD must be notified of consolidated program year changes at least two months before the date the program year would have ended if it had not been lengthened, or at least two months before the end of a proposed shortened program year.	
If yes above, what is the revised program start date?	
If yes above, what is the revised program end date?	
What is the street address of the Grantee's office?	1110 W. Washington St, Suite 280
In what city is the Grantee's business address?	Phoenix
In what county is the Grantee's business address?	Maricopa
In what state is the Grantee's office located?	Arizona
What is the zip code for the Grantee's business address?	85007
What is the parent company of the Grantee (if applicable)?	
What department at the Grantee organization administers the grant?	Special Needs Division
What is the Grantee organization's website address?	https://housing.az.gov/
What is the Facebook name or page of the Grantee?	Arizona Department of Housing
What is the Twitter handle of the Grantee?	
What are the cities of the primary service area of the Grantee?	Kingman, Bullhead City, Lake Havasu City, Prescott, Prescott Valley, Dewey-Hu, boldt, Chino Valley, Mayer, Paulden, Black Canyon City, Sedona, Cottonwood, Camp Verde, Wilhoit, Yarnell,, Congress, Flagstaff, Williams, Winslow, Payson, Globe-Miami, Nogales, Rio Rico, Yuma, Casa Grande, Safford, Queen Creek, Thatcher, Safford, Rimrock, Clarkdale
What are the counties of the primary service area of the Grantee?	Mohave, Coconino, Yavapai, Apache, Navajo, La Paz, Yuma, Pinal, Gila, Graham, Greenlee, Santa Cruz
What is the congressional district of the Grantee's business address?	1
What is the congressional district of the Grantee's primary service area?	3, 4, 5, 6, 7, 8, 9
Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service area? Yes or No.	Yes
Is the Grantee's System for Award Management (SAM) status currently active for this report? Yes or No.	Yes
What is the Grantee's SAM registration number for this report?	86704488
Does the Grantee provide HOPWA-funded services directly to clients? Yes or No.	No
Does the Grantee take the allowable 3% Grantee Administration allowance? Yes or No.	Yes
How much was expended on Grantee Administration?	10601.77

Narrative Questions	Response - Maximum 4,000 characters for each question.	Character Count
Provide a maximum of 4,000 characters 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.	Arizona Department of Housing (ADOH) located in Phoenix, Arizona, is the HOPWA Formula Grantee for the State of Arizona. ADOH receives annual HOPWA funding from HUD to administer. For 20+ years, ADOH has been the lead applicant and facilitating agency to the Arizona Balance of State HUD Continuum of Care and oversees the year around community and homeless resources planning process. HOPWA project sponsors	0
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.	Mohave County Community Services Development's (MCCSD) HOPWA Program is in its 15th year of operation. Our goals in the grant agreement with Arizona Department of Housing were to provide Tenant Based Rental Assistance with support services, such as case management, to a minimum of 11 eligible households. Actual accomplishments during this period are that MCCSD provided TBRA to 20 eligible households. MCCSD coordinated its housing assistance and case management with North County Health Care, the Ryan White grant recipient for the Mohave County service area. North County Health Care provides clients with essential medical services, medical related case	2895
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 operating year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.	Mohave County has built a strong relationship with our local partners and healthcare providers so that we can better support those with HIV/AIDS. No matter where the individual is entering services in the county, they are able to be connected and supported by all of the providers. Mohave County has also built a strong relationship with our local landlords, which has allowed us to house on average 6 HOPWA clients over our contracted amount and this amount is increasing annually.	1142
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.	At Mohave County Community Services (MCCSD) every family is assessed as a part of case management during intake and eligibility interview process and a Housing Plan was developed, including assistance in finding rental housing for the family, if needed. In	3033
Describe any program technical assistance needs and how they would benefit program beneficiaries.	We would like to request a list of areas in which Technical Assistance can be provided.	87
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. 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. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.	Mohave County (MCCSD) is seeing increases in rents in the community they serve as the economy improves. Finding one bedroom units, particularly those that include all utilities, within the rent structure is increasingly difficult. These units are very important for clients who enter the program without income. Northland Cares notes the cost of renting in Yavapai and Coconino Counties, makes it very difficult to find housing that is within the Fair Market Rental prices. Finding housing has been very difficult. The cost of most apartment rentals is at and sometimes more than what one would pay for a mortgage. New apartment complexes were built, and	2434

Housing Opportunities for Persons With AIDS (HOPWA) Program

Revised: 11/14/2022

Consolidated APR/CAPER – HOPWA Provider

OMB Number 2506-0133 (Expiration Date: 12/31/2024)

Overview

The public reporting burden for this collection of information is estimated to average 40.0 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Performance Reports for HOPWA formula grantees and competitive grantees provide HUD with annual information to support program evaluation and measure program beneficiary outcomes related to maintaining housing stability; preventing homelessness; and improving access to care and support. This collection of information consolidates the information in the APR and CAPER reports and clarifies reporting requirements, which will allow HUD's Office of HIV/AIDS Housing to better respond to data calls from Congress and make better program decisions based on more relevant grantee annual data. Reporting is required for all HOPWA grantees pursuant to 42 U.S.C. § 12911; 24 CFR §§ 574.520(a) and (b); 24 CFR § 91.520(f). The information collected regarding grantees, their respective project sponsors, and the identities of HOPWA program participants will remain confidential pursuant to 42 U.S.C. § 12905(e) and 24 § CFR 574.440.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to Colette Pollard, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Control No. 2506-0133. HUD may not conduct and sponsor, and a person is not required to

HOPWA formula grantees are required to submit a Performance Report demonstrating coordination with other Consolidated Plan resources. HUD uses the Performance Report data to obtain essential information on grant activities, project sponsors, 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.

In addition, grantees must comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282), which requires grant recipients to provide general information for all entities (including

HOPWA competitive grantees are required to submit a Performance Report for each operating year in which HOPWA grant funds were expended. Information on each competitive grant is to be reported in a separate Performance Report. Grantees approved for "Other Activities," as detailed in their grant agreement, are requested to report on their unique program accomplishments.

In addition, grantees must comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282), which requires grant recipients to provide general information for all entities (including

Continued-use Periods. Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation of a building or structure are required to operate the building or structure 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 the "CAP DEV" tab in the Performance Report Worksheet, the grantee must complete an Annual Report of Continued Project Operation throughout the required use periods. This report is found on the "STEWARDSHIP" tab of this workbook. The required use period is three (3) years if the rehabilitation is non-

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

HMIS. 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 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, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and T-cell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client's

Formula Operating Year. HOPWA formula grants are annually awarded for a three-year period of performance with three operating years. The information contained in this Performance Report must represent a one-year period of HOPWA program operation that coincides with the grantee's program year; this is the operating year. More than one HOPWA formula grant awarded to the same grantee may be used during an operating year and the Performance Report must capture all formula grant funding used during the operating year. Project sponsor accomplishment information must also coincide with the operating year this Performance Report covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for an

Competitive Operating Year. HOPWA competitive grants are awarded for a three-year period of performance with Performance Reports submitted for each of the three operating years. The information contained in this Performance Report should reflect the grantee's operating year with the beginning date determined at the time the grant agreement is signed. Project sponsor accomplishment information must coincide with the operating year this Performance Report covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for one additional operating year. A PSH renewal/replacement grant start date would be coordinated with the close out of the existing grant.

Grantees with an approved extension period of less than 6-months must submit the Performance Report for the third year of the grant term at the end of the approved extension period and incorporate data from the additional months. Grantees with an approved extension period of 6-months or more must turn in a

Filing Requirements. Within 90 days of the completion of each operating year, grantees must submit their completed Performance Report to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: at HOPWAReports@hud.gov. Electronic submission to HOPWA Program office is preferred. If electronic submission is not possible, please send an email to the HOPWA@hud.gov email inbox.

Definitions

Achieved Viral Suppression: When the load or volume of HIV virus present in a person's blood is measured at less than 200 copies per milliliter of blood.

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.

<p>Administrative Costs: Costs for general management, oversight, coordination, evaluation, and reporting. By statute, grantee administrative costs are limited to 3% of the 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</p>
<p>Anti-Retroviral Therapy: The combination of drugs used to treat HIV.</p>
<p>Area Median Income: The Department of Housing and Urban Development (HUD) sets income limits that determine eligibility for assisted housing programs including the HOPWA program. HUD develops income limits based on Median Family Income estimates and Fair Market Rent area definitions for each metropolitan area, parts of some metropolitan areas, and each non-metropolitan county. AMI values vary by location and are</p>
<p>Beneficiary(ies): All members of a household (with or without HIV) who benefitted from HOPWA assistance during the operating year, NOT including the HOPWA eligible individual (see definition).</p>
<p>Chronically Homeless Person: An individual or family who is homeless and lives or resides as an individual or family who a) lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; b) 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 one year or on at least four separate occasions in the last three years; and c) 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 two 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</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>
<p>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."</p>
<p>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 Performance Report 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).</p>
<p>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</p>
<p>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</p>

<p>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 in the Performance Report.</p>
<p>Housing Stability: The degree to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year.</p>
<p>Improved HIV Viral Load: A reduction in the load or volume of HIV present in the HOPWA eligible individual's blood at the end of the reporting period compared to the beginning of the reporting period. Most PLWHA who are engaged in medical care have routine laboratory tests. The HOPWA eligible individual's latest laboratory</p>
<p>In-kind Leveraged Resources: These are 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 criteria described in 2 CFR 200. 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.</p>
<p>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.</p>
<p>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 Code of Federal Regulations Title 24 Part 5.403 and the HOPWA Grantee Oversight Resource Guide for additional reference.</p>
<p>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</p>
<p>Medically Assisted Living Facilities: HOPWA facility-based housing that assists residents with most or all activities of daily living, such as meals, bathing, dressing, and toileting. Regular medical care, supervision, and</p>
<p>Nonbinary: A gender other than singularly female or male.</p>
<p>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</p>
<p>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</p>
<p>Output: The number of units of housing or households that receive HOPWA assistance during the operating</p>
<p>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.</p>
<p>Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income at 2 CFR 200.307.</p>
<p>Project-Based Rental Assistance (PBRA): A rental subsidy program that is tied to specific facilities or units owned or controlled by a project sponsor. Assistance is tied directly to the properties and is not portable or</p>
<p>Project Sponsor Organizations: Per HOPWA regulations at 24 CFR 574.3, 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.</p>

SAM: All organizations applying for a Federal award must have a valid registration active at sam.gov. SAM (System for Award Management) registration includes maintaining current information and providing a valid

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

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

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

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

VAWA Internal Emergency Transfers: Per 24 CFR 5.2005e, an emergency transfer under the VAWA protections refers to an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process.

VAWA External Emergency Transfers: Per 24 CFR 5.2005e, an emergency transfer under the VAWA protections refers to an emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant; that is, the tenant must undergo an application process in order to reside in the new unit.

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.

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	Mohave County Community Services
What is the organization's Unique Entity Identifier (UEI)?	KKE6CJTM8CS1
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	86-6000539
What is the HOPWA contract amount for this organization?	456,422.75
What is the organization's business street address?	700 W Beale Street, PO Box 7000
In what city is the organization's business address?	Kingman
In what county is the organization's business address?	Mohave
In what state is the organization's business address?	Arizona
What is the organization's business address zip code?	86402-7000
What is the organization's parent company, if applicable?	Mohave County
What department administers the organization's grant?	Mohave County Housing Authority
What is the organization's phone number (including extension)?	928-753-0723 ext. 4322
What is the organization's fax number?	928-753-0776
What is the organization's website?	www.mohave.gov
What is the organization's Facebook page?	
What is the organization's Twitter handle?	
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	no
Is this a grassroots organization? Yes or No.	no
What are the cities of the organization's primary service area?	Kingman, Lake Havasu City, Bullhead City, Colorado City
What are the counties of the organization's primary service area?	Mohave
In what congressional district is the organization located?	9,2
In what congressional district is the primary service area?	9
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	yes

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	138,577.88
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Kelly Williams
What is the Primary Program contact title?	Special Needs Housing Program
In what department does the Primary Program contact work?	Mohave County Community
What is the Primary Program contact email?	willke@mohave.gov
What is the Primary Program contact phone number (including extension)?	928-753-0723 ext 4322
What is the Primary Program contact fax number?	928-753-0776
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Chelsea Marshall
What is the Secondary Program contact title?	Special Needs Housing
In what department does the Secondary Program contact work?	Mohave County Community
What is the Secondary Program contact email?	marshc@mohave.gov
What is the Secondary Program contact phone number (including extension)?	928-753-0723 ext4537
What is the Secondary Program contact fax number?	928-753-0776
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Kelly Williams
What is the Services contact title?	Special Needs Housing Program
In what department does the Services contact work?	Mohave County Community
What is the Services contact email?	willke@mohave.gov
What is the Services contact phone number (including extension)?	928-753-0723 ext 4322
What is the Services contact fax number?	928-753-0776

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in ALL Activities from this report for each Activity .	20	0	0	15	4	0	40	0
Housing Subsidy Assistance Household Count Deduplication								
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	39							
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							
Total Unduplicated Housing Subsidy Assistance Household Count	39							
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for <u>all households</u> served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
Questions	This Report							
How many households had contact with a case manager?	0							
How many households developed a housing plan for maintaining or establishing stable housing?	0							
How many households accessed and maintained medical insurance and/or assistance?	0							
How many households had contact with a primary health care provider?	0							
How many households accessed or maintained qualification for sources of income?	0							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	0							
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions	This Report							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							

Complete the age, gender, race, and ethnicity information for all individuals served with all types of HOPWA assistance.
See totals in rows 27 and 28.

A. For each racial category, how many HOPWA-eligible individuals identified as such?	Male				Female				Gender Nonbinary				Transgender Female				Transgender Male				Gender not Disclosed				Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
White	0	0	7	6	0	3	3	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
B. For each racial category, how many other household members (beneficiaries) identified as such?	Male				Female				Gender Nonbinary				Transgender Female				Transgender Male				Gender not Disclosed				Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	
b. Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Asian & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Black/African American	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Black/African American & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. White	2	0	2	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13): 22

Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25): 8

How many other household members (beneficiaries) are HIV+? 0

How many other household members (beneficiaries) are HIV negative or have an unknown HIV status? 8

Complete Prior Living Situations for HOPWA-eligible Individuals served by TBRA, P-FBH, ST-TFBH, or PHP

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year? 19

How many individuals newly receiving HOPWA assistance came from:

A place not meant for human habitation? 3

An emergency shelter? 0

A transitional housing facility for formerly homeless persons? 0

A permanent housing situation for formerly homeless persons? 0

A psychiatric hospital or other psychiatric facility? 0

A substance abuse facility? 0

A non-psychiatric hospital? 0

A foster care home? 0

Jail, prison, or a juvenile detention facility? 0

A rented room, apartment or house? 0

A house the individual owned? 0

Staying at someone else's house? 0

A hotel or motel paid for by the individual? 0

Any other prior living situation? 0

How many individuals newly receiving HOPWA assistance didn't report or refused to report their prior living situation? 0

How many individuals newly receiving HOPWA assistance during this program year reported a prior living situation of homelessness [place not for human habitation, emergency shelter, transitional housing]: 3

Also meet the definition of experiencing chronic homelessness? 2

Also were veterans? 0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with PHP assistance?	4
<i>PHP Expenditures for Households Served by this Activity</i>	
What were the HOPWA funds expended for PHP?	4519
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	4
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	4
<i>Medical Insurance for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	4
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	4
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	4

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	1
b. How many households were served with STRMU rental assistance only ?	0
c. How many households were served with STRMU utilities assistance only ?	11
d. How many households received more than one type of STRMU assistance?	3
STRMU Households Total	15
STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	1678.64
STRMU rental assistance	0
STRMU utility assistance	3753.09
Total STRMU Expenditures	5431.73
Income Levels for Households Served by this Activity	12
What is the number of households with income below 30% of Area Median Income?	12
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	12
Earned Income from Employment	0
Retirement	0
SSI	2
SSDI	7
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	3
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	12
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	12
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	12
Longevity for Households Served by this Activity	16
How many households have been served by STRMU for the first time this year?	6
How many households also received STRMU assistance during the previous STRMU eligibility period?	6
How many households received STRMU assistance more than twice during the previous five eligibility periods?	4
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0
How many households are likely to need additional Short-Term Rent, Mortgage and Utilities assistance to maintain the current housing arrangements?	0

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

*Note that this table also collects **HOPWA Supportive Service expenditures.***

Questions	This Report	
Households and Expenditures for Supportive Service Types	Number of Households	Expenditures
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	40	14046.2
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	20
What were the total HOPWA funds expended for TBRA rental assistance?	240887.83
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<i>TBRA Household Total (TBRA + Other)</i>	20
<i>Income Levels for Households Served by this Activity</i>	20
What is the number of households with income below 30% of Area Median Income?	18
What is the number of households with income between 31% and 50% of Area Median Income?	1
What is the number of households with income between 51% and 80% of Area Median Income?	1
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	25
Earned Income from Employment	3
Retirement	1
SSI	5
SSDI	8
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	1
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	1
How many households maintained no sources of income?	6
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	13
MEDICARE Health Insurance or local program equivalent	5
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	19
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	20
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	16
Longevity for Households Served by this Activity	22
How many households have been served with TBRA for less than one year?	3
How many households have been served with TBRA for more than one year, but less than five years?	18
How many households have been served with TBRA for more than five years, but less than 10 years?	1
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	22
How many households continued receiving HOPWA TBRA assistance into the next year?	19
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	1
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0

How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	1
How many of the HOPWA eligible individuals died?	1

Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	1
How many internal emergency transfers were granted?	1
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	NORTHLAND CARES
What is the organization's Unique Entity Identifier (UEI)?	IDG9JRHDFZHFA5
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	74-2665371
What is the HOPWA contract amount for this organization?	\$161,595.00
What is the organization's business street address?	3112 Clearwater Dr Suite A
In what city is the organization's business address?	Prescott
In what county is the organization's business address?	Yavapai
In what state is the organization's business address?	Arizona
What is the organization's business address zip code?	86323
What is the organization's parent company, if applicable?	
What department administers the organization's grant?	Support Services/Housing
What is the organization's phone number (including extension)?	928-776-4612
What is the organization's fax number?	928-771-1767
What is the organization's website?	www.northlandcares.org
What is the organization's Facebook page?	www.facebook.com/northlandcares
What is the organization's Twitter handle?	
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	Yes
Is this a grassroots organization? Yes or No.	No
What are the cities of the organization's primary service area?	Prescott, Prescott Valley, Cottonwood, Verde Valley, Campe Verde, Sedona, Holbrook, Payson, Flagstaff
What are the counties of the organization's primary service area?	Yavapai, Coconino, Apache, Navajo, Gila
In what congressional district is the organization located?	4th Cong District
In what congressional district is the primary service area?	4th Cong District
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	YES
Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	\$12,048.78
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Debra Webster
What is the Primary Program contact title?	Support Services Case Mgr
In what department does the Primary Program contact work?	Case Management
What is the Primary Program contact email?	webster@northlandcares.org
What is the Primary Program contact phone number (including extension)?	928-776-4612 X 103
What is the Primary Program contact fax number?	928-771-1767
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Nayda Correa
What is the Secondary Program contact title?	Program Manager
In what department does the Secondary Program contact work?	Case Mgmnt / Programs
What is the Secondary Program contact email?	ncorrea@northlandcares.org
What is the Secondary Program contact phone number (including extension)?	928-649-0833
What is the Secondary Program contact fax number?	928-771-1767
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Debra Webster
What is the Services contact title?	Support Services Case Mgr
In what department does the Services contact work?	Case Management
What is the Services contact email?	webster@northlandcares.org
What is the Services contact phone number (including extension)?	928-776-4612 X 103
What is the Services contact fax number?	928-771-1767

Complete the age, gender, race, and ethnicity information for all individuals served with all types of HOPWA assistance.
See totals in rows 27 and 28.

A. For each racial category, how many HOPWA-eligible individuals identified as such?	Male				Female				Gender Nonbinary				Transgender Female				Transgender Male				Gender not Disclosed				Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American & White	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
White	0	0	1	13	0	0	2	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
B. For each racial category, how many other household members (beneficiaries) identified as such?	Male				Female				Gender Nonbinary				Transgender Female				Transgender Male				Gender not Disclosed				Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	
b. Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Asian & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Black/African American & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. White	1	1	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13):	25
Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25):	9
How many other household members (beneficiaries) are HIV+?	0
How many other household members (beneficiaries) are HIV negative or have an unknown HIV status?	10

Complete Prior Living Situations for HOPWA-eligible Individuals served by TBRA, P-FBH, ST-TFBH, or PHP

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year?	20
How many individuals newly receiving HOPWA assistance came from:	
A place not meant for human habitation?	3
An emergency shelter?	0
A transitional housing facility for formerly homeless persons?	0
A permanent housing situation for formerly homeless persons?	0
A psychiatric hospital or other psychiatric facility?	0
A substance abuse facility?	0
A non-psychiatric hospital?	0
A foster care home?	0
Jail, prison, or a juvenile detention facility?	1
A rented room, apartment or house?	4
A house the individual owned?	1
Staying at someone else's house?	0
A hotel or motel paid for by the individual?	0
Any other prior living situation?	0
How many individuals newly receiving HOPWA assistance didn't report or refused to report their prior living situation?	0
How many individuals newly receiving HOPWA assistance during this program year reported a prior living situation of homelessness [place not for human habitation, emergency shelter, transitional housing]:	3
Also meet the definition of experiencing chronic homelessness?	0
Also were veterans?	0

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	\$689,864.30	NO
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	\$66,465.00	NO
In-kind resources	\$2,603.65	NO
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1	\$1,095,757.25	(340B- RW) NO
Other FUNDING_2	0	
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	
Program Income	0	
What was the amount of program income collected from resident rent payments in the program year?	0	
What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
Uses of Program Income	0	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords		
What was the amount of resident rent payment that residents paid directly to private landlords?	\$21,547.22	

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	1
b. How many households were served with STRMU rental assistance only ?	3
c. How many households were served with STRMU utilities assistance only ?	3
d. How many households received more than one type of STRMU assistance?	6
STRMU Households Total	13
STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	\$7,232.93
STRMU rental assistance	\$14,869.06
STRMU utility assistance	\$5,724.07
Total STRMU Expenditures	27826.06
Income Levels for Households Served by this Activity	15
What is the number of households with income below 30% of Area Median Income?	8
What is the number of households with income between 31% and 50% of Area Median Income?	5
What is the number of households with income between 51% and 80% of Area Median Income?	2
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	13
Earned Income from Employment	5
Retirement	0
SSI	3
SSDI	5
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	8
MEDICARE Health Insurance or local program equivalent	4
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	3
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	10
Longevity for Households Served by this Activity	15
How many households have been served by STRMU for the first time this year?	5
How many households also received STRMU assistance during the previous STRMU eligibility period?	5
How many households received STRMU assistance more than twice during the previous five eligibility periods?	2
How many households received STRMU assistance during the last five consecutive eligibility periods?	3
Housing Outcomes for Households Served by this Activity	27
How many households continued receiving this type of HOPWA assistance into the next year?	3
How many households exited to other HOPWA housing programs?	1
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	11
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	1

How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0
How many households are likely to need additional Short-Term Rent, Mortgage and Utilities assistance to maintain the current housing arrangements?	11

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

*Note that this table also collects **HOPWA Supportive Service expenditures.***

Questions	This Report	
	Number of Households	Expenditures
Households and Expenditures for Supportive Service Types		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	27	\$25,832.71
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	\$594.55
Any other type of HOPWA funded, HUD approved supportive service?	0	\$834.97
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	1	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	13
What were the total HOPWA funds expended for TBRA rental assistance?	\$70,870.30
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<i>TBRA Household Total (TBRA + Other)</i>	13
<i>Income Levels for Households Served by this Activity</i>	13
What is the number of households with income below 30% of Area Median Income?	9
What is the number of households with income between 31% and 50% of Area Median Income?	4
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	16
Earned Income from Employment	2
Retirement	1
SSI	2
SSDI	10
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	1
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	11
MEDICARE Health Insurance or local program equivalent	5
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	1
State Children's Health Insurance Program (SCHIP) or	0
Ryan White-funded Medical or Dental Assistance	9
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	14
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	14
Longevity for Households Served by this Activity	13
How many households have been served with TBRA for less than one year?	5
How many households have been served with TBRA for more than one year, but less than five years?	8
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	13
How many households continued receiving HOPWA TBRA assistance into the next year?	12
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0
How many households exited to transitional housing (time limited - up to 24 months)?	1

How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in ALL Activities from this report for each Activity .	13	0	0	13	0	0	26	0
Housing Subsidy Assistance Household Count Deduplication								
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	26							
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	1							
Total Unduplicated Housing Subsidy Assistance Household Count	25							
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for <u>all households</u> served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
Questions	This Report							
How many households had contact with a case manager?	26							
How many households developed a housing plan for maintaining or establishing stable housing?	26							
How many households accessed and maintained medical insurance and/or assistance?	26							
How many households had contact with a primary health care provider?	26							
How many households accessed or maintained qualification for sources of income?	26							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	7							
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions	This Report							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	26							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	26							

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	Southern Arizona AIDS Foundation
What is the organization's Unique Entity Identifier (UEI)?	XNNPJT9EKPG3
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	86-0864100
What is the HOPWA contract amount for this organization?	100,580.00
What is the organization's business street address?	375 S Euclid Ave
In what city is the organization's business address?	Tucson
In what county is the organization's business address?	Pima
In what state is the organization's business address?	Arizona
What is the organization's business address zip code?	85719
What is the organization's parent company, if applicable?	N/A
What department administers the organization's grant?	Housing Department
What is the organization's phone number (including extension)?	(520) 628-7223
What is the organization's fax number?	9520) 628-7222
What is the organization's website?	https://saaf.org/
What is the organization's Facebook page?	https://www.facebook.com/SAAForg
What is the organization's Twitter handle?	N/A
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	Yes
Is this a grassroots organization? Yes or No.	No
What are the cities of the organization's primary service area?	Nogales, Rio Rico, Casa Grande, Safford, Queen Creek, Thatcher, Rimrock, Clarkdale, Payson
What are the counties of the organization's primary service area?	Yuma, Santa Cruz, Graham, Gila, Pinal, Greenlee, La Paz
In what congressional district is the organization located?	AZ District 7
In what congressional district is the primary service area?	AZ Districts 2, 7 & 9
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	No

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	2,889.03
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Debra Webster
What is the Primary Program contact title?	Support Services Case Mgr
In what department does the Primary Program contact work?	Case Management
What is the Primary Program contact email?	webster@northlandcares.org
What is the Primary Program contact phone number (including extension)?	928-776-4612 X 103
What is the Primary Program contact fax number?	928-771-1767
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Nayda Correa
What is the Secondary Program contact title?	Program Manager
In what department does the Secondary Program contact work?	Case Mgmnt / Programs
What is the Secondary Program contact email?	ncorrea@northlandcares.org
What is the Secondary Program contact phone number (including extension)?	928-649-0833
What is the Secondary Program contact fax number?	928-771-1767
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Debra Webster
What is the Services contact title?	Support Services Case Mgr
In what department does the Services contact work?	Case Management
What is the Services contact email?	webster@northlandcares.org
What is the Services contact phone number (including extension)?	928-776-4612 X 103
What is the Services contact fax number?	928-771-1767

Complete the age, gender, race, and ethnicity information for all individuals served with all types of HOPWA assistance.
See totals in rows 27 and 28.

A. For each racial category, how many HOPWA-eligible individuals identified as such?	Male				Female				Gender Nonbinary				Transgender Female				Transgender Male				Gender not Disclosed				Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	
Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asian & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	1	2	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Multi-Racial	0	0	1	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
White	0	0	2	2	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
B. For each racial category, how many other household members (beneficiaries) identified as such?	Male				Female				Gender Nonbinary				Transgender Female				Transgender Male				Gender not Disclosed				Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	
b. Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Asian & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Black/African American & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. White	3	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13): 15

Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25): 6

How many other household members (beneficiaries) are HIV+? 0

How many other household members (beneficiaries) are HIV negative or have an unknown HIV status? 0

Complete Prior Living Situations for HOPWA-eligible Individuals served by TBRA, P-FBH, ST-TFBH, or PHP

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year?	3
How many individuals newly receiving HOPWA assistance came from:	
A place not meant for human habitation?	
An emergency shelter?	1
A transitional housing facility for formerly homeless persons?	0
A permanent housing situation for formerly homeless persons?	0
A psychiatric hospital or other psychiatric facility?	0
A substance abuse facility?	1
A non-psychiatric hospital?	0
A foster care home?	0
Jail, prison, or a juvenile detention facility?	0
A rented room, apartment or house?	3
A house the individual owned?	5
Staying at someone else's house?	3
A hotel or motel paid for by the individual?	0
Any other prior living situation?	2
How many individuals newly receiving HOPWA assistance didn't report or refused to report their prior living situation?	0
How many individuals newly receiving HOPWA assistance during this program year reported a prior living situation of homelessness [place not for human habitation, emergency shelter, transitional housing]:	1
Also meet the definition of experiencing chronic homelessness?	0
Also were veterans?	0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
Households Served by this Activity	
How many households were served with PHP assistance?	4
PHP Expenditures for Households Served by this Activity	
What were the HOPWA funds expended for PHP?	\$2,099.24
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	4
Earned Income from Employment	0
Retirement	0
SSI	1
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	3
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	3
MEDICARE Health Insurance or local program equivalent	1
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
Housing Outcomes for Households Served by this Activity	
	1
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	1
How many households exited to private housing?	0

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	1
b. How many households were served with STRMU rental assistance only ?	2
c. How many households were served with STRMU utilities assistance only ?	0
d. How many households received more than one type of STRMU assistance?	6
STRMU Households Total	9
STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	\$15,722.47
STRMU rental assistance	\$9,717.75
STRMU utility assistance	\$2,167.42
Total STRMU Expenditures	27607.64
Income Levels for Households Served by this Activity	9
What is the number of households with income below 30% of Area Median Income?	8
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	1
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	9
Earned Income from Employment	2
Retirement	0
SSI	1
SSDI	1
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	5
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	5
MEDICARE Health Insurance or local program equivalent	4
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
Longevity for Households Served by this Activity	9
How many households have been served by STRMU for the first time this year?	7
How many households also received STRMU assistance during the previous STRMU eligibility period?	2
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	9
How many households continued receiving this type of HOPWA assistance into the next year?	1
How many households exited to other HOPWA housing programs?	1
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	3
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0
How many households are likely to need additional Short-Term Rent, Mortgage and Utilities assistance to maintain the current housing arrangements?	4

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	4
What were the total HOPWA funds expended for TBRA rental assistance?	33,953.25
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<i>TBRA Household Total (TBRA + Other)</i>	4
<i>Income Levels for Households Served by this Activity</i>	4
What is the number of households with income below 30% of Area Median Income?	4
What is the number of households with income between 31% and 50% of Area Median Income?	
What is the number of households with income between 51% and 80% of Area Median Income?	
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	4
Earned Income from Employment	
Retirement	0
SSI	
SSDI	
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	4
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	
MEDICARE Health Insurance or local program equivalent	1
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	0
Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	4
Longevity for Households Served by this Activity	4
How many households have been served with TBRA for less than one year?	2
How many households have been served with TBRA for more than one year, but less than five years?	2
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	4
How many households continued receiving HOPWA TBRA assistance into the next year?	3
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0

How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	1
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in ALL Activities from this report for each Activity .	4	0	0	9	4	0	15	0
Housing Subsidy Assistance Household Count Deduplication								
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	17							
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	1							
Total Unduplicated Housing Subsidy Assistance Household Count	16							
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for <u>all households</u> served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
Questions	This Report							
How many households had contact with a case manager?	15							
How many households developed a housing plan for maintaining or establishing stable housing?	15							
How many households accessed and maintained medical insurance and/or assistance?	15							
How many households had contact with a primary health care provider?	15							
How many households accessed or maintained qualification for sources of income?	5							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	2							
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions	This Report							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	15							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							