



# **Housing Opportunities for Persons With AIDS (HOPWA) Program**

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

**OMB Number 2506-0133 (Expiration Date: 11/30/2023)**

The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. Reporting is required for all HOPWA formula grantees. The public reporting burden for the collection of information is estimated to average 41 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD's requirements for reports submitted by HOPWA formula grantees are supported by 42 U.S.C. § 12911 and HUD's regulations at 24 CFR § 574.520(a). Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number. While confidentiality is not assured, HUD generally only releases this information as required or permitted by law.

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

HOPWA formula grantees are required to submit a CAPER demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER 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.

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**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 Section 7B of the CAPER, the grantee must submit an Annual Report of Continued Project Operation throughout the required use periods. This report is included in Part 6 in CAPER. The required use period is three (3) years if the rehabilitation is non-substantial.

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

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 case management, treatment and care, in line with the signed release of information from the client.

**Operating Year.** HOPWA formula grants are annually awarded for a three-year period of performance with three operating years. The information contained in this CAPER 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 CAPER must capture all formula grant funding used during the operating year. Project sponsor accomplishment information must also coincide with the operating year this CAPER covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for an additional operating year.

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

**Filing Requirements.** Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee’s State or Local HUD Field Office, and to the HOPWA Program Office: at [HOPWA@hud.gov](mailto:HOPWA@hud.gov). Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7248, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C., 20410.

**Definitions**

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

HOPWA Housing Subsidy Assistance		[1] Outputs: Number of Households
1.	<b>Tenant-Based Rental Assistance</b>	
2a.	<b>Permanent Housing Facilities:</b> Received Operating Subsidies/Leased units	
2b.	<b>Transitional/Short-term Facilities:</b> Received Operating Subsidies	
3a.	<b>Permanent Housing Facilities:</b> Capital Development Projects placed in service during the operating year	
3b.	<b>Transitional/Short-term Facilities:</b> Capital Development Projects placed in service during the operating year	
4.	<b>Short-term Rent, Mortgage, and Utility Assistance</b>	
5.	<b>Adjustment for duplication (subtract)</b>	
6.	<b>TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)</b>	

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

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

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

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

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

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

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

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

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

**HOPWA Housing Subsidy Assistance Total:** The unduplicated number of households receiving housing subsidies (TBRA, STRMU, Permanent

Housing Placement services and Master Leasing) and/or residing in units of facilities dedicated to persons living with HIV/AIDS and their families and supported with HOPWA funds during the operating year.

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

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

**In-kind Leveraged Resources:** These 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.

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

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

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

**Operating Costs:** Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing function and operation costs like utilities, maintenance, equipment, insurance, security, furnishings, supplies and salary for staff costs directly related to the housing project but not staff costs for delivering services.

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

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

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

**Program Income:** Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration

requirements on program income at 2 CFR 200.307.

**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 transferable.

**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.

**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 DUNS number.

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

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

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

**Transgender:** Transgender is defined as a person who identifies with, or presents as, a gender that is different from the person's gender assigned at birth.

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

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

OMB Number 2506-0133 (Expiration Date: 11/30/2023)

## Part 1: Grantee Executive Summary

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by 24 CFR 574.3.

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

### 1. Grantee Information

<b>HUD Grant Number</b> AZ H19 F999 AZ H20 F999 AZ H20 FHW999 (CARES Act)		<b>Operating Year for this report</b> From (mm/dd/yy) 07/01/21 To (mm/dd/yy) 06/30/22			
<b>Grantee Name</b> Arizona Department of Housing					
<b>Business Address</b>		1110 W. Washington St, Suite 280			
<b>City, County, State, Zip</b>		Phoenix	Maricopa	AZ	85007
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		86-6004791			
<b>DUN &amp; Bradstreet Number (DUNs):</b>		086704488	<b>System for Award Management (SAM)::</b> Is the grantee's SAM status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide SAM Number:		
<b>Congressional District of Grantee's Business Address</b>		4			
<b>*Congressional District of Primary Service Area(s)</b>		3, 4, 5, 6, 7, 8, 9			
<b>*City(ies) and County(ies) of Primary Service Area(s)</b>		Cities: See below		Counties: Mohave, Coconino, Navajo, La Paz, Yuma, Yavapai, Gila, Graham, Santa Cruz, Greenlee, Pinal, Apache	
<b>Organization's Website Address</b>  www.azhousing.gov		<b>Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.			

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

## 2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

<b>Project Sponsor Agency Name</b> Mohave County		<b>Parent Company Name, if applicable</b> N/A	
<b>Name and Title of Contact at Project Sponsor Agency</b>		Kelly Williams	
<b>Email Address</b>		<a href="mailto:willke@mohave.gov">willke@mohave.gov</a>	
<b>Business Address</b>		700 W. Beale Street	
<b>City, County, State, Zip,</b>		Kingman, AZ 84401	
<b>Phone Number (with area code)</b>		(928) 753-0723	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		86-6000539 (928) 753-0776	
<b>DUN &amp; Bradstreet Number (DUNs):</b>		077531937	
<b>Congressional District of Project Sponsor's Business Address</b>		4	
<b>Congressional District(s) of Primary Service Area(s)</b>		1,4	
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Cities: Kingman, Bullhead City, Lake Havasu City Counties: Mohave	
<b>Total HOPWA contract amount for this Organization for the operating year</b>			
<b>Organization's Website Address</b>		<a href="https://www.mohave.gov/ContentPage.aspx?id=114&amp;cid=11">https://www.mohave.gov/ContentPage.aspx?id=114&amp;cid=11</a>	
<b>Is the sponsor a nonprofit organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered. By date and time of application.</b>	

**2. Project Sponsor Information – START HERE**

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3.

Use this section to report on organizations involved in the direct delivery of services for client households.

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

<b>Project Sponsor Agency Name</b> Northland Cares		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Johnny Martinez, Executive Director		
<b>Email Address</b>		martinez@northlandcares.org		
<b>Business Address</b>		3112 Clearwater Drive, Suite A		
<b>City, County, State, Zip,</b>		Prescott, Yavapai., AZ, 86305		
<b>Phone Number (with area code)</b>		928-776-4612	928-649-0833 (Cttnwd)	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		74-2665371	<b>Fax Number (with area code)</b> 928-771-1767	
<b>DUN &amp; Bradstreet Number (DUNs):</b>		956523773		
<b>Congressional District of Project Sponsor's Business Address</b>		1		
<b>Congressional District(s) of Primary Service Area(s)</b>		1		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		<b>Cities:</b> 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		<b>Counties:</b> <b>Yavapai, Coconino, Apache-Navajo, Gila</b>
<b>Total HOPWA contract amount for this Organization for the operating year</b>		<b>118,770.00</b>		
<b>Organization's Website Address</b>		www.northlandcares.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>		

**2. Project Sponsor Information – START HERE**

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3.

Use this section to report on organizations involved in the direct delivery of services for client households.

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

<b>Project Sponsor Agency Name</b> Southern Arizona AIDS Foundation		<b>Parent Company Name, if applicable</b> N/A	
<b>Name and Title of Contact at Project Sponsor Agency</b>		Abby Loucks	
<b>Email Address</b>		<a href="mailto:aloucks@saaf.org">aloucks@saaf.org</a>	
<b>Business Address</b>		375 S. Euclid Ave	
<b>City, County, State, Zip,</b>		Tucson, Pima, Arizona, 85719	
<b>Phone Number (with area code)</b>		(520) 47-6145	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		86-0864100	<b>Fax Number (with area code)</b> (520) 628-7222
<b>DUN &amp; Bradstreet Number (DUNs):</b>		197335730	
<b>Congressional District of Project Sponsor's Business Address</b>		AZ District 3	
<b>Congressional District(s) of Primary Service Area(s)</b>		AZ Districts 1, 3 & 4.	
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Nogales, Rio Rico, Yuma, Casa Grande, Safford, Queen Creek, Thatcher, Safford, Rimrock, Clarkdale.	Counties: Santa Cruz, Graham, Yuma, Pinal, Greenlee.
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$40,000	
<b>Organization's Website Address</b>		<a href="http://www.saaf.org">www.saaf.org</a>	
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>	



## **5. Grantee Narrative and Performance Assessment**

### **a. Grantee and Community Overview**

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

**HOPWA Grantee: Arizona Department of Housing (ADOH)** located in Phoenix, Arizona, is the HOPWA Grantee for the State of Arizona. As a formula grantee, ADOH receives annual funding from HUD to administer which is accomplished through the three project sponsors within the state. ADOH has provided technical assistance, monitoring and guidance to our HOPWA sponsors – Mohave County Community Services Department, Northland Cares, and Southern Arizona AIDS Foundation. The sponsors participate in the Regional Continuum of Care meetings and ADOH has additional housing contracts with one of the project sponsors. Only one of the project sponsors (Mohave County) maintains a Wait List for a TBRA program. It is a tiered wait list based on income level and date and time of application. Priority is given to homeless households. All three HOPWA Program Project Sponsors administer a TBRA and STRMU program.

The State of Arizona has more than two decades of experience administering federal and state grant funds for CDBG, HOME, LIHTC, and State Housing Trust Fund, and over a decade with administering HUD McKinney-Vento/HEARTH Act grants (Continuum of Care (COC)). The administrative offices of the Arizona Department of Housing are located at 1110 W. Washington St, Suite 280, Phoenix, Arizona 85007. ADOH employs four full-time staff within the area of “Special Needs Housing” who provide grant administration via fiscal and program oversight to more than 55 COC, HTF, and HOPWA projects.

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 are an active part of the Balance of State continuum planning process.

Program contact: David Bridge, Special Needs Program Administrator 602-771-1085

**Mohave County Community Services Dept (MCCSD): Mohave County Community Services Department** is located in Kingman, Arizona and is part of the Housing & Community Revitalization Division of Mohave County. The MCCSD HOPWA Program is in its 14th year of operation. With the contract through Arizona Department of Housing, MCCSD has provided Tenant Based Rental Assistance (TBRA) and more recently, Short Term Rental Mortgage and Utility Assistance (STRMU). Support Services, such as case management, are also provided. Our goal for TBRA is to serve a minimum of 11 eligible households. Actual accomplishments during this period are that MCCSD provided TBRA to 27 eligible households. This was due to effective program management and use of prior year carry over funds. 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 management and other support services and coordinates payment for medical service through Arizona Health Care Cost Containment System (AHCCCS). The STRMU program is in its 3<sup>rd</sup> year with a goal of serving 15 households. Despite advertising that these services are available, spending of STRMU funds remains slow.

**Northland Cares:** Northland Cares is a non-profit specialty healthcare outpatient and support services facility. We provide medical care and support for people living with HIV/AIDS in Northern Arizona. Northland Cares maintains a formula grant from HOPWA for Short-term Rental, Mortgage and Utilities (STRMU) and a Tenant Based Rental Assistance (TBRA) long term housing grant. We provide services to persons residing in Coconino, Apache-Navajo, Gila, and Yavapai Counties. Clients can access assistance through their Case Managers, or by contacting Northland Cares directly.

The main contact for administration of the funds for this grant on behalf of Northland Cares is Debra Webster, Case Manager, Support Services. We receive requests for assistance from a variety of sources, primarily through Medical Case Managers and Case Managers employed at other agencies such as Gila County Health Services, Coconino County Health Services and North County Healthcare. Ms. Webster and Executive Director Johnny Martinez review and approve all payments on behalf of the clients served. This ensures that there is a check/balance system in effect and provide an additional review of the client's information to ensure appropriateness of overall compliance, funding, and budget tracking. We contract with a professional bookkeeping firm that provides additional financial services.

Our STRMU program is designed to be a short-term, needs-based intervention for assistance with mortgage, rent, utilities, and late fees when needed. Per the grant stipulation, we required documentation proving that clients are in danger of eviction, foreclosure or facing shut-off of their utilities prior to providing aid. We require documentation of late bills showing the urgency of the need. We also research and seek out other funding options to ensure that the HOPWA funds are used as a payer of last resort. In certain instances, we will pay forward for a client who may need the additional assistance to ensure that they maintain their housing and utilities with required documentation. The goal is to serve no less than 25 households and 48 were served.

Our TBRA Program, which is for long-term housing, was for a minimum of two units in a rural area, not a major city. We have seen a demand go up in this area and will be requesting to adjust the budget to accommodate more units.

During the 2021-2022 fiscal year, we have continued to maintain and increase our connections with outlying case managers via email and have notified them of form updates as they are sent to us from the Arizona Department of Housing. We have streamlined the application process which ensures faster delivery of services. Ms. Webster (as of 3/2022) stays current on housing needs and trainings by attending HMIS and HOPWA trainings both in-person and online. We have been working closely with SAAF Interim Housing Program for Northern Arizona to house clients that did not qualify for HOPWA or for those whom HOPWA could not assist due to other restrictions.

During the 2021-2022 fiscal year we, along with the nation, continued to face unprecedented issues due to the COVID-19 Pandemic. We have experienced an increase in clients needs as their positions of employment were deemed non-essential and they had no work or income. Some of our clients have experienced their industries and private businesses close as travel restrictions increased.

We were able to assist our clients in maintaining their residences, apartments, homes, etc. by providing them with STRMU/TBRA when applicable and appropriate, as well as outreach efforts towards PReP/PeP referrals, and preventative care/treatment. During this pandemic, we lost one client who passed away, however, have not had clients lose housing or utilities. In addition to assisting with their housing and utility bills, we were able to assist clients with applying for the Pandemic Unemployment Assistance, Vocational Rehabilitation referrals/assistance, Social Security benefits counseling, Behavioral Health referrals, Case Management and Food Stamps. Some of our clients have had to shut their private businesses down due to the emergency. We were able to refer several clients to local Work Apprenticeship Programs/Vocational Rehabilitation services where they can learn a new skill while earning an income. In this program, they will upon completion receive a Journeyman Certificate in their specialty that is internationally recognized and possibly gain a new career.

**Southern Arizona AIDS Foundation(SAAF):** In 2019 the Arizona Department of Housing, as the grantee, contracted with the Southern Arizona AIDS Foundation (SAAF) as a project sponsor, to administer HOPWA Housing Subsidy Assistance in the form of TBRA (Tenant-Based Rental Assistance), Short-term Rent, Mortgage and Utility assistance (STRMU), Supportive Services (including case management) and Permanent Housing Placement Services (including move-in costs and housing prescreen assistance). During 2021-2022 this HOPWA grant provided housing assistance to 3 Scattered Site TBRA rentals and 11 STRMU unduplicated households.

The project sponsor is the Southern Arizona AIDS Foundation (SAAF). SAAF is the result of a 1997 merger of the three primary AIDS service organizations in Tucson. The mission of the Southern Arizona AIDS Foundation is to create and sustain a healthier community through a compassionate, comprehensive response to HIV/AIDS. SAAF is a community-based organization in Southern Arizona providing case management, housing, and support services for people living with HIV/AIDS and their families; comprehensive prevention and education programs to reduce the rate of infection; and trainings and opportunities for community members to fill critical roles.

The area of service is Yuma, La Paz, Gila, Pinal, Graham, Greenlee and Santa Cruz counties that are part of the Balance of State Continuum of Care.

#### **b. Annual Performance under the Action Plan**

Provide a narrative addressing each of the following four items:

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

**Mohave County (MCCSD):** Mohave County has built a strong relationship with our local partners so that we can better support those with HIV/AIDS. We have been able to put in an open door system with our local providers, so that 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 6-8 HOPWA clients over our contracted amount and this amount is increasing annually.

**Northland Cares:** Our Case Managers and the outlying Case Managers are aware that we can aid their clients; the requirement to help and all requests have been processed and paid in a timely and efficient manner.

During the 2021-2022 grant year, we processed the following requests:  
48 STRMU Households and 15 TBRA for twelve consecutive months.

County	Number Served	Outcome vs 2020-2021
Apache/Navajo	2 STRMU – 1 TBRA	Increased by 1
Coconino	0 STRMU – 0 TBRA	Same as 2020-2021
Gila	0	Same as 2020-2021
Yavapai	46 STRMU – 14 TBRA	Increase 9 from 20/21

**Southern Arizona AIDS Foundation (SAAF):** SAAF had several accomplishments during this reporting year. Three households benefited from Tenant Based Rental Assistance in scattered site housing units. For STRMU, 11 households received HOPWA Short-term Rent, Mortgage and Utility assistance in order to maintain housing stability.

**2. Outcomes Assessed.** Assess your program’s success in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and improve access to care. Compare current year results to baseline results for clients. Describe how program activities/projects contributed to meeting stated goals. If program did not achieve expected targets, please describe how your program plans to address challenges in program implementation and the steps currently being taken to achieve goals in next operating year. If your program exceeded program targets, please describe strategies the program utilized and how those contributed to program successes.

**Mohave County (MCCSD):** Mohave County Community Services Development’s (MCCSD) HOPWA Program is in its 14th 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 27 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 management and other support services and coordinates payment for medical service through AHCCS. We have also begun to receive referrals through other area service providers such as Catholic Charities and Conerstone Mission Project.

During this program year we were able to to serve 27 individuals. During this period, we did have some turnover: 3 families successfully exited the program. We enrolled 6 new clients into the program during the period with 21 carried over from the previous year. MCCSD maintains a tiered waiting list based on income level and date and time of application. Priority is given to homeless families and then those with the lowest income. MCCSD accepts referrals and applications mainly from North County Health Care (Ryan White Funds Recipient), as well as other members of the Local Continuum of Care (CoC) network.

**Northland Cares:** We monitor and track other programs that are available and determined what the best use of our funding is to better serve our clients. We have continued to find small grants that can assist our HIV clients with some of the extra unexpected costs that they incur that are not covered under our funding, such as vision assistance. Our goal is that this assistance frees up funds to help our clients and their families while we assist them in maintaining their housing. We have a continued rate of 94% of all our clients being undetectable, equal to that rate from 2020/2021, by compliance with their ART regimen. Our goal is to see this percentage increase by continuing to offer supportive services that help our clients stay in compliance with their medications. Our clients were able to maintain their housing which provides them with a safe, sanitary environment to live and access all the care and services they need. Reducing the stress our clients experience with past-due and unpaid bills, has a positive impact on their overall health. We achieved these goals by enabling our struggling clients and their families to maintain their housing, without disrupting their life, surroundings, and support system.

**Southern Arizona AIDS Foundation (SAAF):** SAAF provided emergency short-term rent, mortgage, and utility assistance to 11 households. During this reporting period, the funds used to provide STRMU assistance came from several ADOH contracts.

11 households that received STRMU assistance are expected to maintain private housing without additional assistance.  
3 households that enroll in TBRA are expected to maintaining housing until the next grant year.

SAAF has continued to utilize the policy adopted in 2014 which limits clients to the HUD imposed maximum rather than a stricter standard previously in place that limited assistance to one time per year except in exceptional circumstances. This has allowed greater flexibility to support clients needing short and medium term assistance and not able to regain their housing stability with only a one-time payment.

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

**Mohave County (MCCSD):** Every family was 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 addition, MCCSD also assessed the need for support services, such as security and utility deposits, medical, home furnishings and these needs were all provided for, either through the HOPWA grant or through partnering with other agencies such as North Country Health Care and the Ryan White program, Western Arizona Council of Governments (WACOG), River Fund of Bullhead City, Cornerstone Mission Project, St. Vincent de Paul, Veterans Administration, River Cities United Way, etc.

MCCSD also provided assistance to the families in accessing benefits through AHCCS and Social Security Disability and the Arizona Department of Economic Security DES. MCCSD assisted families to develop a household budget and help them make appropriate spending choices. MCCSD partnered with North County Health Care so that all families had access to essential medical services and health related case management including follow-up with physicians and regular contact by a registered nurse funded through Ryan White. North County Health Care also directly provided other support services such as medications, health insurance premiums, co-pays and deductibles, transportation and food vouchers through Ryan White Title I. In addition, they can provide deposits for new HOPWA clients and they do emergency housing assistance, such as one month's rent or utilities for all HIV/AIDS patients.

MCCSD also administers Supportive Housing Programs and the Local Continuum of Care (CoC). HOPWA issues and concerns are also discussed at those meetings attended by local social service agencies.

**Northland Cares:** During the 2021-2022 Fiscal Year, Northland Cares, has benefitted from the 340B program and small grants that have been awarded to us. We have used these funds to assist our HIV clients in ways that helped them before their utility, rent and mortgage bills became late. This allows us to serve and help more clients. We have referred clients to Catholic Social Services, NACOG and DES for assistance with bills. We are able to stabilize while reducing our HIV clients' stress while staying compliant with their treatment as stress negatively impacts their overall health and well-being.

**Southern Arizona AIDS Foundation (SAAF):** SAAF is a member of the Balance of State Continuum of Care and receives referrals from county agencies such as Yuma County Health Department, Horizon Health Care, Care Directions, Gila County Health Department, for eligible clients that are in need of STRMU assistance. Southern Arizona AIDS Foundation (SAAF) also assists clients in Cochise, Graham, Greenlee and Santa Cruz counties through an internal referral process for clients that meet program requirements.

Leveraged sources are not included in this report as the clients Ryan White Funding is provided by the County Health Departments and or referring agencies. SAAF is solely responsible for assisting the clients with STRMU assistance once the referring agency verifies compliance with Ryan White Eligibility.

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

**Mohave County (MCCSD):** None Reported

**Northland Cares:** Ms. Webster attends trainings provided through HMIS and HOPWA. She also maintains strong communication with our local housing department. Ms. Webster has reached out to the Case Managers in Northern Arizona to let them know that we are available to assist their clients. She also works closely with the Case Manager for our TBRA client(s). Ms. Webster also provides technical assistance to our clients with applying for state benefits, Food Stamps, Cash Assistance AHCCCS and TANF. Ms. Webster meets with clients via telephone and in person due to the COVID-19 safety regulations set forth by the CDC and health concerns. Ms. Webster utilizes her knowledge to provide our clients with information and assistance to access services in Yavapai County.

**Southern Arizona AIDS Foundation (SAAF):** None Reported

### **c. Barriers and Trends Overview**

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

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

**Mohave County (MCCSD):** Though "None Reported" by MCCSD, Fair Market Rates and limited home inventory have been concerns noted by the person completing this report.

**Northland Cares:** The largest barrier for our clients in finding affordable housing is the rental costs in Yavapai and Coconino Counties. They are both well above the allowable Fair Market Rent for these counties. This has resulted in difficulty finding affordable housing for clients in this and surrounding areas.

There is available housing; however, it is priced well above the Fair Market Rent in both Yavapai and Coconino Counties. There were several apartment complexes built in the Prescott and Prescott Valley areas that were advertised as "low-income" rentals; however, these complexes had only a few units designated as low-income and charged market rate for the rest of the units. The waiting lists on these units in some cases are years long.

**Southern Arizona AIDS Foundation (SAAF):** While SAAF is providing STRMU assistance to clients that are needing of limited assistance we continue to encountered the displacement of clients due to the loss of employment and increasing rental rates that are causing an additional strain on the available resources and limited funding in our STRMU program.

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

**Mohave County (MCCSD):** Rents are increasing in the community as the economy improves and 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:** The cost of renting in Yavapai and Coconino Counties, makes it very difficult to find housing that is within the Fair Market Rental prices. Even with a 10% increase allowed for these areas, 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. Within the past year, two separate apartment complexes were built, and while advertising as "low-income" rentals, the reality is that they had set aside only a few units in each development that were for low-income families; however, they were limited in the number of rentals and the remaining units were priced well above the fair market rate. All of the low-income complexes have very long wait lists. Some of our clients have been turned away from rentals due to lack of credit history, a criminal history and/or too many tattoos, per one client. Or simply not having an income that is 2.5 and 3 times the amount of rent. They have paid money for the application fees and credit checks, only to be turned away when the report comes back. We are working with clients on filling out their applications completely and if we are able, we assist them with speaking with potential landlords.

Landlords are also charging top dollar for rentals and running credit checks on clients, and then using their credit score or a lack thereof to not permit them to rent from them. Since the market is tight and prices are high, it has created the perfect housing crisis for working people and the working poor. We have had clients submit application to multiple places, with a cost of \$40-\$100 per application fee and then not be permitted to rent due to a lack of credit score or a poor credit history, and these fees are non refundable. With the pandemic, we are seeing no change in rental costs or affordable housing availability.

Yavapai County is a more rural county, we do not have the infrastructure that major metropolitan cities enjoy, public transportation etc. For our clients who live in smaller communities outside of the Tri-city area, it is difficult to find permanent gainful employment and there are not as many housing opportunities. What we lack in volume, we do make up for with different housing options. Ms. Webster is attending community meetings where the focus is on affordable housing and other issues within our rural community.

**Southern Arizona AIDS Foundation (SAAF):** Due to increasing rental rates clients are being forced and the lacked of steady employment in rural areas, clients are relaying on assistance programs to ensure they are stably housed. SAAF has been working with community partners and agencies to identify other housing resources to limit the amount of homelessness in theses rural areas.

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

**Mohave County (MCCSD):** We use the PIT (Point in Time) Count to identify individuals experiencing homelessness in Mohave County and this information is available to the public

**Northland Cares:** We have notified clients that they can refer to the Arizona Department of Housing website if they wish to gather further information on the HOPWA program. We are presently working on an evaluation tool to gather specific information on housing, housing availability, landlord issues and property management companies to determine where we have needs that are not being met and where there may be housing options for our clients Ms. Webster is new to the HOPWA Case Manager position and will be reaching out to community groups and organizations that assist with housing issues in our community, to learn about options available, while networking to improve our housing outcomes for clients.

<input checked="" type="checkbox"/> HOPWA/HUD Regulations	<input type="checkbox"/> Planning	<input checked="" type="checkbox"/> Housing Availability	<input checked="" type="checkbox"/> Rent Determination and Fair Market Rents
<input checked="" type="checkbox"/> Discrimination/Confidentiality	<input type="checkbox"/> Multiple Diagnoses	<input checked="" type="checkbox"/> Eligibility	<input type="checkbox"/> Technical Assistance or Training
<input type="checkbox"/> Supportive Services	<input type="checkbox"/> Credit History	<input checked="" type="checkbox"/> Rental History	<input type="checkbox"/> Criminal Justice History
<input checked="" type="checkbox"/> Housing Affordability	<input checked="" type="checkbox"/> Geography/Rural Access	<input type="checkbox"/> Other, please explain further	

**Southern Arizona AIDS Foundation (SAAF):**

<input type="checkbox"/> HOPWA/HUD Regulations	<input type="checkbox"/> Planning	<input type="checkbox"/> Housing Availability	<input checked="" type="checkbox"/> Rent Determination and Fair Market Rents
<input checked="" type="checkbox"/> Discrimination/Confidentiality	<input checked="" type="checkbox"/> Multiple Diagnoses	<input type="checkbox"/> Eligibility	<input type="checkbox"/> Technical Assistance or Training
<input type="checkbox"/> Supportive Services	<input checked="" type="checkbox"/> Credit History	<input checked="" type="checkbox"/> Rental History	<input checked="" type="checkbox"/> Criminal Justice History
<input checked="" type="checkbox"/> Housing Affordability	<input type="checkbox"/> Geography/Rural Access	<input type="checkbox"/> Other, please explain further	

**End of PART 1**

## PART 2: Sources of Leveraging and Program Income

### 1. Sources of Leveraging

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

*Note: Be sure to report on the number of households supported with these leveraged funds in Part 3, Chart 1, Column d.*

#### A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	\$236,695	EFA, MCM, Medical, Food, Mental Health, Transportation	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Continuum of Care			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: PrEP, CDC STD Grant	\$730	Medical	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Private Funding			
Grants			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
In-kind Resources			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private: 340B PrEP	\$2,064,955	Medical	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: 340B	\$577,817	EFA, MCM, Medical, Food, Mental Health, Transportation	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: Margaret T Morris, Aberdeen Foundation	\$8760		<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support

Other Private: Hoffman Verde Valley	\$7804	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private:		<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Funding		
Grantee/Project Sponsor (Agency) Cash		<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	\$51,122	
<b>TOTAL (Sum of all Rows)</b>	<b>\$2,947,883</b>	



## 2. Program Income and Resident Rent Payments

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

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

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

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	4962.00
2.	Resident Rent Payments made directly to HOPWA Program	0
3.	<b>Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)</b>	4962.00

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

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

Program Income and Resident Rent Payment Expended on HOPWA programs		Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	4962.00
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	
3.	<b>Total Program Income Expended (Sum of Rows 1 and 2)</b>	4962.00

**End of PART 2**

**PART 3: Accomplishment Data Planned Goal and Actual Outputs**

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

**1. HOPWA Performance Planned Goal and Actual Outputs**

HOPWA Performance Planned Goal and Actual		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
<b>HOPWA Housing Subsidy Assistance</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
1.	Tenant-Based Rental Assistance	17	41			\$461,169.00	\$204,678.78
2a.	<b>Permanent Housing Facilities:</b> Received Operating Subsidies/Leased units (Households Served)					0.00	0.00
2b.	<b>Transitional/Short-term Facilities:</b> Received Operating Subsidies/Leased units (Households Served) (Households Served)					0.00	0.00
3a.	<b>Permanent Housing Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)					0.00	0.00
3b.	<b>Transitional/Short-term Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)					0.00	0.00
4.	Short-Term Rent, Mortgage and Utility Assistance	55	59			\$197,761.00	\$153,328.23
5.	Permanent Housing Placement Services	21	22			\$53,824.00	\$16,410.39
6.	Adjustments for duplication (subtract)	10	32				
7.	<b>Total HOPWA Housing Subsidy Assistance</b> (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	83	90			\$712,754.00	\$374,417.40
<b>Housing Development (Construction and Stewardship of facility based housing)</b>		<b>[1] Output: Housing Units</b>				<b>[2] Output: Funding</b>	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)					0.00	0.00
9.	Stewardship Units subject to 3- or 10- year use agreements						
10.	<b>Total Housing Developed</b> (Sum of Rows 8 & 9)					0.00	0.00
<b>Supportive Services</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
11a.	Supportive Services provided by project sponsors that also delivered HOPWA housing subsidy assistance	35	86			\$180,030.15	\$53,606.86
11b.	Supportive Services provided by project sponsors that only provided supportive services.					0.00	0.00
12.	Adjustment for duplication (subtract)						
13.	<b>Total Supportive Services</b> (Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)	35	86			\$180,030.15	\$53,606.86
<b>Housing Information Services</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
14.	Housing Information Services					0.00	0.00
15.	<b>Total Housing Information Services</b>					0.00	0.00

Grant Administration and Other Activities		[1] Output: Households				[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources						
17.	Technical Assistance (if approved in grant agreement)						
18.	Grantee Administration (maximum 3% of total HOPWA grant)					\$9,011.00	\$35,000
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$67,023.73	\$21,729.00
20.	<b>Total Grant Administration and Other Activities (Sum of Rows 16 – 19)</b>					\$106,034.73	\$56,729.00
<b>Total Expended</b>						<b>[2] Outputs: HOPWA Funds Expended</b>	
						<b>Budget</b>	<b>Actual</b>
21.	<b>Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)</b>					\$998,818.88	\$484,753.26

## 2. Listing of Supportive Services

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

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

Supportive Services		[1] Output: Number of <u>Households</u>	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance		
2.	Alcohol and drug abuse services		
3.	Case management	86	\$53,606.86
4.	Child care and other child services		
5.	Education		
6.	Employment assistance and training		
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
8.	Legal services		
9.	Life skills management (outside of case management)		
10.	Meals/nutritional services		
11.	Mental health services		
12.	Outreach		
13.	Transportation		
14.	Other Activity (if approved in grant agreement). <b>Specify:</b>		
15.	<b>Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)</b>	86	
16.	<b>Adjustment for Duplication (subtract)</b>		
17.	<b>TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)</b>	86	\$53,606.86

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

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

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

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

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of Households Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	59	\$153,328.23
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	4	\$20,561.61
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	2	\$8,173.05
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	29	\$84,307.73
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	7	\$25,986.00
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	17	\$14,299.84
g.	Direct program delivery costs (e.g., program operations staff time)		\$0.00

End of PART 3

**Part 4: Summary of Performance Outcomes**

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

**Data Check:** The sum of Columns [2] (Number of Households Continuing) and [3] (Exited Households) equals the total reported in Column[1].

**Note:** Refer to the housing stability codes that appear in Part 5: Worksheet - Determining Housing Stability Outcomes.

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

**A. Permanent Housing Subsidy Assistance**

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Tenant-Based Rental Assistance	41	37	1 Emergency Shelter/Streets		Unstable Arrangements
			2 Temporary Housing		Temporarily Stable, with Reduced Risk of Homelessness
			3 Private Housing	1	Stable/Permanent Housing (PH)
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		Unstable Arrangements
			8 Disconnected/Unknown		
			9 Death	3	
Permanent Supportive Housing Facilities/ Units	0	0	1 Emergency Shelter/Streets		Unstable Arrangements
			2 Temporary Housing		Temporarily Stable, with Reduced Risk of Homelessness
			3 Private Housing		Stable/Permanent Housing (PH)
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		Unstable Arrangements
			8 Disconnected/Unknown		
			9 Death		

**B. Transitional Housing Assistance**

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

		9 Death		<i>Life Event</i>
B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months		0		

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

Report the total number of households that received STRMU assistance in Column [1].

In Column [2], identify the outcomes of the households reported in Column [1] either at the time that they were known to have left the STRMU program or through the project sponsor’s best assessment for stability at the end of the operating year.

Information in Column [3] provides a description of housing outcomes; therefore, data is not required.

At the bottom of the chart:

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

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

**Data Check:** The sum of Column [2] should equal the number of households reported in Column [1].

**Assessment of Households that Received STRMU Assistance**

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
59	<b>Maintain Private Housing without subsidy</b> <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	49	<i>Stable/Permanent Housing (PH)</i>
	<b>Other Private Housing without subsidy</b> <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>	0	
	Other HOPWA Housing Subsidy Assistance	6	
	Other Housing Subsidy (PH)	0	
	<b>Institution</b> <i>(e.g. residential and long-term care)</i>	0	
	Likely that additional STRMU is needed to maintain current housing arrangements	2	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	<b>Transitional Facilities/Short-term</b> <i>(e.g. temporary or transitional arrangement)</i>	0	
	<b>Temporary/Non-Permanent Housing arrangement</b> <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>	0	
	Emergency Shelter/street	0	<i>Unstable Arrangements</i>
	Jail/Prison	0	
	Disconnected	0	
	Death	2	<i>Life Event</i>
	1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).		
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).			6

### Section 3. HOPWA Outcomes on Access to Care and Support

#### 1a. Total Number of Households

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

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

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

Total Number of Households	
<b>1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	122
b. Case Management	86
c. Adjustment for duplication (subtraction)	109
<b>d. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)</b>	<b>99</b>
<b>2. For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	
<b>b. Total Households Served by Project Sponsors without Housing Subsidy Assistance</b>	

#### 1b. Status of Households Accessing Care and Support

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

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

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

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	99		Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	99		Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	99		Access to Health Care
4. Accessed and maintained medical insurance/assistance	99		Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	86		Sources of Income

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

<ul style="list-style-type: none"> <li>MEDICAID Health Insurance Program, or use local program name</li> <li>MEDICARE Health Insurance Program, or use local program name</li> </ul>	<ul style="list-style-type: none"> <li>Veterans Affairs Medical Services</li> <li>AIDS Drug Assistance Program (ADAP)</li> <li>State Children's Health Insurance Program (SCHIP), or use local program name</li> </ul>	<ul style="list-style-type: none"> <li>Ryan White-funded Medical or Dental Assistance</li> </ul>
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**Chart 1b, Row 5: Sources of Income include, but are not limited to the following (Reference only)**

<ul style="list-style-type: none"> <li>• Earned Income</li> <li>• Veteran’s Pension</li> <li>• Unemployment Insurance</li> <li>• Pension from Former Job</li> <li>• Supplemental Security Income (SSI)</li> </ul>	<ul style="list-style-type: none"> <li>• Child Support</li> <li>• Social Security Disability Income (SSDI)</li> <li>• Alimony or other Spousal Support</li> <li>• Veteran’s Disability Payment</li> <li>• Retirement Income from Social Security</li> <li>• Worker’s Compensation</li> </ul>	<ul style="list-style-type: none"> <li>• General Assistance (GA), or use local program name</li> <li>• Private Disability Insurance</li> <li>• Temporary Assistance for Needy Families (TANF)</li> <li>• Other Income Sources</li> </ul>
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**1c. Households that Obtained Employment**

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

Column [2]: Of the households identified as receiving services from project sponsors that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a, Row 2b, report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or case management/counseling services.

*Note: This includes jobs created by this project sponsor or obtained outside this agency.*

*Note: Do not include jobs that resulted from leveraged job training, employment assistance, education or case management/counseling services.*

Categories of Services Accessed	[1 For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	20	

**End of PART 4**



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

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

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

**Background on HOPWA Housing Stability Codes**

**Stable Permanent Housing/Ongoing Participation**

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

**Temporary Housing**

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

**Unstable Arrangements**

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

**Life Event**

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

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

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

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

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

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

**End of PART 5**

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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

HUD Grant Number(s)	<b>Operating Year for this report</b> From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr  <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6;  <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10
Grantee Name	Date Facility Began Operations (mm/dd/yy)

**2. Number of Units and Non-HOPWA Expenditures**

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

**3. Details of Project Site**

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

**End of PART 6**

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

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

**Section 1. HOPWA-Eligible Individuals Who Received HOPWA Housing Subsidy Assistance****a. Total HOPWA Eligible Individuals Living with HIV/AIDS**

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

<b>Individuals Served with Housing Subsidy Assistance</b>	<b>Total</b>
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	90

**Chart b. Prior Living Situation**

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

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

<b>Category</b>		<b>Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance</b>
1.	<u>Continuing</u> to receive HOPWA support from the prior operating year 13 3 14	30
<b>New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year</b>		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside) 3 1	4
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	0
4.	Transitional housing for homeless persons	0
5.	<b>Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4) 5 1</b>	4
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	0
7.	Psychiatric hospital or other psychiatric facility	0
8.	Substance abuse treatment facility or detox center 2	2
9.	Hospital (non-psychiatric facility)	0
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	0
12.	Rented room, apartment, or house 17 28	45
13.	House you own 1	1
14.	Staying or living in someone else's (family and friends) room, apartment, or house 3	8
15.	Hotel or motel paid for without emergency shelter voucher	0
16.	Other	0
17.	Don't Know or Refused	0
18.	<b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17) 23 20</b>	90

**c. Homeless Individual Summary**

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

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	1	4

**Section 2. Beneficiaries**

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

*Note: See definition of HOPWA Eligible Individual*

*Note: See definition of Transgender.*

*Note: See definition of Beneficiaries.*

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

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

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a)	90
2. Number of ALL other persons <b>diagnosed</b> as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	5
3. Number of ALL other persons <b>NOT diagnosed</b> as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy	24
<b>4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1, 2, &amp; 3)</b>	119

**b. Age and Gender**

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

HOPWA Eligible Individuals (Chart a, Row 1)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18	0	0	0	0	0
2.	18 to 30 years	3	0	0	0	3
3.	31 to 50 years	33	11	0	0	44
4.	51 years and Older	30	12	1	0	43
5.	<b>Subtotal (Sum of Rows 1-4)</b>	66	23	1	0	90
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	9	3			12
7.	18 to 30 years	2	1	0	0	3
8.	31 to 50 years	4	2	0	0	6
9.	51 years and Older	5	3	0	0	8
10.	<b>Subtotal (Sum of Rows 6-9)</b>	20	9	0	0	29
Total Beneficiaries (Chart a, Row 4)						
11.	<b>TOTAL (Sum of Rows 5 &amp; 10)</b>	86	32	1	0	119

**c. Race and Ethnicity\***

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

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a, Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a, Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native	2	0	3	0
2.	Asian	0	0	0	0
3.	Black/African American	2	0	4	0
4.	Native Hawaiian/Other Pacific Islander	0	0	0	0
5.	White	84	16	22	3
6.	American Indian/Alaskan Native & White	0	0	0	0
7.	Asian & White	0	0	0	0
8.	Black/African American & White	2	0	0	0
9.	American Indian/Alaskan Native & Black/African American	0	0	0	0
10.	Other Multi-Racial	0	0	0	0
11.	Column Totals (Sum of Rows 1-10)	90	16	29	3

*Data Check: Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a, Row 4. \*(104+21=125)*

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

**Section 3. Households**

**Household Area Median Income**

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

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

**Note:** Refer to <https://www.huduser.gov/portal/datasets/il.html> for information on area median income in your community.

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	61
2.	31-50% of area median income (very low)	12
3.	51-80% of area median income (low)	17
4.	<b>Total (Sum of Rows 1-3)</b>	<b>90</b>

**Part 7: Summary Overview of Grant Activities**

**B. Facility-Based Housing Assistance**

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

**Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds.** If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but

HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

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

**1. Project Sponsor Agency Name (Required)**

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**2. Capital Development**

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

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

	<b>HOPWA Funds Expended this operating year (if applicable)</b>	<b>Non-HOPWA funds Expended (if applicable)</b>	<b>Name of Facility:</b>
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:		Date started: <span style="float: right;">Date Completed:</span>
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = <span style="float: right;">Total Units =</span>
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units - Sensory Units



Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed				
Homeownership units constructed (if approved)				

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

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

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

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

**3a. Check one only**

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

**3b. Type of Facility**

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

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

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

**4. Households and Housing Expenditures**

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

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