

# Housing Opportunities for Persons With AIDS (HOPWA) Program

# 2019 Consolidated Annual Performance and Evaluation Report (CAPER) Measuring Performance Outcomes

OMB Number 2506-0133 (Expiration Date: 01/31/2021)

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. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

**Overview.** The Consolidated Annual Performance and Evaluation Report (CAPER) provides annual performance reporting on client outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The CAPER 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 <u>HOPWA-funded homeless assistance projects</u>. 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 <a href="HOPWA@hud.gov">HOPWA@hud.gov</a>. 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:

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

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 wellbeing 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 t24 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 his/her gender at birth.

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

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

OMB Number 2506-0133 (Expiration Date: 01/31/2021)

# **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.

ı.	Gran	tee I	ntor	mat	ıon

HUD Grant Number	Operating Year for this report					
CAH19-F002		Fre	om (mm/dd)	/yy) 01/01/2019	To (mm/de	d/yy) 12/31/2019
Grantee Name		•				
City of Sacramento						
Business Address	801 12th Street					
City, County, State, Zip	Sacramento	Sac	ramento		CA	95814
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-6300759	1			l .	<b>-</b>
DUN & Bradstreet Number (DUNs):	07-8831429			System for Award Management (SAM):: Is the grantee's SAM status currently active?  ☑ Yes ☐ No If yes, provide SAM Number:		
Congressional District of Grantee's Business Address	CA-06					
*Congressional District of Primary Service Area(s)	CA-01 CA-03 CA-04	CA-06 CA-	.09			
*City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Sacramento			Counties: Sacramen	to, El Dorado	, Placer, and Yolo
Organization's Website Address www.SHRA.org		Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area?   Yes   No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.  Volunteers of America (VOA) and Colonia San Martin both operate a waiting list for the services they provide. See below for further detail				intain a waiting th operate a

<sup>\*</sup> 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.

Project Sponsor Agency Name	Parent Company Name, if applicable				
Colonia San Martin, LP		Mercy Housing California			
Name and Title of Contact at Project Sponsor Agency	Erica Plumb, Assistant Directo	or of Supportive Services			
Email Address	eplumb@mercyhousing.org				
Business Address	2512 River Plaza Rd, Suite 200				
City, County, State, Zip,	Sacramento, Sacramento, CA,	95833			
Phone Number (with area code)	916-414-4423				
Employer Identification Number (EIN) or Tax Identification Number (TIN)	83-0481233		Fax Number (with area code)		
DUN & Bradstreet Number (DUNs):	019852671				
Congressional District of Project Sponsor's Business Address	CA-06				
Congressional District(s) of Primary Service Area(s)	CA-07				
City(ies) and County(ies) of Primary Service Area(s)	Cities: Sacramento		Counties: Sacramento		
Total HOPWA contract amount for this Organization for the operating year	\$40,000				
Organization's Website Address	www.mercyhousing.org/california/colonia-san-martin				
Is the sponsor a nonprofit organization?	Yes □ No	Does your organization	on maintain a waiting	list? ⊠ Yes □ No	
Please check if yes and a faith-based organization. Please check if yes and a grassroots organization.	If yes, explain in the r	narrative section how	this list is administered.		

Project Sponsor Agency Name		Parent Company Name, if applicable				
One Community Health						
Name and Title of Contact at Project Sponsor Agency	Dona Weissenfels, Interim CE	EO				
Email Address	dweissenfels@OneCommunityHealth.com					
Business Address	1500 21st Street					
City, County, State, Zip,	Sacramento, Sacramento, CA,	ramento, Sacramento, CA, 95814				
Phone Number (with area code)	916-914-6248					
Employer Identification Number (EIN) or Tax Identification Number (TIN)	68-0162903		Fax Num	ax Number (with area code)		
DUN & Bradstreet Number (DUNs):	613900158					
Congressional District of Project Sponsor's Business Address	CA-06					
Congressional District(s) of Primary Service Area(s)	CA-03, CA-06, CA-07, CA-0	9				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Sacramento, Rio Vista Heights, Courtland, Elk Grove Folsom, Galt, Herald, Isleton, North Highlands, Orangevale, Rio Linda, Ryde, Sloughhouse Antelope	e, Fair Oaks, Elverta, McClellan Park, Mather, Rancho Cordova, Represa,	Counties	: Sacramento		
Total HOPWA contract amount for this	\$214,000		•			
Organization for the operating year						
Organization's Website Address	rganization's Website Address <a href="https://www.onecommunityhealth.com">www.onecommunityhealth.com</a>					
Is the sponsor a nonprofit organization?	Yes □ No	Does your organization	n maintair	n a waiting li	st? □ Yes	⊠ No
Please check if yes and a faith-based organization. Please check if yes and a grassroots organization.	If yes, explain in the n	arrative se	ection how th	iis list is adminis	stered.	

Project Sponsor Agency Name		Parent Company Name, if applicable			
Volunteers of America (VOA)					
Name and Title of Contact at Project Sponsor Agency	Amani Sawires Rapaski, V	Vice President and Chief	Operating Officer		
Email Address	amani@voa-sac.org				
Business Address	3434 Marconi Ave.				
City, County, State, Zip,	Sacramento, Sacramento,	CA, 95821			
Phone Number (with area code)	916-679-3496				
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-6001984		Fax Number (with area code)		
DUN & Bradstreet Number (DUNs):	16-6026653				
Congressional District of Project Sponsor's Business Address	CA-06				
Congressional District(s) of Primary Service Area(s)	CA-06				
City(ies) and County(ies) of Primary Service Area(s)	Cities: Sacramento		Counties: Sacramento		
Total HOPWA contract amount for this Organization for the operating year	\$460,000		•		
Organization's Website Address	www.voancnn.org/open	ı-arms			
		Does your organization maintain a waiting list? ⊠ Yes □ No			
Is the sponsor a nonprofit organization?   ☐ Yes ☐ No		If yes, explain in the narrative section how this list is administered.			
Please check if yes and a faith-based organization. □		Clients are assessed and placed on the waitlist the case manager works			
Please check if yes and a grassroots organization	. ⊔	closely with the clients to ensure documents remain current. Once there is bed availability, case manager confirms documents are current and schedules an enrollment appointment.			

Project Sponsor Agency Name		Parent Company Name, if applicable				
CommuniCare Health Centers						
Name and Title of Contact at Project						
Sponsor Agency	Melissa Marshall					
Email Address	melissam@communicarehc.org					
Business Address	500 B Jefferson Boulevard					
City, County, State, Zip,	West Sacramento, Yolo, C	A 95605				
Phone Number (with area code)	530-753-3498					
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-2188574		Fax Nu	mber (with are	ea code)	
DUN & Bradstreet Number (DUNs):	075255864					
Congressional District of Project Sponsor's Business Address	CA-06					
Congressional District(s) of Primary Service Area(s)	CA-03, CA-06					
City(ies) and County(ies) of Primary Service Area(s)	Cities: West Sacramento, Winters, Knights Landing,		Count	ies: Yolo		
	Esparto, Guinda, Madison, Zamora	, Rumsey, Yolo,				
Total HOPWA contract amount for this Organization for the operating year	\$40,000					
Organization's Website Address	www.communicarehc.org					
Is the sponsor a nonprofit organization? $\  \  \  \  \  \  \  \  \  \  \  \  \ $		Does your organization	on mainta	ain a waiting li	ist? □ Yes	⊠ No
Please check if yes and a faith-based organization. Please check if yes and a grassroots organization.		If yes, explain in the	narrative	section how th	nis list is admin	istered.

Project Sponsor Agency Name	Parent Company Name, if applicable					
Sierra Foothills AIDS Foundation (SFAF)						
Name and Title of Contact at Project Sponsor Agency	Susan Farrington, Executiv	ve Director				
Email Address	susan@sierrafoothillsaids.org					
Business Address	12183 Locksley Lane, Suite 208					
City, County, State, Zip,	Auburn, Placer, CA, 9560	2				
Phone Number (with area code)	530-889-2437					
Employer Identification Number (EIN) or Tax Identification Number (TIN)	68-0179770		Fax Numbe	er (with area	a code)	
DUN & Bradstreet Number (DUNs):	094859605					
Congressional District of Project Sponsor's Business Address	CA-01, CA-04					
Congressional District(s) of Primary Service Area(s)	CA-01, CA-04					
City(ies) and County(ies) of Primary Service Area(s)  Total HOPWA contract amount for this	CA-01, CA-04  Cities: El Dorado Cameron Park, Camino, Coloma, Cool, Diamond Springs, Echo Lake, El Dorado Hills, Fair Play, Fallen Leaf, Garden Valley, George Town, Greenwood, Grizzly Flats, Kelsey, Kyburz, Lotus, Aukum, Pacific House, Pilot Hill, Placerville, Pollock Pines, Rescue, South Lake Tahoe, Shingle Springs, Somerset, Tahoma, Twin Bridges  Placer Alpine Meadows, Alta, Applegate, Auburn, Bowman, Carnelian Bay, Colfax, Dutch Flat, Emigrant Gap, Forest Hill, Gold Run, Granite Bay, Homewood, Iowa Hill, Kings Beach, Lincoln, Loomis, Meadow Vista, Newcastle, Olymic Valley, Penryn, Rocklin, Roseville, Sheridan, Tahoe City, Tahoe Vista, Weimar			: El Dorado a	and Placer	
Organization for the operating year	\$111,826					
Organization's Website Address	www.sierrafoothillsaids.or	<u>g</u>				
Is the sponsor a nonprofit organization?   ☐ Yes ☐ No		Does your organization	on maintain a	a waiting lis	t? □ Yes ⊠	No No
Please check if yes and a faith-based organization Please check if yes and a grassroots organization	If yes, explain in the I	narrative sec	ction how thi	is list is administe	ered.	

#### 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.* 

The City of Sacramento is the recipient of the Housing Opportunities for Persons With AIDS (HOPWA) funds for the Eligible Metropolitan Statistical Area (EMSA) serving the geographic areas of Sacramento, El Dorado, Placer, and Yolo Counties. Program funds are used to assist HOPWA eligible participants in maintaining stable housing arrangements, reducing the risk of homelessness and improving their access to care. [This is done through Tenant-Based Rental Assistance (TBRA), Short-Term Rental, Mortgage, and Utility Assistance (STRMU), facility-based housing assistance, and supportive services. Supportive services, usually are tied to HOPWA housing assistance, can include alcohol and drug abuse services, case management, life skills management, meals/nutritional services, outreach, child care and other services, education, and employment assistance and training.

In 2019, the Sacramento Housing and Redevelopment Agency (SHRA) supported the following organizations with HOPWA funds:

- Colonia San Martin, LP (Mercy Housing California) provides supportive services to HOPWA eligible residents at one property which is managed by Mercy Housing California.
- The **CARES Community Health dba One Community Health** provides STRMU and non-facility-based case management to eligible HIV/AIDS individuals in Shelter Plus Care and other housing situations within Sacramento County.
- The **CommuniCare Health Centers** provides STRMU and supportive services to eligible individuals in Yolo County.
- The **Sierra Foothills AIDS Foundation (SFAF)** provides STRMU and TBRA assistance to eligible individuals in El Dorado and Placer Counties.
- **Volunteers of America (VOA)** operates a transitional short-term supportive housing facility and provides supportive services for the housing facility and to HOPWA clients.

#### 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.

#### Accomplishments:

- The number of unduplicated households assisted in 2019 with:
  - o Supportive services: 390 households received assistance over the operating year.
  - o STRMU over the operating year: 286 households received assistance (Placer and El Dorado Counties − 57, Sacramento City/County − 207, Yolo County − 22).

- o TBRA over the operating year: 3 households received housing assistance in Placer and El Dorado Counties.
- o Receiving operating subsidies at temporary, transitional or permanent housing facilities: 101 households.
- The number of beneficiaries that reside with HOPWA participants and benefit from HOPWA assistance was an additional 49 households.
- One Community Health partnered with Sacramento Steps and leveraged STRMU and other funding sources to house 207 homeless clients in 2019.
- CommuniCare Health Centers were successful in maintaining many of the HOPWA client's permanent residences.
- Colonia San Martin provided residents a series of nutrition workshops throughout 2019. Residents learned about setting healthy goals, information regarding diabetes, and healthy recipes. Colonia San Martin also provided monthly birthday celebrations for residents housed and built a sense of community.
- Sierra Foothills AIDS Foundation was successful in maintaining housing for STRMU recipients in El Dorado and Placer Counties. Also, successfully housed individuals through TBRA allowing them to obtain stable employment, housing, and maintain or improve health.
- Volunteers of America were successful in assisting client's transition into stable housing.
- During the 2019 operating year 26 households obtained an income producing job.

### Challenges:

- The decreases in subsidized housing availability, longer Public Housing and Section 8 waiting lists, and rental increases make it difficult for individuals with a fixed or limited income to achieve housing stability.
- The lack of adequate and affordable housing in rural metropolitan counties such as El Dorado and Placer leaves eligible low-income individuals at a constant risk of homelessness. SFAF will continue to work with local partners to obtain additional landlords to participate in the TBRA program.
- Fully utilizing assistance and supportive services (job skills, education, etc.) to prevent clients from needing to return to the HOPWA program.
- Due to funding reductions and rising housing costs, organizations experience difficulty placing clients in affordable housing and providing supportive services that would assist them in achieving self-sufficiency.
- 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.

# **Achieving Housing Stability and Reducing Homelessness**

For those exiting the program, 12% of STRMU recipients achieved stable or permanent housing and none were formally in transitional housing. The lack of adequate affordable housing, fixed income, poor rental history, criminal history, mental illnesses, poor physical health, substance abuse, etc. make it difficult for many of these individuals to obtain stable permanent housing. Of the households served with HOPWA housing subsidy assistance in 2019, 100% had a housing plan. Sacramento continues to coordinate the rapid re-housing and homeless prevention services with the HOPWA program. Those exiting the shelter system have the opportunity to receive rapid re-housing assistance through the Coordinated Entry system administered by Sacramento Steps Forward.

# **Preventing Homelessness**

STRMU is a short-term rent, mortgage, and utilities assistance program that issues payment on a participant's behalf to prevent homeless as an intervention to help an individual or household maintain their current housing. STRMU was provided to 286 households in 2019. Of those 286, 34 or 12%, were able to obtain permanent housing without subsidy in long-term.

While a vast majority of STRMU recipients avert homelessness, many also received STRMU in the previous year. In essence this means that those people do not achieve stability without further assistance. The assistance is an emergency, shallow-rent subsidy substitute at best. With that said, it allows residents to remain in their housing. In the end, providing STRMU allows

SHRA to provide assistance to as many people as possible even if it is an emergency/intervention situation. This in turn, prevents more people from becoming homeless.

Providers have been working to reduce recidivism in the STRMU program by working with clients to obtain stable housing situations and health care. The recidivism rate from 2018 to 2019 increased 95% as opposed to a 12% decrease 2017 to 2018. The recidivism rate from 2016 to 2018 was 40% and maintained the rate at 40% from 2017 to 2019.

#### **Improving Access to Care**

Of the households served, 100% received supportive services. HOPWA funded supportive services include Alcohol and drug abuse services, case management, employment assistance and training, life skills management, meals and nutritional services, education, child care and other child services, and outreach. Yolo County staff continues to conduct outreach with organizations to increase awareness of HOPWA assistance. El Dorado and Placer Counties continue to focus on improving, treatment adherence; preventing disease progression as well as disease transmission by helping clients remain in their current residence.

**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.

SHRA coordinates with various non-profit and public organizations during the development of the Action Plan. These include, but are not limited to City and County of Sacramento Departments, Sacramento Steps Forward (SSF), the lead agency for the CoC, the Salvation Army, and Volunteers of America.

To better link services to the targeted population, SHRA staff maintains relationships with various local, state, and federal agencies including but not limited to, the Sacramento Employment and Training Agency (SETA), the County of Department of Health Services (DHS), the County Department of Human Assistance (DHA), the California's State Department of Housing and Community Development (HCD), and the U.S. Department of Housing and Urban Development (HUD).

SHRA is also a member of the CoC Advisory Board. The Board is responsible for recommending policy to elected officials around the homeless related issues. Most HOPWA providers are members of the CoC.

SHRA is also a member of the HIV Health Services Planning Council which was chaired by Kristina Kendricks-Clark..

Funds leveraged by subrecipients in 2019 included: Ryan White, County funds, State ADAP enrollments and Medi-Cal Wavier, grants, and in-kind resources for a total of \$3.6 million.

**4. Technical Assistance.** Describe any program technical assistance needs and how they would benefit program beneficiaries. There are no technical assistance requests at this time, but SHRA staff will continue to hold HOPWA meetings to inform providers of training or updates related to the HOPWA program.

# c. Barriers and Trends Overview

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

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

# **HOPWA/HUD Regulations:**

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

The current HOPWA regulations for utility assistance do not recognize firewood as an eligible expense. For some
households in rural communities this is their only source of heat. Also, HOPWA regulations for Short – Term Rent,
Mortgage, and Utility Assistance (STRMU) do not allow assistance with first month's rent, which is difficult to
assist those in need.

#### **Housing Affordability:**

The current high demand on housing creates a low vacancy rate that makes affordable housing difficult to obtain.

#### **Multiple Diagnoses:**

• Those with multiple diagnoses, such as mental illness, hepatitis c, chronic kidney disease, lymphoma, etc. combined with HIV/AIDS often becomes very difficult to keep at a certain level of sustainability which makes access to services, affordable housing, and care critical for long – term success.

#### **Credit History:**

• Given the limited housing inventory, landlords do not often select individuals with poor credit histories since they are able to choose between several prospective tenants for each unit available.

### **Housing Availability**:

• The high demand of affordable housing, longer waiting lists, and rental increases make it difficult for individuals and households to remain in care and achieve housing stability.

#### **Rental History:**

• Individuals who have previously been evicted are difficult to place since landlords consider them high risk. Given their previous record and the limited housing inventory they are often ruled out since landlords are able to choose between several prospective tenants for each unit available.

#### **Rental Determination and Fair Market Rents:**

• The two areas served, El Dorado and Placer Counties, are regions with very expensive real estate, limited rental units, and the current rental rates exclude affordability for our clients. To address this issue SHRA partnered with SFAF to provide TBRA assistance in these areas. SFAF continues to locate additional clients and work with local partners to obtain additional landlords to participate in the TBRA program.

#### **Criminal History:**

- Individuals with a background of criminal history are difficult to place since landlords consider them high risk. Given their previous record, and the limited housing inventory they are often ruled out since landlords are able to choose between several prospective tenants for each unit available
- 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.
- Housing prices and the rental rates continue to increase in this EMSA, which make it difficult to obtain affordable
  and stable housing. Rental units remain a significant barrier for homeless and low- income individuals with
  HIV/AIDS.
- In the rural counties of El Dorado and Placer, persons have difficulty accessing mainstream services due in part to poor public transportation, and a lack of affordable housing. The high rental costs have significantly reduced the rental market for low income individuals who are below 30% of the area median income. There is also a limited amount of rental properties available. Homeless related services and funding are not supported by some officials in these counties.
- The cost of living increases and unemployment are affecting low income individuals' abilities to maintain basic living needs, including food and clothing, and adversely affecting their ability to maintain in care.

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

Staff discusses funding and program issues, current needs, supportive services, operations, and other emerging issues with HOPWA providers.

It has been determined there is a rising need for an increase in mental health treatment services. As the result of impeding cuts to several mental health programs in the region, some HOPWA providers felt the need to offset this loss by focusing on adding or increasing these services in their agencies. Additional HOPWA funding will help these providers increase the services available.

Staff will continue to use surveys, biannual reports, and meetings as tools for gathering information from the providers on housing and supportive services needs in this EMSA.

Staff performs individual provider analysis on the biannual reports and monthly invoices to determine the efficiency of the HOPWA programs in providing services in a timely manner and proper utilization of funds. It also reveals inaccurate trends that need to be corrected. This analysis will continue in 2020.

Other useful reports include the bi-annual housing needs survey conducted by the Community Services Planning Council and the annual Sacramento Point-In-Time Homeless Count.

As mentioned SHRA is a member of the HIV Health Services Planning Council, which regularly conducts surveys for this population.

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

A. Source of Leveraging Chart	[2] Amount of		
	Leveraged		[4] Housing Subsidy
[1] Source of Leveraging	Funds	[3] Type of Contribution	Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance	\$220,369	In Kind	☐ Housing Subsidy Assistance ☐ Other Support
Tryan Winter Troubing Troubination	Ψ220,000	Case management, mental	☐ Housing Subsidy Assistance
		health services, and other	☑ Other Support
Ryan White-Other	\$3,091,154	health services	
Housing Choice Voucher Program	\$72,000	Housing	☐ Other Support
Trousing entire voucher Frogram	ψ12,000	Housing	☐ Housing Subsidy Assistance
Low Income Housing Tax Credit			☐ Other Support
WO. 77			☐ Housing Subsidy Assistance
HOME			☐ Other Support ☐ Housing Subsidy Assistance
Continuum of Care			☐ Other Support
			☐ Housing Subsidy Assistance
Emergency Solutions Grant			☐ Other Support
	<b>#</b> < 0, 000	** .	⊠ Housing Subsidy Assistance
Other Public: Shelter Care Plus	\$60,000	Housing	☐ Other Support ☐ Housing Subsidy Assistance
Other Public: Dept. of Health Medi-Cal Waiver	\$160,000	In Kind	☐ Housing Subsidy Assistance ☐ Other Support
•	, ,		☐ Housing Subsidy Assistance
Other Public: ADAP Enrollments	\$27,000	In Kind	☐ Other Support
Od. B.B.			☐ Housing Subsidy Assistance
Other Public:			☐ Other Support ☐ Housing Subsidy Assistance
Other Public:			☐ Other Support
Private Funding			
			☐ Housing Subsidy Assistance
Grants			☑ Other Support
			☐ Housing Subsidy Assistance
In-kind Resources	\$1,211	Other Support Services	<ul><li>☑ Other Support</li><li>☐ Housing Subsidy Assistance</li></ul>
Other Private:			☐ Other Support
			☐ Housing Subsidy Assistance
Other Private:			☐ Other Support
Other Funding			
Crontae/Project Spanner (Across) Cost			☐ Housing Subsidy Assistance
Grantee/Project Sponsor (Agency) Cash			☐ Other Support
Resident Rent Payments by Client to Private Landlord			
TOTAL (Sum of all Rows)	\$3,631,734		

## 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 <u>program income</u>. (Additional information on program income is available in the HOPWA Grantee Oversight Resource Guide).

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

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

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

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

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

End of PART 2

# PART 3: Accomplishment Data Planned Goal and Actual Outputs

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

1. HOPWA Performance Planned Goal and Actual Outputs

	IOPWA Performance Planned Goal and Actual Outputs	1						
		[1] Output: Households			iseholds	[2] Output: Funding		
		HOP	HOPWA Leveraged		veraged			
	HODWA Darfarmanaa	Assis	tance Household		useholds	HOPW	A Funds	
	HOPWA Performance							
	Planned Goal	a.	b.	c.	d.	e.	f.	
	and Actual	Goal	Actual	Goal	Actual	HOPWA	HOPWA Actual	
	HOPWA Housing Subsidy Assistance	[1	.] Outpu	ıt: Hou	seholds	[2] Outpu	t: Funding	
1.	Tenant-Based Rental Assistance	16	3			\$20,000.00	\$14,170.00	
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)							
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served) (Households Served)	48	101			\$76,741.77	\$61,338.04	
	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)							
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)							
4.	Short-Term Rent, Mortgage and Utility Assistance	373	286			\$247,999.69	\$246,315.40	
5.	Permanent Housing Placement Services							
6.	Adjustments for duplication (subtract)							
7.	Total HOPWA Housing Subsidy Assistance (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	437	390			\$344,741.46	\$321,823.44	
	Housing Development (Construction and Stewardship of facility based housing)	[1]	Output:	Housi	ng Units	[2] Outpu	t: Funding	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)				<b>3</b> - 70			
9.	Stewardship Units subject to 3- or 10- year use agreements							
10.	Total Housing Developed (Sum of Rows 8 & 9)							
	Supportive Services	[1	l] Outpu	t: Hous	seholds	[2] Outpu	t: Funding	
	Supportive Services provided by project sponsors that also delivered <u>HOPWA</u> housing subsidy assistance	359	330			\$437,462.83	\$437,462.83	
	Supportive Services provided by project sponsors that only provided supportive services.	40	40			\$40,000.00	\$39,598.39	
12.	Adjustment for duplication (subtract)							
13.	Total Supportive Services (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)		370	4. II		\$477,462.83	\$477,061.22	
	Housing Information Services	L	1] Outpu	ıı: Hou	senoias	[2] Outpu	t: Funding	
14.	Housing Information Services							
15.	Total Housing Information Services							

	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					
18	(if approved in grant agreement) Grantee Administration					
10.	(maximum 3% of total HOPWA grant)				\$35,329	\$35,329
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)				\$47,621.71	\$45,169.86
20.	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)				\$82,950.71	\$80,498.86
	Total Expended			[2] Outputs: HOPWA Funds Expended		
					Budget	Actual
21.	Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)				\$905,155.00	\$879,383.52

# 2. Listing of Supportive Services

Previous editions are obsolete

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	0	\$0
2.	Alcohol and drug abuse services	141	\$75,350.86
3.	Case management	370	\$162,097.15
4.	Child care and other child services	0	\$0
5.	Education	0	\$0
6.	Employment assistance and training	141	\$5,573.89
0.	Health/medical/intensive care services, if approved	0	\$0
7.	Note: Client records must conform with 24 CFR §574.310	0	\$0
8.	Legal services	•	**
9.	Life skills management (outside of case management)	141	\$173,602.53
10.	Meals/nutritional services	141	\$56,523.31
11.	Mental health services	0	\$0
12.	Outreach	101	\$386.82
13.	Transportation	0	\$0
14.	Other Activity (if approved in grant agreement).  Specify:	0	\$0
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	1,035	
16.	Adjustment for Duplication (subtract)	665	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	370	\$473,534.56

#### 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.

Н	ousing Subsidy Assistance Categories (STRMU)	[1] Output: Number of <u>Households</u> Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	286	\$256,315.40
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	4	\$6,229.42
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	4	\$9,837.09
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	145	\$141,169.62
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	54	\$66,890.64
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	79	\$32,188.63
g.	Direct program delivery costs (e.g., program operations staff time)		

**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: Nu Households that ex HOPWA Program; the Status after Exi	ited this eir Housing	[4] HOPWA Client Outcomes	
			1 Emergency Shelter/Streets	1	Unstable Arrangements	
			2 Temporary Housing	0	Temporarily Stable, with Reduced Risk of Homelessness	
			3 Private Housing	2		
Tenant-Based Rental	3	0	4 Other HOPWA	0	Stable/Down on out Housing (DH)	
Assistance			5 Other Subsidy	0	Stable/Permanent Housing (PH)	
			6 Institution	0		
			7 Jail/Prison	0	Unstable Arrangements	
			8 Disconnected/Unknown	0	Unstable Arrangements	
			9 Death	0	Life Event	
			1 Emergency Shelter/Streets	0	Unstable Arrangements	
			2 Temporary Housing	0	Temporarily Stable, with Reduced Risk of Homelessnes	
<b>D</b>			3 Private Housing	0		
Permanent Supportive	0	0	4 Other HOPWA	0	Stable/Permanent Housing (PH)	
Housing Facilities/ Units			5 Other Subsidy	0	Stable/Fermanent Housing (FH)	
racillues/ Uffits			6 Institution	0		
			7 Jail/Prison	0		
			8 Disconnected/Unknown	0	Unstable Arrangements	
			9 Death	0	Life Event	

**B.** Transitional Housing Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Nu Households that ex HOPWA Program Housing Status afte	ited this n; their	[4] HOPWA Client Outcomes
			1 Emergency Shelter/Streets	25	Unstable Arrangements
			2 Temporary Housing	27	Temporarily Stable with Reduced Risk of Homelessness
Transitional/ Short-Term			3 Private Housing	28	
Housing	101	11	4 Other HOPWA	1	Stable/Permanent Housing (PH)
Facilities/ Units			5 Other Subsidy	7	Stable/1 ermanent Housing (1 11)
			6 Institution	4	
			7 Jail/Prison	0	Unstable Arrangements
			8 Disconnected/unknown	8	Onsidote Arrangements
			9 Death	1	Life Event

# 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	number of		[3] HOPW.	A Client Outcomes
	Maintain Private Housing without subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	34		
	Other Private Housing without subsidy (e.g. client switched housing units and is now stable, not likely to seek additional support)	0	Stable/Perm	anent Housing (PH)
	Other HOPWA Housing Subsidy Assistance	0		anem Housing (1 11)
	Other Housing Subsidy (PH)	0		
286	Institution (e.g. residential and long-term care)	0		
200	Likely that additional STRMU is needed to maintain current housing arrangements	252		
	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	0		arily Stable, with isk of Homelessness
	Temporary/Non-Permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	0	-	
	Emergency Shelter/street	0		
	Jail/Prison	0	Unstabl	e Arrangements
	Disconnected	0		
Death 0				ife Event
1a. Total number of those h STRMU assistance in the pryears).	160			
1b. Total number of those h STRMU assistance in the two operating years).	97			

#### 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 <u>NOT</u> 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						
<ol> <li>For Project Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:</li> </ol>						
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	390					
b. Case Management	350					
c. Adjustment for duplication (subtraction)	350					
d. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)	390					
<ol> <li>For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:</li> </ol>						
a. HOPWA Case Management	40					
b. Total Households Served by Project Sponsors without Housing Subsidy Assistance	40					

# 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
Has a housing plan for maintaining or establishing stable ongoing housing	390	40	Support for Stable Housing
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)	390	40	Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	390	40	Access to Health Care
4. Accessed and maintained medical insurance/assistance	390	40	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	390	40	Sources of Income

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

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

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

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

# 1c. Households that Obtained Employment

Column [1]: Of the households identified as receiving services from project sponsors 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	15	11

**End of PART 4** 

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

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

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

# **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**: <u>Stable Housing</u> 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. <u>Temporary Housing</u> is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item: 2. <u>Unstable Situations</u> is the sum of numbers reported under items: 1, 7, and 8.

**Permanent Facility-Based Housing Assistance**: <u>Stable Housing</u> 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 <u>Housing</u> is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. <u>Unstable Situations</u> is the sum of numbers reported under items: 1, 7, and 8.

**Transitional/Short-Term Facility-Based Housing Assistance:** <u>Stable Housing</u> 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 <u>Temporary Housing</u> is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. <u>Unstable Situations</u> 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)		Operating Year for this report From (mm/dd/yy) To (mm/dd/yy)	☐ Final Yr			
		$ \   \square \   \text{Yr 1; } \   \square   \text{Yr 2; } \   \square   \text{Yr 3; } \   \square   \text{Yr 4; } \   \square   \text{Yr 5; } \   \square   \text{Yr 6;} $				
		$\square$ Yr 7; $\square$ Yr 8; $\square$ Yr 9; $\square$ Yr 10	)			
Grantee Name		Date Facility Began Operations (mm/dd/yy)				
2. Number of Units and Non-HOPWA	Expenditures					
Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Ex Stewardship Units during th				
Total Stewardship Units						
(subject to 3- or 10- year use periods)						
3. Details of Project Site						
Project Sites: Name of HOPWA-funded project						
Site Information: Project Zip Code(s)						
Site Information: Congressional District(s)						
Is the address of the project site confidential?	☐ Yes, protect information; do not list					
1 3	☐ Not confidential; information of	an be made available to the public				
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is						

End of PART 6

different from facility address

# 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 33+

# a. Total HOPWA Eligible Individuals Living with HIV/AIDS

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

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	390

# **Chart b. Prior Living Situation**

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

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

	Category	Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	Continuing to receive HOPWA support from the prior operating year	187
New	Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year	
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	33
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	13
4.	Transitional housing for homeless persons	2
5.	Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows $2-4$ )	48
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	7
8.	Substance abuse treatment facility or detox center	13
9.	Hospital (non-psychiatric facility)	3
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	0
12.	Rented room, apartment, or house	115
13.	House you own	0
14.	Staying or living in someone else's (family and friends) room, apartment, or house	12
15.	Hotel or motel paid for without emergency shelter voucher	5
16.	Other	0
17.	Don't Know or Refused	0
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	390

# 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 <u>not</u> 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	2	49

#### 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 <u>Transgender</u>. *Note:* See definition of <u>Beneficiaries</u>.

**Data Check:** The sum of <u>each</u> 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)	390
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	4
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 benefited from the HOPWA housing subsidy	38
4. TOTAL number of ALL beneficiaries served with Housing Subsidy Assistance (Sum of Rows 1, 2, & 3)	432

#### 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)						
		А.	В.	C.	D.	Е.	
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)	
1.	Under 18	O	0	Ø	0	0	
2.	18 to 30 years	47	3	O	0	50	
3.	31 to 50 years	144	40	2	0	186	
4.	51 years and Older	125	29	O	0	154	
5.	Subtotal (Sum of Rows 1-4)	316	72	2	0	390	
		<b>47</b> +.	All Other Benefi	ciaries (Chart a, Rows	2 and 3)		
		Α.	B.	C.	D.	E.	
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)	
6.	Under 18	2	3	Ø	0	5	
7.	18 to 30 years	5	1	O	0	6	
8.	31 to 50 years	11	7	Ō	0	18	
9.	51 years and Older	11	2	O	0	13	
10.	Subtotal (Sum of Rows 6-9)	29	13	O	0	42	
			Total Benefic	ciaries (Chart a, Row 4	)		
11.	TOTAL (Sum of Rows 5 & 10)	345	85	2	0	432	

#### 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 <u>race</u> of all HOPWA eligible individuals in Column [A]. Report the <u>ethnicity</u> of all HOPWA eligible individuals in column [B]. Report the <u>race</u> of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [C]. Report the <u>ethnicity</u> 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.

		HOPWA Eligible Individuals			eneficiaries	
Category		[A] Race [all individuals reported in Section 2, Chart a, Row 1]		[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	19	11	11	11	
2.	Asian	10	1	0	0	
3.	Black/African American	115	0	5	0	
4.	Native Hawaiian/Other Pacific Islander	2	0	0	0	
5.	White	236	51	22	1	
6.	American Indian/Alaskan Native & White	5	O	0	Ø	
7.	Asian & White	0	0	0	0	
8.	Black/African American & White	1	0	2	0	
9.	American Indian/Alaskan Native & Black/African American	0	Ø	0	0	
10.	Other Multi-Racial	2	0	2	0	
11.	Column Totals (Sum of Rows 1-10)	390	126	42	12	

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.

# 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 <a href="https://www.huduser.gov/portal/datasets/il.html">https://www.huduser.gov/portal/datasets/il.html</a> 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)	278
2.	31-50% of area median income (very low)	81
3.	51-80% of area median income (low)	31
4.	Total (Sum of Rows 1-3)	390

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

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

1. Project Sponsor Agency Name (Required)

Volunteers of America (VOA)

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.

2a. Pr Devel	opment Proje	ormation for HOP cts that receive H	OPWA Operating Costs t	
De	Type of evelopment s operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Open Arms
□N	ew construction	\$		Type of Facility [Check only one box.]  Permanent housing
	ehabilitation equisition			☐ Short-term Shelter or Transitional housing
	perating	\$ 61,338.04		☐ Supportive services only facility
a.	Purchase/lease o	f property:		Date (mm/dd/yy): 07/13/2002
b.	Rehabilitation/C	onstruction Dates:		Date started: N/A Date Completed: N/A
c.	Operation dates:			Date residents began to occupy: 2003  ☐ Not yet occupied
d.	Date supportive	services began:		Date started: 04/2003  ☐ Not yet providing services
e.	Number of units	in the facility:		HOPWA-funded units = 12 Total Units = 12
f.	Is a waiting list r	maintained for the facility?	?	<ul> <li>         ∑ Yes □ No     </li> <li>         If yes, number of participants on the list at the end of operating year: 11     </li> </ul>
g.	What is the addre	ess of the facility (if differ	ent from business address)?	
h.	Is the address of	the project site confidenti	al?	

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)

 $\square$  No, can be made available to the public

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab		12		
Rental units rehabbed				
Homeownership units constructed (if approved)				

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

<u>Charts 3a, 3b, and 4 are required for each facility</u>. 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	Ÿ

	Permanent Supportive Housing Facility/Units
$\boxtimes$	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		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
project sponsor		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence	12					
c.	Project-based rental assistance units or leased units						
d.	Other housing facility Specify:						

# 4. Households and Housing Expenditures

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

	6 6	, 1 3	,
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	101	
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <b>Specify:</b>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	101	\$61,338.04