

**APPENDIX L:**

**COUNTY OF  
SAN DIEGO  
HOPWA CAPER**

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

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

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

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

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

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

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

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

Assistance, Housing Relocation & Stabilization Services, Employment, Education, General Health Status, , Pregnancy Status, Reasons for Leaving, Veteran’s Information, and Children’s Education. Other HOPWA projects sponsors may also benefit from collecting these data elements.

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

**Filing Requirements.** Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee’s State or Local HUD Field Office, and to the HOPWA Program Office: at [HOPWA@hud.gov](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 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C.

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

**Definitions**

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

<b>HOPWA Housing Subsidy Assistance</b>		<b>[1] Outputs: Number of Households</b>
1.	Tenant-Based Rental Assistance	1
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.	Short-term Rent, Mortgage, and Utility Assistance	1
5.	<b>Adjustment for duplication (subtract)</b>	1
6.	<b>TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)</b>	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.

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

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

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

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

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

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

“grassroots.”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HUD Funding → Grantee → Project Sponsor

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

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

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

HUD Funding → Grantee → Project Sponsor → Subrecipient

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

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

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

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

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

## Part 1: Grantee Executive Summary

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

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

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

### 1. Grantee Information

<b>HUD Grant Number</b> CAH11F008		<b>Operating Year for this report</b> From (mm/dd/yy) 07/01/11 To (mm/dd/yy) 06/30/12		
<b>Grantee Name</b> CITY OF SAN DIEGO				
<b>Business Address</b>		202 C STREET 11 <sup>TH</sup> FLOOR		
<b>City, County, State, Zip</b>		SAN DIEGO	SAN DIEGO	CA 92101
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		95-60000776		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		138735407	<b>Central Contractor Registration (CCR):</b> Is the grantee's CCR status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide CCR Number:	
<b>*Congressional District of Grantee's Business Address</b>				
<b>*Congressional District of Primary Service Area(s)</b>				
<b>*City(ies) and County(ies) of Primary Service Area(s)</b>		Cities:	Counties:	
<b>Organization's Website Address</b>  www.sandiego.gov		<b>Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.</b>		

\* 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 sponsors, as defined by CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households. These elements address requirements in the Federal Financial Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> Being Alive San Diego		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>	Jim Cassidy, Director of Programs			
<b>Email Address</b>	<a href="mailto:jcassidy@beingalive.org">jcassidy@beingalive.org</a>			
<b>Business Address</b>	4070 Centre Street			
<b>City, County, State, Zip,</b>	San Diego	San Diego	CA	92103
<b>Phone Number (with area code)</b>	(619) 291-1400		<b>Fax Number (with area code)</b> (619) 291-1491	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	33-0439092			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	803012632			
<b>Congressional District of Project Sponsor's Business Address</b>	53			
<b>Congressional District(s) of Primary Service Area(s)</b>	53			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	San Diego		San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$59,560.00			
<b>Organization's Website Address</b> www.beingalive.org		<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/>		<b>If yes, explain in the narrative section how this list is administered.</b>		



## 2. Project Sponsor Information

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

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> Center for Social Support and Education – KARIBU		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>	Phyllis Jackson, Executive Director			
<b>Email Address</b>	<a href="mailto:Pjackson71@cox.net">Pjackson71@cox.net</a>			
<b>Business Address</b>	4535 30 <sup>th</sup> Street Suite 108			
<b>City, County, State, Zip,</b>	San Diego	San Diego	CA	92116
<b>Phone Number (with area code)</b>	(619) 325-2773		<b>Fax Number (with area code)</b> (619) 516-4320	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	33-0756802			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	961367158			
<b>Congressional District of Project Sponsor's Business Address</b>	53			
<b>Congressional District(s) of Primary Service Area(s)</b>	53			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	San Diego		San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$304,009.65			
<b>Organization's Website Address</b> www.csseonline.org		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input 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>If yes, explain in the narrative section how this list is administered.</b>		

## 2. Project Sponsor Information

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

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> Community Housing Works		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>	Wendy Patterson – Resident Services Coordinator			
<b>Email Address</b>	<a href="mailto:wpatterson@chworks.org">wpatterson@chworks.org</a>			
<b>Business Address</b>	1820 S. Escondido Blvd. Suite 101			
<b>City, County, State, Zip,</b>	Escondido	San Diego	CA	92025
<b>Phone Number (with area code)</b>	(760) 432-6878		<b>Fax Number (with area code)</b> (760) 432-6883	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	33-0317950			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	931425235			
<b>Congressional District of Project Sponsor's Business Address</b>	51			
<b>Congressional District(s) of Primary Service Area(s)</b>	51			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	Oceanside		San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$32,059.00			
<b>Organization's Website Address</b> www.chworks.org	<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input 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>If yes, explain in the narrative section how this list is administered.</b>			

## 2. Project Sponsor Information

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

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> County of San Diego, Health and Human Services Agency, Public Health Services – HIV, STD and Hepatitis Branch		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>	Tim Smith, Community Health Program Specialist			
<b>Email Address</b>	<a href="mailto:Tim.Smith@sdcounty.ca.gov">Tim.Smith@sdcounty.ca.gov</a>			
<b>Business Address</b>	3851 Rosecrans Street, Suite 207			
<b>City, County, State, Zip,</b>	San Diego	San Diego	CA	92110
<b>Phone Number (with area code)</b>	(619) 293-4725		<b>Fax Number (with area code)</b> (619) 296-2368	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	95-60000934			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	144733115			
<b>Congressional District of Project Sponsor's Business Address</b>	53			
<b>Congressional District(s) of Primary Service Area(s)</b>	49, 50, 51, 52, 53			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	San Diego		San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$252,350			
<b>Organization's Website Address</b> <a href="http://www.sdcounty.ca.gov">www.sdcounty.ca.gov</a>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input 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>If yes, explain in the narrative section how this list is administered.</b>		

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> County of San Diego Department of Housing and Community Development		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Manuel Galvan, Housing Program Analyst		
<b>Email Address</b>		<a href="mailto:Manuel.Galvan@sdcounty.ca.gov">Manuel.Galvan@sdcounty.ca.gov</a>		
<b>Business Address</b>		3989 Ruffin Rd		
<b>City, County, State, Zip,</b>		San Diego	San Diego	CA 92123
<b>Phone Number (with area code)</b>		(858) 694-87120	<b>Fax Number (with area code)</b> (858) 514-6588	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		95-60000934		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		074297479		
<b>Congressional District of Project Sponsor's Business Address</b>		52		
<b>Congressional District(s) of Primary Service Area(s)</b>		San Diego County		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Countywide	San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$790,590.88* * <b>HOPWA TBRA total includes prior year funds</b>		
<b>Organization's Website Address</b> <a href="http://www.sdhcd.org">www.sdhcd.org</a>		<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<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>If yes, explain in the narrative section how this list is administered.</b>		

## 2. Project Sponsor Information

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

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> County of San Diego, Department of Purchasing and Contracting		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Josielyn Kaai, Assistant Procurement Contracting Officer		
<b>Email Address</b>		<a href="mailto:josielyn.kaai@sdcounty.ca.gov">josielyn.kaai@sdcounty.ca.gov</a>		
<b>Business Address</b>		10089 Willow Creek Rd. Suite 150		
<b>City, County, State, Zip,</b>		San Diego	San Diego	CA 92131
<b>Phone Number (with area code)</b>		(858) 537-2570	<b>Fax Number (with area code)</b> (858) 715-6454	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		95-6000934		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		175961544		
<b>Congressional District of Project Sponsor's Business Address</b>		55		
<b>Congressional District(s) of Primary Service Area(s)</b>		51, 52, 53		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		San Diego	San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$20,600.00		
<b>Organization's Website Address</b> www.sdcounty.ca.gov/purchasing		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<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>If yes, explain in the narrative section how this list is administered.</b>		

## 2. Project Sponsor Information

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

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> Fraternity House		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>	Marie Jones-Kirk, Executive Director			
<b>Email Address</b>	<a href="mailto:mjkfraternityhouse@prodigy.net">mjkfraternityhouse@prodigy.net</a>			
<b>Business Address</b>	20702 Elfin Forest Road			
<b>City, County, State, Zip,</b>	Escondido	San Diego	CA	92029
<b>Phone Number (with area code)</b>	(760) 736-0292		<b>Fax Number (with area code)</b> (760) 736-0293	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	33-0306861			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	113032580			
<b>Congressional District of Project Sponsor's Business Address</b>	49-50			
<b>Congressional District(s) of Primary Service Area(s)</b>	49-53			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	San Diego		San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$397,957.00			
<b>Organization's Website Address</b> www.fraternityhouseinc.org	<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input 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>If yes, explain in the narrative section how this list is administered.</b>			

## 2. Project Sponsor Information

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

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> Mama's Kitchen		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>	Alberto Cortes, Executive Director			
<b>Email Address</b>	<a href="mailto:Alberto@mamaskitchen.org">Alberto@mamaskitchen.org</a>			
<b>Business Address</b>	3960 Home Avenue			
<b>City, County, State, Zip,</b>	San Diego	San Diego	CA	92105
<b>Phone Number (with area code)</b>	(619) 233-6262		<b>Fax Number (with area code)</b> (619) 233-6283	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	33-0434246			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	556097780			
<b>Congressional District of Project Sponsor's Business Address</b>	53			
<b>Congressional District(s) of Primary Service Area(s)</b>	49-53			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	San Diego		San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$159,500.00			
<b>Organization's Website Address</b> www.mamaskitchen.org	<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input 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>If yes, explain in the narrative section how this list is administered.</b>			

## 2. Project Sponsor Information

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

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> South Bay Community Services		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>	Kathryn Lembo, Executive Director			
<b>Email Address</b>	<a href="mailto:klembo@csbcs.org">klembo@csbcs.org</a>			
<b>Business Address</b>	430 F Street			
<b>City, County, State, Zip,</b>	Chula Vista	San Diego	CA	91910
<b>Phone Number (with area code)</b>	(619) 420-3620		<b>Fax Number (with area code)</b> (619) 420-8722	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	95-2693142			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	113407779			
<b>Congressional District of Project Sponsor's Business Address</b>	51			
<b>Congressional District(s) of Primary Service Area(s)</b>	51			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	San Diego		San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$26,419.00			
<b>Organization's Website Address</b> www.csbcs.org	<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.</b>			
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input 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"/>				



## 2. Project Sponsor Information

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> St. Vincent de Paul Village		<b>Parent Company Name, if applicable</b> Father Joe's Villages, Inc.			
<b>Name and Title of Contact at Project Sponsor Agency</b>		Carl F. Wolter, Josue Homes Program Manager			
<b>Email Address</b>		<a href="mailto:carl.wolter@neighbor.org">carl.wolter@neighbor.org</a>			
<b>Business Address</b>		5120 70 <sup>th</sup> Street			
<b>City, County, State, Zip,</b>		San Diego	San Diego	CA	92115
<b>Phone Number (with area code)</b>		(619) 667-2610		<b>Fax Number (with area code)</b> (619) 466-5103	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		33-0492302			
<b>DUN &amp; Bradstreet Number (DUNs):</b>		785983511			
<b>Congressional District of Project Sponsor's Business Address</b>		53			
<b>Congressional District(s) of Primary Service Area(s)</b>		53			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		San Diego		San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$599,017.45			
<b>Organization's Website Address</b> www.fatherjoesvillages.org		<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>If yes, explain in the narrative section how this list is administered.</b>			

## 2. Project Sponsor Information

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> Stepping Stone of San Diego		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>	John de Miranda, President and CEO			
<b>Email Address</b>	<a href="mailto:johnd@steppingstonesd.org">johnd@steppingstonesd.org</a>			
<b>Business Address</b>	3767 Central Ave.			
<b>City, County, State, Zip,</b>	San Diego	San Diego	CA	92105
<b>Phone Number (with area code)</b>	(619) 278-0777		<b>Fax Number (with area code)</b> (619) 278-0770	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	95-3080619			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	114806289			
<b>Congressional District of Project Sponsor's Business Address</b>	53			
<b>Congressional District(s) of Primary Service Area(s)</b>	53			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	San Diego		San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$270,237.31			
<b>Organization's Website Address</b> www.steppingstonesd.org	<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input 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>If yes, explain in the narrative section how this list is administered.</b>			

## 2. Project Sponsor Information

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

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

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

*Note: Please see Definition section for distinctions between project sponsor and subrecipient*

<b>Project Sponsor Agency Name</b> Townspeople		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at Project Sponsor Agency</b>	Jon Derryberry, Executive Director			
<b>Email Address</b>	<a href="mailto:jon@townspeople.org">jon@townspeople.org</a>			
<b>Business Address</b>	4080 Centre St. Suite 201			
<b>City, County, State, Zip,</b>	San Diego	San Diego	CA	92103
<b>Phone Number (with area code)</b>	(619) 295-8802		<b>Fax Number (with area code)</b> (619) 295-4203	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	33-0623634			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	867989931			
<b>Congressional District of Project Sponsor's Business Address</b>	53			
<b>Congressional District(s) of Primary Service Area(s)</b>	53			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	San Diego		San Diego	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$360,500.00			
<b>Organization's Website Address</b> www.townspeople.org	<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input 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>If yes, explain in the narrative section how this list is administered.</b>			

### 3. Subrecipient Information

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

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

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

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

<b>Subrecipient Name</b> County of San Diego Department of Housing and Community Development				<b>Parent Company Name, if applicable</b> N/A
<b>Name and Title of Contact at Subrecipient</b>	Manuel Q. Galvan, Housing Program Analyst III			
<b>Email Address</b>	<a href="mailto:Manuel.Galvan@sdcounty.ca.gov">Manuel.Galvan@sdcounty.ca.gov</a>			
<b>Business Address</b>	3989 Ruffin Rd			
<b>City, State, Zip, County</b>	San Diego	CA	92123	San Diego
<b>Phone Number (with area code)</b>	(858) 694-8712		<b>Fax Number (include area code)</b> (858) 514-6588	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	95-6000934			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	074297479			
<b>North American Industry Classification System (NAICS) Code</b>	925110			
<b>Congressional District of Subrecipient's Business Address</b>	52			
<b>Congressional District of Primary Service Area</b>	Countywide			
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Countywide			San Diego
<b>Total HOPWA Subcontract Amount of this Organization for the operating year</b>	\$2,884,983 PY11 Entitlement			

#### **4. 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 San Diego remains the HOPWA Program Grantee. Through a contract agreement with the County of San Diego Department of Housing and Community Development (HCD), the County has assumed all administrative responsibilities for the HOPWA formula grant program. In addition to the countywide HOPWA program, HCD operates housing programs in the unincorporated areas and in 15 of the 18 cities that exist in the County of San Diego. HCD provides housing assistance and community improvements through programs that benefit low and moderate-income persons.

The County of San Diego administered HUD's HOPWA PY11 allocation of \$2,884,983 to fund activities in FY 2011-12. In addition, prior year funds were used to supplement PY11 allocation for activities in FY 2011-12. These funds were expended in direct service contracts with agencies and non-profit organizations providing direct services to low income persons with HIV/AIDS. HOPWA funds are distributed throughout the County of San Diego to implement the following eligible activities:

- Acquisition/rehabilitation/new construction of affordable housing
- Administration
- Housing Information and Referral Services
- Resource Identification
- Housing Operating Cost
- Tenant Based Rental Assistance
- Short-term Supportive Facilities (Hotel/Motel Vouchers)
- Supportive Services
- Technical Assistance
- STRMU

On September 16, 2008, the Board of Supervisors authorized a HOPWA Request for Proposal for FYs 2009-10, 2011-12, and 2011-12 and authorized the execution of contracts for a term of one-year with two, one-year renewal options. The following Community Based organizations and County Agencies were recommended for funding of HOPWA eligible activities for FY 2011-12:

<b>PROVIDER</b>	<b>ACTIVITY</b>	<b>IDIS #</b>	<b>PROJECT DESCRIPTION</b>
Being Alive San Diego	Supportive Service	6179	Funding provided for this moving services program in an effort to promote housing stability. Services range from completely moving a participant to a new location or providing materials required to move such as boxes and packing tape. 132 households were assisted during FY 2011-12.
KARIBU – Center for Social Support and Education	Short Term Housing	6184	Funding provided for emergency housing in the form of hotel/motel vouchers. 83 households were assisted during FY 2011-12.
Community Housing Works	Housing	6183	Funding provided for the Residential Service Coordinator to assist residents of Marisol and Old Grove Apartments in maintaining stable housing. The Residential Service Coordinator acts as a liaison between residents, case management, and property management to address any issues that may threaten the residents' housing stability. 20 households were served during FY 2011-12.
County of San Diego Health and Human Services Agency	Supportive Service	6185	Funding provided for the Case Management program sponsored by the County of San Diego Health and Human Services Agency. The program provides intensive case management and supportive services to consumers who are homeless and agree to work on substance abuse issues. 90 people were served during FY 2011-12.
County of San Diego Housing and Community Development	Housing	6182	Funding provided for the HOPWA TBRA program which provides rent subsidies/vouchers for up to 80 consumers. 86 households were served during FY 2011-12.
County of San Diego Housing and Community Development	Resource Identification	6178	Funding provided for Resource identification to establish, coordinate and develop housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives)

County of San Diego Housing and Community Development	Grantee Admin	6181	Management and administrative costs related with the operations of the HOPWA program
County of San Diego Dept. of Purchasing and Contracting	Technical Assistance	6180	Technical assistance for services related to HOPWA contracts including but not limited to, contract renewals and contract amendments
Fraternity House Inc.	Housing	6186 6187	Funding provided for 8 beds at Fraternity House, a Licensed Residential Care Home, for consumers who need 24-hour comprehensive care. 13 households were served during FY 2011-12.
Fraternity House Inc.	Housing	6188 6189	Funding provided for 12 beds at Michaele House, a Licensed Residential Care Home, for consumers who need 24-hour comprehensive care. 14 households were served during FY 2011-12.
South Bay Community Services	Housing	6192	Funding provided for the Residential Service Coordinator to assist residents of La Posada Apartments in maintaining stable housing. The Residential Service Coordinator acts as a liaison between residents, case management, and property management to address any issues that may threaten the residents' housing stability. 14 households were served during FY 2011-12.
St Vincent De Paul Village Inc.	Housing	6195	Funding for operations providing a total of 44 beds in a transitional housing program for consumers who are ambulatory and self-sufficient and for recovering substance abusers and recovering substance abusers who have mental illness. 115 households were served during FY 2011-12.
Stepping Stone of San Diego	Housing	6193	Funding of 17 beds in a transitional housing program for consumers who have 60 days of continuous sobriety and recovering substance abusers and recovering substance abusers who have mental illness. 33 households were served during FY 2011-12.
Townspeople	Housing	6196	Funding provided for housing operations of four permanent housing units at Wilson Ave Apartments and 3 permanent units at 51 <sup>st</sup> Street Apartments. Case management and support services were also provided. 8 households were served during FY 2011-12.
Townspeople	Housing Information and Referral	6197	This program maintains and updates biweekly a list of affordable rental units in the County with HIV sympathetic landlords, which is faxed to over 125 case managers, consumers, agencies and other interested parties. The program also maintains a weekly census of available beds in community residences and is able to refer consumers and their advocates to agencies with available beds. Finally, the program maintains a website for their services which includes the bi-weekly list of affordable rental units in the County. 8,485 housing information and referrals were completed during FY 2011-12

On September 30, 2009 a HOPWA Request for Proposals (RFP) for Direct Housing and Related Services was released in the amount of \$750,000. Of the eight proposals received, four proposals were recommended as follows:

PROVIDER	ACTIVITY	IDIS #	PROJECT DESCRIPTION
Mama's Kitchen	Supportive Service	6191	This HOPWA Nutrition Project (HNP) provides home-delivered meals to individuals who are HIV symptomatic or living with AIDS and who are not eligible to receive meals under any other program. 229 households were served during FY 2011-12.
Stepping Stone of San Diego	Supportive Service	6194	Stepping Stone of San Diego provides 14 beds through its Central Avenue Residential Recovery Group program. Services include group facilitation, individual one-on-ones, staff supervision and crisis intervention. 45 households were served during FY 2011-12.
Fraternity House	Supportive Service	6190	Transportation Services Project; This project provides transportation services for residents of Fraternity House and Michaele House. 27 households were served during FY 2011-12.
Townspeople	Short Term Rent, Mortgage & Utility Assistance (STRMU)	6198	This STRMU program provides short term rent, mortgage and utility assistance for qualifying individuals with HIV/AIDS. 61 households were served during FY 2011-12.

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

Provide a narrative addressing each of the following four items:

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

**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.

**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.

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

The County of San Diego on behalf of the City of San Diego has worked closely with the Regional Continuum of Care Council (RCCC) that includes over 50 community based organizations, government agencies and developers to establish adequate housing and support services for people living with HIV/AIDS. Program staff maintains a permanent seat on the San Diego County’s HIV Health Services Planning Council in addition to convening the Joint City/County HIV Housing Committee that addresses special needs concerns for those suffering that are homeless and not homeless but require supportive housing. The HIV Housing committee includes members of other HIV planning groups, affordable housing developers, service providers and consumers. It provides meaningful citizen and community participation in the planning process associated with affordable housing and related support services for person living with HIV/AIDS. The HIV Housing Committee serves as an advisory body to the Director of the County of San Diego, Department of Housing and Community Development regarding priorities and needs of the community affected by HIV/AIDS and housing.

The HOPWA Program leverages an array of funding from public and private resources that help address the needs of persons with HIV/AIDS. Volunteers provide a substantial amount of service hours at many HOPWA funded agencies. Volunteers are recruited from volunteer fairs or may be participants of HOPWA funded programs. Volunteer activities included staffing reception desks at some HOPWA funded agencies or providing landscaping services at a transitional housing facility. Volunteers also provided home improvement efforts such as painting the interior and exterior of a transitional housing facility. Many agencies also receive in-kind contributions. Agencies received contributions such as free bread, tortillas and baked goods from a local market. HOPWA funded agencies also took a proactive approach to increasing program income. HOPWA funded agencies implemented annual fundraising plans to increase income from private donations, foundations, and grants. HOPWA funded agencies also partnered with non-HOPWA funded agencies to offer a broader scope of services. Collaborating agencies include: First United Methodist Church; North Park Family Health Clinic; The San Diego Lesbian, Gay, Bisexual, Transgender Community Center; UCSD Women, Children and Adolescent HIV Program; Vista Community Clinic; Mama’s Kitchen and Indian Health Centers.

A total of \$2,736,210 in committed leveraged funds from other public and private resources helped address the needs identified in the plan.

**Table below summarizes objectives and accomplishments for Annual Plan Performance Measures, July 1, 2011 to June 30,2012:**

Activities	Objectives	Accomplishments	Expenditures
TBRA Housing Assistance	80 Households	86 Households	\$647,644
Permanent Housing w/housing operations funding	7 Units/Households	8 Households	\$80,943
<b>Transitional /Short Term Housing Total</b>			
*Group Housing	38 Beds/Households	86 Households	\$506,835
*Care Facility for Chronically Ill	20 Beds/Households	27 Households	\$379,219
*Group Homes for Recovering Addicts	37 Beds/Households	107 Households	\$345,422
*Hotel/Motel Vouchers	100 Vouchers	83 Vouchers	\$303,983
Supportive Services	336 Persons	485 Persons	\$523,239
Housing Information	10,000 Persons	8,485 Persons	\$92,700
Short-Term Rent, Mortgage & Utility Assistance(STRMU)	154 Households	61 Households	\$184,696

**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.

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

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.

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

Service providers encountered several barriers to providing HOPWA funded services in the San Diego region. Providers reported a negative impact to their agencies and the services they provide due to funding cuts in State and Federal budgets. Reductions in federally funded Ryan White CARE Act and similar State of California budget cuts resulted in staff reductions and reduced the service capacity of certain providers.

Continuing difficulties also include increasing the HIV/AIDS community’s awareness of their Fair Housing rights and responsibilities. While agencies may receive anecdotal information regarding discrimination based on disabilities, few HOPWA participants report complaints to fair housing enforcement agencies.

Finally, the impact of high housing costs in San Diego County impacted the ability of HOPWA providers to move program participants from HOPWA funded housing into the private rental market. It is very difficult for clients to obtain a security deposit, provided first month’s rent, and qualify for a market rate unit without some form of rental subsidy. Many clients reported they were homeless or virtually homeless for lack of affordable housing.

Historically, the HOPWA program has received entitlement funds equal to the activities proposed. Program staff has worked diligently with community based organizations, government agencies and developers to establish adequate housing and support services for people living with HIV/AIDS. In a collaborative effort, HOPWA staff participates and maintains a permanent seat in the San Diego HIV Health Services Planning Council. HOPWA staff facilitates in establishing a subcommittee as needed of the Joint City/County HIV Housing Committee to help determine funding priorities for upcoming funding years.

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

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

In Row 1, report the total unmet need of the geographical service area, as reported in *Unmet Needs for Persons with HIV/AIDS*, Chart 1B of the Consolidated or Annual Plan(s), or as reported under HOPWA worksheet in the Needs Workbook of the Consolidated Planning Management Process (CPMP) tool.

**Note:** Report most current data available, through Consolidated or Annual Plan(s), and account for local housing issues, or changes in HIV/AIDS cases, by using combination of one or more of the sources in Chart 2.

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

Refer to Chart 2, and check all sources consulted to calculate unmet need. Reference any data from neighboring states’ or



municipalities' Consolidated Plan or other planning efforts that informed the assessment of Unmet Need in your service area.

**Note:** *In order to ensure that the unmet need assessment for the region is comprehensive, HOPWA formula grantees should include those unmet needs assessed by HOPWA competitive grantees operating within the service area.*

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

1. Total number of households that have unmet housing subsidy assistance need.	5,131
2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance:	3,362
a. Tenant-Based Rental Assistance (TBRA)	
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	197
• Assistance with rental costs	81
• Assistance with mortgage payments	0
• Assistance with utility costs.	116
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	1,572

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

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

**End of PART 1**

**PART 2: Sources of Leveraging and Program Income**

**1. Sources of Leveraging**

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

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

**A. Source of Leveraging Chart**

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
<b>Public Funding</b>			
Ryan White-Housing Assistance	117,079	Ryan White Funding	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	621,566	Ryan White Care Act	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program	186,591	Section 8	<input checked="" 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	62,403	HOME Program	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Shelter Plus Care	371,791	Shelter Plus Care Rental Assistance	<input checked="" 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:	53,587	CDBG Funds	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:	500	AMHP – EARP Program	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:	6,995	SHP – HUD	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:	397,694	ADS, Long Term Resident Tx, Rec.	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:	154,846	Public Health	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
<b>Private Funding</b>			
Grants	107,022	Misc. Grants	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
In-kind Resources	22,814	Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private:	239,807	Donors, Foundations and Fundraising Events	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
<b>Other Funding</b>			
Grantee/Project Sponsor/Subrecipient (Agency) Cash	83,514	Agency Cash	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	310,001		
<b>TOTAL (Sum of all Rows)</b>	<b>2,736,210</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

<b>Program Income and Resident Rent Payments Collected</b>		<b>Total Amount of Program Income (for this operating year)</b>
1.	Program income (e.g. repayments)	91,387
2.	Resident Rent Payments made directly to HOPWA Program	289,450
3.	<b>Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)</b>	<b>380,837</b>

### 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.

<b>Program Income and Resident Rent Payment Expended on HOPWA programs</b>		<b>Total Amount of Program Income Expended (for this operating year)</b>
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	236,843
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	143,994
3.	<b>Total Program Income Expended (Sum of Rows 1 and 2)</b>	<b>380,837</b>

**End of PART 2**

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

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

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

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

<b>HOPWA Performance Planned Goal and Actual</b>		[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	80	86			790,590.88	607,762.00
2a.	<b>Permanent Housing Facilities:</b> Received Operating Subsidies/Leased units (Households Served)	7	8			76,700.00	75,242.56
2b.	<b>Transitional/Short-term Facilities:</b> Received Operating Subsidies/Leased units (Households Served) (Households Served)	161	303			1,463,187.31	1,443,424.51
3a.	<b>Permanent Housing Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)	0	0			0	0
3b.	<b>Transitional/Short-term Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)	0	0			0	0
4.	Short-Term Rent, Mortgage and Utility Assistance	154	61			185,400.00	184,696.16
5.	Permanent Housing Placement Services	0	0			0	0
6.	Adjustments for duplication (subtract)	0	0				
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)	402	458			2,515,878.19	2,311,125.23
<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	0			0	0
9.	Stewardship Units subject to 3 or 10 year use agreements	59	59				
10.	<b>Total Housing Developed</b> (Sum of Rows 78 & 9)	59	59			0	0
<b>Supportive Services</b>		<b>[1] Output Households</b>				<b>[2] Output: Funding</b>	
11a.	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance	26	34			58,478.00	58,478.00
11b.	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.	235	478			487,409.75	472,701.19
12.	Adjustment for duplication (subtract)	0	-19			0	0
13.	<b>Total Supportive Services</b> (Columns a. – d. equal the sum of Rows 11 a. & b. minus Row 12; Columns e. and f. equal the sum of Rows 11a. & 11b.)	261	493			545,887.75	531,179.19
<b>Housing Information Services</b>		<b>[1] Output Households</b>				<b>[2] Output: Funding</b>	
14.	Housing Information Services	10,000	8,485			86,300.00	86,300.00
15.	<b>Total Housing Information Services</b>	10,000	8,485			86,300.00	86,300.00

Grant Administration and Other Activities		[1] Output Households		[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources			427,695.42	235,862.87
17.	Technical Assistance (if approved in grant agreement)			48,797.80	17,513.80
18.	Grantee Administration (maximum 3% of total HOPWA grant)			88,533.77	68,569.06
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)			218,750.99	144,016.67
20.	<b>Total Grant Administration and Other Activities (Sum of Rows 17 – 20)</b>			783,777.98	465,962.40
<b>Total Expended</b>					
				[2] Outputs: HOPWA Funds Expended	
				Budget	Actual
21.	<b>Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)</b>			3,931,843.92	3,394,566.82

## 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	0	0
2.	Alcohol and drug abuse services	0	0
3.	Case management	90	245,701.30
4.	Child care and other child services	0	0
5.	Education	0	0
6.	Employment assistance and training	0	0
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310	0	0
8.	Legal services	0	0
9.	Life skills management (outside of case management)	0	0
10.	Meals/nutritional services	229	159,500.00
11.	Mental health services	0	0
12.	Outreach	0	0
13.	Transportation	27	7,940.14
	Other Activity (if approved in grant agreement). <b>Specify:</b>		
	Moving Services	132	59,559.75
14.	Residential Services Coordinator	34	58,478
15.	<b>Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)</b>	512	
16.	<b>Adjustment for Duplication (subtract)</b>	-19	
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>	<b>493</b>	<b>\$531,179.19</b>

**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 <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	61	\$184,696.16
b.	<u>Of the total STRMU reported on Row a.</u> total who received assistance with mortgage costs ONLY.	0	\$0
c.	<u>Of the total STRMU reported on Row a.</u> total who received assistance with mortgage and utility costs.	0	\$0
d.	<u>Of the total STRMU reported on Row a.</u> total who received assistance with rental costs ONLY.	36	\$71,007.50
e.	<u>Of the total STRMU reported on Row a.</u> total who received assistance with rental and utility costs.	20	\$75,738.78
f.	<u>Of the total STRMU reported on Row a.</u> total who received assistance with utility costs ONLY.	5	\$2,799.26
g.	Direct program delivery costs (e.g., program operations staff time)		\$35,150.62

**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
<b>Tenant-Based Rental Assistance</b>	86	77	1 Emergency Shelter/Streets	0	<i>Unstable Arrangements</i>
			2 Temporary Housing	0	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	2	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	0	
			5 Other Subsidy	3	
			6 Institution	0	<i>Unstable Arrangements</i>
			7 Jail/Prison	0	
			8 Disconnected/Unknown	2	
			9 Death	2	<i>Life Event</i>
<b>Permanent Supportive Housing Facilities/ Units</b>	8	7	1 Emergency Shelter/Streets	0	<i>Unstable Arrangements</i>
			2 Temporary Housing	0	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	0	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	1	
			5 Other Subsidy	0	
			6 Institution	0	<i>Unstable Arrangements</i>
			7 Jail/Prison	0	
			8 Disconnected/Unknown	0	
			9 Death	0	<i>Life Event</i>

**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
<b>Transitional/ Short-Term Housing Facilities/ Units</b>	303	69	1 Emergency Shelter/Streets	5	<i>Unstable Arrangements</i>
			2 Temporary Housing	98	<i>Temporarily Stable with Reduced Risk of Homelessness</i>
			3 Private Housing	56	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	25	
			5 Other Subsidy	4	
			6 Institution	6	<i>Unstable Arrangements</i>
			7 Jail/Prison	12	
			8 Disconnected/unknown	26	
			9 Death	2	<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 or subrecipient’s best assessment for stability at the end of the operating year.

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

At the bottom of the chart:

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

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

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

**Assessment of Households that Received STRMU Assistance**

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
61	<b>Maintain Private Housing without subsidy</b> <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	61	<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	0	
	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	0	<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	0	<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).			12
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).			0



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

#### 1a. Total Number of Households

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

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

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

<b>Total Number of Households</b>	
<b>1. For Project Sponsors/Subrecipients 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	372
b. Case Management	0
c. Adjustment for duplication (subtraction)	0
<b>d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)</b>	<b>372</b>
<b>2. For Project Sponsors/Subrecipients 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	90
<b>b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance</b>	<b>90</b>

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

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

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

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

<b>Categories of Services Accessed</b>	<b>[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b>	<b>[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b>	<b>Outcome Indicator</b>
1. Has a housing plan for maintaining or establishing stable on-going housing	372	90	<i>Support for Stable Housing</i>
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)	314	90	<i>Access to Support</i>
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	372	86	<i>Access to Health Care</i>
4. Accessed and maintained medical insurance/assistance	372	90	<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income	307	33	<i>Sources of Income</i>

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

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

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

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

Categories of Services Accessed	[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	126	57

**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)	82	0	2	2
Permanent Facility-based Housing Assistance/Units	8	0	0	0
Transitional/Short-Term Facility-based Housing Assistance/Units	160	98	43	2
<b>Total Permanent HOPWA Housing Subsidy Assistance</b>	250	98	45	4
<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)	61	0	0	0
<b>Total HOPWA Housing Subsidy Assistance</b>	61	0	0	0

**Background on HOPWA Housing Stability Codes**

**Stable Permanent Housing/Ongoing Participation**

3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self-sufficient arrangements) with reasonable expectation that additional support is not needed.

4 = Other HOPWA-funded housing subsidy assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.

5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).

6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

**Temporary Housing**

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

**Unstable Arrangements**

1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).

7 = Jail /prison.

8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

**Life Event**

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

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

**Permanent Facility-Based Housing Assistance:** Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Temporary Housing is the number of households

that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

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

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

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

**End of PART 5**

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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

HUD Grant Number(s)	Operating Year for this report: <b>07/01/11 to 06/30/12</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 checked="" type="checkbox"/> Yr 10;
Grantee Name  <b>Escondido Gardens, LP</b>	Date Facility Began Operations (mm/dd/yy)  <b>06/01/2002</b>


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

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2	<b>\$11,765.00</b>

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	<b>Sonoma Court Apartments</b>
Site Information: Project Zip Code(s)	<b>92025-1976</b>
Site Information: Congressional District(s)	<b>District 50</b>
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list <input checked="" 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	

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

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility:  Diane Wehmeyer, Director of Operations	Signature & Date (mm/dd/yy)   09/07/12
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)  Diane Wehmeyer	Contact Phone (with area code)  714-282-2520 ext 216

**End of PART 6**

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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

HUD Grant Number(s)	Operating Year for this report: <b>07/01/11 to 06/30/12</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 checked="" type="checkbox"/> Yr 10;
Grantee Name  <b>San Marcos Gardens, LP</b>	Date Facility Began Operations (mm/dd/yy)  <b>06/01/2002</b>

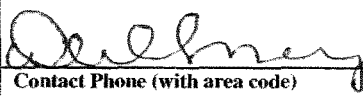
**2. Number of Units and Non-HOPWA Expenditures**

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2	<b>\$6,268.00</b>

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	<b>Mariposa Apartments</b>
Site Information: Project Zip Code(s)	<b>92069-1539</b>
Site Information: Congressional District(s)	<b>District 50</b>
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list <input checked="" 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	

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

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility:  Diane Wehmeyer, Director of Operations	Signature & Date (mm/dd/yy)  09/07/12
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)  Diane Wehmeyer	Contact Phone (with area code)  714-282-2520 Ext 216

**End of PART 6**

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

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

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

Note: See definition of *Stewardship Units*.

**1. General information**

HUD Grant Number(s) 2002-C165796 CA-H20-F008	Operating Year for this report: <b>07/01/11 to 06/30/12</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 checked="" type="checkbox"/> Yr 10;
Grantee Name Southern California Housing Development Corporation	Date Facility Began Operations (mm/dd/yy) 02/22/2002

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

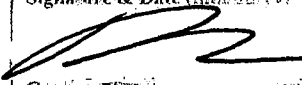
Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	9	\$24,996.10

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	Spring Valley Apartments	
Site Information: Project Zip Code(s)	91977-5600	
Site Information: Congressional District(s)	District 53	
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list <input checked="" type="checkbox"/> <del>Spring Valley Apartments</del> address available to the public	
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	3885 Orville St. (Office) Spring Valley, CA 91977	Vanessa Quinten springvalley@nationalcare.org (415) 741-1032

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

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Name & Title of Authorized Official of the organization that continues to operate the facility: Richard J. Whittingham, CPA Chief Financial Officer	Signature & Date (mm/dd/yy)  8/24/12
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Kern Chaitman Compliance Specialist	Contact Phone (with area code) 909-483-2444 ext 203

End of PART 6

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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

HUD Grant Number(s) <b>CA-H98-F008</b>	Operating Year for this report: <b>07/01/11 to 06/30/12</b> From (mm/dd/yy) To (mm/dd/yy) <input checked="" 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 <b>Autumn Ridge Apartments, LP</b>	Date Facility Began Operations (mm/dd/yy) <b>02/28/2000</b>

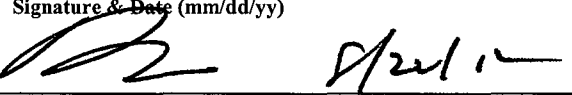
**2. Number of Units and Non-HOPWA Expenditures**

Facility Name: Sierra Vista	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	<b>5</b>	<b>\$12,200.00</b>

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	<b>Sierra Vista (Autumn Ridge)</b>
Site Information: Project Zip Code(s)	<b>92069-6701</b>
Site Information: Congressional District(s)	<b>District 50</b>
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list <input checked="" type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	<b>Luisa Rodriguez, 760-471-1776, 422 Los Vallecitos, San Marcos, CA 92069</b> <a href="mailto:lrodriguez@nationalcore.org">lrodriguez@nationalcore.org</a>  <b>Monique Vasquez, 909-483-2444, 9065 Haven Ave., Ste 100, Rancho Cucamonga, CA 91701</b> <a href="mailto:rvasquez@nationalcore.org">rvasquez@nationalcore.org</a>

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

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: <b>Richard Whittingham, Senior Vice President- Finance (CFO)</b>	Signature & Date (mm/dd/yy) 
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) <b>Julie Johnson, Compliance Specialist</b>	Contact Phone (with area code) <b>909-483-2444 ext. 204</b>

**End of PART 6**



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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

HUD Grant Number(s)  <b>CA-H99-F008</b>	Operating Year for this report: <b>07/01/11 to 06/30/12</b> From (mm/dd/yy) To (mm/dd/yy) <input checked="" 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  <b>Southern California Housing Development Corporation, Santee Apartments, L.P.</b>	Date Facility Began Operations (mm/dd/yy)  <b>08/03/2001</b>

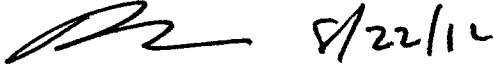
**2. Number of Units and Non-HOPWA Expenditures**

Facility Name: Shadow Hills	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	5	\$12,573.00

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	<b>Shadow Hill Apartments</b>
Site Information: Project Zip Code(s)	<b>92071-3281</b>
Site Information: Congressional District(s)	<b>District 52</b>
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list <input checked="" type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	<b>Ana Avalos, 909-483-2444, 9065 Haven Avenue., Suite 100, Rancho Cucamonga, CA 91730, aavalos@nationalcore.org</b>  <b>Juan Lopez, 619-449-9091, 11085 Woodside Avenue, Santee, CA 92071 jlopez@nationalcore.org</b>

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

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility:	Signature & Date (mm/dd/yy)
Richard Whittingham, Senior Director of Finance (CFO)	 8/22/12
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)	Contact Phone (with area code)
Julie Johnson, Compliance Specialist	909-483-2444 ext. 204

End of PART 6

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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

HUD Grant Number(s)  <b>CA-H99-F008</b>	Operating Year for this report: <b>07/01/11 to 06/30/12</b> From (mm/dd/yy) To (mm/dd/yy) <input checked="" 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  <b>San Marcos Housing Partners, LP</b>	Date Facility Began Operations (mm/dd/yy)  <b>12/15/2000</b>


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

Facility Name: Paseo del Oro	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	5	\$12,634.00

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	<b>Paseo del Oro (West Mission Corridor)</b>
Site Information: Project Zip Code(s)	<b>92069-1500</b>
Site Information: Congressional District(s)	<b>District 50</b>
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list <input checked="" type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	<b>Fredrick Houston, 760-471-4867, 432 W. Mission Road, San Marcos, CA 92069.</b> <b><a href="mailto:fhouston@nationalcore.org">fhouston@nationalcore.org</a></b>  <b>Monique Vasquez, 909-483-2444, 9065 Haven Ave., Ste 100 Rancho Cucamonga, CA 91730</b> <b><a href="mailto:mvasquez@nationalcore.org">mvasquez@nationalcore.org</a></b>

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

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility:  <b>Richard Whittingham, Senior Vice President-Finance (CFO)</b>	Signature & Date (mm/dd/yy)  8/22/11
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)  <b>Julie Johnson, Compliance Specialist</b>	Contact Phone (with area code)  <b>909-483-2444 ext. 204</b>

End of PART 6

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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

HUD Grant Number(s)  <b>CA-H97- F008</b>	Operating Year for this report: <b>07/01/11 to 06/30/12</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  <b>Mercy Gardens Inc.</b>	Date Facility Began Operations (mm/dd/yy)  <b>01/01/2001</b>

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

Facility Name: Mercy Gardens	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	23	\$117,079

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	<b>Mercy Gardens</b>
Site Information: Project Zip Code(s)	<b>92103-2131</b>
Site Information: Congressional District(s)	<b>District 53</b>
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list <input checked="" 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	<b>Juana Sanchez</b> <u>jsanchez@mercyhousing.org</u> 540 Lewis Street, San Diego CA 92103

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

*I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.*

<b>Name &amp; Title of Authorized Official of the organization that continues to operate the facility:</b> Lisa Goulet, ADO Mercy Housing Management Group	<b>Signature &amp; Date (mm/dd/yy)</b>  9-7-12
<b>Name &amp; Title of Contact at Grantee Agency</b> (person who can answer questions about the report and program)  Lisa Goulet, ADO	<b>Contact Phone (with area code)</b>  619.961.5532

**End of PART 6**

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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

HUD Grant Number(s) CA-HO2-F008	Operating Year for this report: From (07/01/11 to 06/30/12) <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 checked="" 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 The San Diego LGBT Community Center	Date Facility Began Operations (mm/dd/yy) 02/01/2006


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

Facility Name: Sunburst Apartments	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	3	65,792

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	Sunburst Youth Housing Project
Site Information: Project Zip Code(s)	92101-5724
Site Information: Congressional District(s)	District 53
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list <input checked="" type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	Contact Name: Victor Esquivel Phone: (619) 255-7854 x102 Address: 1640 Broadway, San Diego, CA 92101

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

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility:	Signature & Date (mm/dd/yy)
Beth Bames, Director of Operations and Quality Assurance	 8/29/12
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)	Contact Phone (with area code)
Beth Bames, Director of Operations and Quality Assurance	(619) 692-2077 x125

End of PART 6

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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

HUD Grant Number(s)	Operating Year for this report: <b>07/01/11 to 06/30/12</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  <b>34<sup>th</sup> Street Project LLC/Townspople</b>	Date Facility Began Operations (mm/dd/yy)  <b>12/27/2010</b>

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

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	5	27075.00

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	<b>34<sup>th</sup> Street Apartments</b>
Site Information: Project Zip Code(s)	<b>92116</b>
Site Information: Congressional District(s)	<b>District 53</b>
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	

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

*I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.*

Name & Title of Authorized Official of the organization that continues to operate the facility: <i>Ivana Villaseca</i>	Signature & Date (mm/dd/yy) <i>Ivana Villaseca 9/10/12</i>
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) <i>Asset Manager</i>	Contact Phone (with area code) <i>619 295.8802</i>

**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.	458

**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	172
<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)	15
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	33
4.	Transitional housing for homeless persons	4
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)</b>	52
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	2
7.	Psychiatric hospital or other psychiatric facility	3
8.	Substance abuse treatment facility or detox center	31
9.	Hospital (non-psychiatric facility)	7
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	2
12.	Rented room, apartment, or house	60
13.	House you own	1
14.	Staying or living in someone else's (family and friends) room, apartment, or house	67
15.	Hotel or motel paid for without emergency shelter voucher	60
16.	Other	1
17.	Don't Know or Refused	0
<b>18.</b>	<b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)</b>	<b>458</b>



**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	18	153

**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.)	458
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	0
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	44
<b>4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, &amp; 3)</b>	502

**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.

<b>HOPWA Eligible Individuals (Chart a, Row 1)</b>						
		<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>
		<b>Male</b>	<b>Female</b>	<b>Transgender M to F</b>	<b>Transgender F to M</b>	<b>TOTAL (Sum of Columns A-D)</b>
1.	Under 18	0	0	0	0	0
2.	18 to 30 years	46	5	0	0	51
3.	31 to 50 years	263	41	0	0	304
4.	51 years and Older	84	19	0	0	103
5.	<b>Subtotal (Sum of Rows 1-4)</b>	393	65	0	0	458
<b>All Other Beneficiaries (Chart a, Rows 2 and 3)</b>						
		<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>
		<b>Male</b>	<b>Female</b>	<b>Transgender M to F</b>	<b>Transgender F to M</b>	<b>TOTAL (Sum of Columns A-D)</b>
6.	Under 18	10	8	0	0	18
7.	18 to 30 years	9	6	0	0	15
8.	31 to 50 years	6	3	0	0	9
9.	51 years and Older	0	2	0	0	2
10.	<b>Subtotal (Sum of Rows 6-9)</b>	25	19	0	0	44
<b>Total Beneficiaries (Chart a, Row 4)</b>						
11.	<b>TOTAL (Sum of Rows 5 &amp; 10)</b>	418	84	0	0	502



**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	7	2	3	2
2.	Asian	5	0	0	0
3.	Black/African American	96	3	6	0
4.	Native Hawaiian/Other Pacific Islander	4	1	0	0
5.	White	328	105	35	31
6.	American Indian/Alaskan Native & White	2	0	0	0
7.	Asian & White	1	0	0	0
8.	Black/African American & White	0	0	0	0
9.	American Indian/Alaskan Native & Black/African American	0	0	0	0
10.	Other Multi-Racial	15	13	0	0
11.	Column Totals (Sum of Rows 1-10)	458	124	44	33
<b>Data Check:</b> Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a., Row 4.					

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

**Section 3. Households**

**Household Area Median Income**

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

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

**Note:** Refer to [http://www.huduser.org/portal/datasets/il/il2010/select\\_Geography\\_mfi.odn](http://www.huduser.org/portal/datasets/il/il2010/select_Geography_mfi.odn) for information on area median income in your community.

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	401
2.	31-50% of area median income (very low)	27
3.	51-80% of area median income (low)	30
4.	<b>Total (Sum of Rows 1-3)</b>	458

**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.

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

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

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

Townpeople – PERMANENT SUPPORTIVE HOUSING

**2. Capital Development**

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

	<b>Type of Development this operating year</b>	<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 Capital Development Project Units (For Capital Development Projects only)**

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	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab					
Rental units rehabbed					
Homeownership units constructed (if approved)					

**3. Units assisted in types of housing facility/units leased by sponsor**

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., indicate the type of facility and number of units in it. Indicate the type and number of housing units in the facility, including master leased units 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.*

**3a. Check one only**

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

**3b. Type of Facility**

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

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/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: Apartments</b>	3	4			

**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, 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	8	\$75,242.56
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 (a. through d. minus e.)</b>	8	\$75,242.56

**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.

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

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

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

Center for Social Support and Education – HOTEL/MOTEL VOUCHERS

**2. Capital Development**

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<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 Capital Development Project Units (For Capital Development Projects only)**

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	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab					
Rental units rehabbed					
Homeownership units constructed (if approved)					

**3. Units assisted in types of housing facility/units leased by sponsor**

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., indicate the type of facility and number of units in it. Indicate the type and number of housing units in the facility, including master leased units 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.*

**3a. Check one only**

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

**3b. Type of Facility**

**Name of Project Sponsor/Agency Operating the Facility/Leased Units:** Center for Social Support and Education

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling	83				
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, 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> Hotel/Motel Vouchers	83	\$284,604.51
e.	<b>Adjustment to eliminate duplication (subtract)</b>		
f.	<b>TOTAL Facility-Based Housing Assistance (a. through d. minus e.)</b>	83	\$284,604.51

**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.

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

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

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

Stepping Stone of San Diego – Transitional Housing

**2. Capital Development**

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

	<b>Type of Development this operating year</b>	<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 Capital Development Project Units (For Capital Development Projects only)**

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	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab					
Rental units rehabbed					
Homeownership units constructed (if approved)					

**3. Units assisted in types of housing facility/units leased by sponsor**

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., indicate the type of facility and number of units in it. Indicate the type and number of housing units in the facility, including master leased units 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.*

**3a. Check one only**

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

**3b. Type of Facility**

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Stepping Stone of San Diego

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence					3
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, 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	78	\$241,669.39
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 (a. through d. minus e.)</b>	78	\$241,669.39

**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.

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

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

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

Fraternity House – Transitional Housing (Residential Care Home)

**2. Capital Development**

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<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:                      Date Completed:
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 =                      Total Units =
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 Capital Development Project Units (For Capital Development Projects only)**

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	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab					
Rental units rehabbed					
Homeownership units constructed (if approved)					

**3. Units assisted in types of housing facility/units leased by sponsor**

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., indicate the type of facility and number of units in it. Indicate the type and number of housing units in the facility, including master leased units 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.*

**3a. Check one only**

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

**3b. Type of Facility**

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

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/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: Residential Care Facility</b>				1	1

**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, 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	27	\$360,064.38
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 (a. through d. minus e.)</b>	27	\$360,064.38

**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.

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

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

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

St. Vincent de Paul Village – Transitional Housing

**2. Capital Development**

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

	<b>Type of Development this operating year</b>	<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 Capital Development Project Units (For Capital Development Projects only)**

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	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab					
Rental units rehabbed					
Homeownership units constructed (if approved)					

**3. Units assisted in types of housing facility/units leased by sponsor**

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., indicate the type of facility and number of units in it. Indicate the type and number of housing units in the facility, including master leased units 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.*

**3a. Check one only**

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

**3b. Type of Facility**

**Name of Project Sponsor/Agency Operating the Facility/Leased Units:** St. Vincent de Paul Village

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence				3	1	2
c.	Project-based rental assistance units or leased units						
d.	Other housing facility. <b>Specify: Residential Care Facility</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, 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	115	\$557,086.23
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 (a. through d. minus e.)</b>	115	\$557,086.23

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