# **ATTACHMENT 5:**

# **HOPWA CAPER**



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

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

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

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

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

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

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

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

In connection with the development of the Department's standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of <u>HOPWA-funded homeless</u> <u>assistance projects</u>. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and Tcell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client's case management, treatment and care, in line with the signed release of information from the client.

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

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

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

#### Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**In-kind Leveraged Resources:** These are additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. The actual value of the support can be the contribution of professional services, based on customary rates for this specialized support, or actual costs contributed from other leveraged resources. In determining a rate for the contribution of volunteer time and services, use the criteria described in 2 CFR 200. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

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

**Live-In Aide:** A person who resides with the HOPWA Eligible Individual and who meets the following criteria: (1) is essential to the care and wellbeing of the person; (2) is not obligated for the support of the person; and (3) would not be living in the unit except to provide the necessary supportive services. *See t24 CFR 5.403 and the HOPWA Grantee Oversight Resource Guide for additional reference.* 

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

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

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

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

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

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

requirements on program income at 2 CFR 200.307.

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

**Project Sponsor Organizations: Per HOPWA regulations at 24 CFR 574.3,** any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to provide eligible housing and other support services or administrative services as defined in 24 CFR 574.300. Project Sponsor organizations are required to provide performance data on households served and funds expended.

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

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

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

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

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

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

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

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

#### Part 1: Grantee Executive Summary

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

*Note*: *If any information does not apply to your organization, please enter N*/*A*. *Do not leave any section blank.* **1. Grantee Information** 

Operating Year for this report			
<b>1/yy)</b> 07/01/17	To (mm/dd/yy)	06/30/18	
	<b>ld/yy)</b> 07/01/17		

Grantee Name CITY OF SAN DIEGO						
Business Address	202 C STREET 11 <sup>TH</sup> FLOC	DR				
City, County, State, Zip	SAN DIEGO SAN DIEGO CA 9210					
Employer Identification Number (EIN) or Tax Identification Number (TIN)	95-6000776					
DUN & Bradstreet Number (DUNs):	138735407	System for Award Management (SAM):: Is the grantee's SAM status currently active? ⊠ Yes □ No If yes, provide SAM Number:				
Congressional District of Grantee's Business Address	52 <sup>ND</sup> District					
*Congressional District of Primary Service Area(s)	51 <sup>st</sup> , 52 <sup>nd</sup> , and 53 <sup>rd</sup> Districts					
*City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: City of San Diego		Counties: County of S	San Diego		
Organization's Website Address www.sandiego.gov		Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area? □ Yes ⊠ No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.				

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

#### 2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households. *Note: If any information does not apply to your organization, please enter N/A.* 

Project Sponsor Agency Name		Parent Company Nar	ne, <i>if applicable</i>		
Being Alive San Diego					
Name and Title of Contact at Project Sponsor Agency	Jim Cassidy, Director of Programs				
Email Address	jcassidy@beingalive.	org			
Business Address	4070 Centre Street				
City, County, State, Zip,	San Diego, San Dieg	Diego, San Diego, CA 92103			
Phone Number (with area code)	(619) 291-1400				
Employer Identification Number (EIN) or Tax Identification Number (TIN)	33-0439092	Fax Number (with area code)			
DUN & Bradstreet Number (DUNs):	803012632				
Congressional District of Project Sponsor's Business Address	53				
Congressional District(s) of Primary Service Area(s)	53				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: San Diego		Counties: San Diego		
Total HOPWA contract amount for this Organization for the operating year	\$93,560				
Organization's Website Address	www.beingalive.org				
Is the sponsor a nonprofit organization?	Yes D No	Does your organizati	on maintain a waiting list? 🛛 Yes 🗌 No		
Please check if yes and a faith-based organization Please check if yes and a grassroots organization		If yes, explain in the	narrative section how this list is administered.		

Project Sponsor Agency Name		Parent Company Name, if applicable				
Infoline of San Diego 2-1-1						
Name and Title of Contact at Project Sponsor Agency	Camey Christensen, VP of Business and Partnership Development					
Email Address	cchristensen@211sandiego.org					
Business Address	3860 Calle Fortunada, Suite 101, San Diego					
City, County, State, Zip,	San Diego, San Diego, CA 92123					
Phone Number (with area code)	(858) 300-1300					
Employer Identification Number (EIN) or Tax Identification Number (TIN)	33-1029843 Fax Number (with area co 858-300-1301			ea code)		
DUN & Bradstreet Number (DUNs):	147057959					
Congressional District of Project Sponsor's Business Address	52					
Congressional District(s) of Primary Service Area(s)	County-wide					
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: County-wide		Counti	es: San Diego	0	
Total HOPWA contract amount for this Organization for the operating year	\$79,275					
Organization's Website Address	www.211sandiego.org					
Is the sponsor a nonprofit organization?	Does your organization	n maint:	ain a waiting li	ist? 🗆 Yes	🖾 No	
Please check if yes and a faith-based organization Please check if yes and a grassroots organization	If yes, explain in the na	arrative	section how th	his list is admin	istered.	

Project Sponsor Agency Name	Parent Company Name, if applicable				
County of San Diego Housing and Com	munity				
Development Services	,				
Name and Title of Contact at Project Sponsor Agency	John Waters, Housing	g Program Analyst			
Email Address	John.Waters@sdcour	John.Waters@sdcounty.ca.gov			
Business Address	3989 Ruffin Rd				
City, County, State, Zip,	San Diego, San Diego CA 92123				
Phone Number (with area code)	(858) 694-8775				
Employer Identification Number (EIN) or Tax Identification Number (TIN)	95-60000934 Fax Number (with area code) 858-467-9713			ea code)	
DUN & Bradstreet Number (DUNs):	074297479				
Congressional District of Project Sponsor's Business Address	52				
Congressional District(s) of Primary Service Area(s)	52				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: San Diego		Counti	ies: San Dieg	0
Total HOPWA contract amount for this Organization for the operating year	\$961,580				
Organization's Website Address	www.sdhcd.org				
Is the sponsor a nonprofit organization?		Does your organizati	ion maint	ain a waiting l	ist? ⊠ Yes □ No
Please check if yes and a faith-based organization Please check if yes and a grassroots organization	If yes, explain in the narrative section how this list is administered.				

Project Sponsor Agency Name	Parent Company Name, <i>if applicable</i>					
County of San Diego, Department o	f Purchasing and					
Contracting	C					
Name and Title of Contact at Project Sponsor Agency	Kristen N. McEachro	Kristen N. McEachron, Senior Procurement Contracting Officer				
Email Address	Kristen.McEachron (	Kristen.McEachron @sdcounty.ca.gov				
Business Address	5560 Overland Aven	5560 Overland Avenue, Suite 270				
City, County, State, Zip,	San Diego, San Diego CA 92123					
Phone Number (with area code)	(858) 505-6360					
Employer Identification Number (EIN) or Tax Identification Number (TIN)	95-60000934 Fax Number (with area code) 858-715-6453			ea code)		
DUN & Bradstreet Number (DUNs):	175961544		•			
Congressional District of Project Sponsor's Business Address	55					
Congressional District(s) of Primary Service Area(s)	51, 52, 53					
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: San Diego		Counties: San Diego			
Total HOPWA contract amount for this Organization for the operating year	\$15,540					
Organization's Website Address	www.sdcounty.ca.go	v/purchasing				
Is the sponsor a nonprofit organization? 🛛 Yes 🛛 No		Does your organizati	ion main	tain a waiting	list? 🗆 Yes	🖾 No
Please check if yes and a faith-based organization Please check if yes and a grassroots organization.		If yes, explain in the	narrativ	e section how t	this list is admin	nistered.

Project Sponsor Agency Name		Parent Company Name, <i>if applicable</i>			
Fraternity House, Inc.					
Name and Title of Contact at Project Sponsor Agency	Matt Harding, Execut	ive Director			
Email Address	Michael@fraternityhouse-inc.org				
Business Address	20702 Elfin Forest Road				
City, County, State, Zip,	Escondido, San Diego, CA 92029				
Phone Number (with area code)	(760) 736-0292				
Employer Identification Number (EIN) or Tax Identification Number (TIN)	33-0306861         Fax Number (with are (760) 736-0293				ea code)
DUN & Bradstreet Number (DUNs):	113032580				
Congressional District of Project Sponsor's Business Address	49-50				
Congressional District(s) of Primary Service Area(s)	49-53				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: San Diego		Cities:	San Diego	
Total HOPWA contract amount for this Organization for the operating year	\$412,015				
Organization's Website Address	www.fraternityhousei	<u>nc.org</u>			
Is the sponsor a nonprofit organization?	Yes 🛛 No	Does your organizati	on maint	ain a waiting li	st? ⊠ Yes □ No
Please check if yes and a faith-based organization Please check if yes and a grassroots organization	If yes, explain in the	narrative	e section how th	nis list is administered.	

Project Sponsor Agency Name		Parent Company Name, <i>if applicable</i>			
Mama's Kitchen					
Name and Title of Contact at Project Sponsor Agency	Alberto Cortes, Execu	tive Director			
Email Address	Alberto@mamaskitch	en.org			
Business Address	3960 Home Avenue				
City, County, State, Zip,	San Diego, San Diego CA 92105				
Phone Number (with area code)	(619) 233-6262				
Employer Identification Number (EIN) or Tax Identification Number (TIN)	33-0434246		umber (with ar 9) 233-6283	ea code)	
DUN & Bradstreet Number (DUNs):	556097780				
Congressional District of Project Sponsor's Business Address	53				
Congressional District(s) of Primary Service Area(s)	49-53				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: San Diego	Citie	s: San Diego		
Total HOPWA contract amount for this Organization for the operating year	\$160,008.12				
Organization's Website Address	www.beingalive.org				
Is the sponsor a nonprofit organization?	Yes 🗆 No	Does your organization main	ıtain a waiting l	ist? 🗆 Yes 🖾 No	
Please check if yes and a faith-based organization Please check if yes and a grassroots organization	If yes, explain in the narrative section how this list is administered.				

Project Sponsor Agency Name South Bay Community Services		Parent Company Name, <i>if applicable</i>			
Name and Title of Contact at Project Sponsor Agency	Kathryn Lembo, Executive Director				
Email Address	klembo@csbcs.org				
Business Address	430 F Street				
City, County, State, Zip,	Chula Vista, San Diego CA 92103				
Phone Number (with area code)	(619) 420-3620				
Employer Identification Number (EIN) or Tax Identification Number (TIN)	95-2693142 Fax Number (with area code) (619) 420-8722			ode)	
DUN & Bradstreet Number (DUNs):	113407779				
Congressional District of Project Sponsor's Business Address	51				
Congressional District(s) of Primary Service Area(s)	51				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: San Diego		Counties: San Die	go	
Total HOPWA contract amount for this Organization for the operating year	\$27,060				
Organization's Website Address	www.csbcs.org				
Is the sponsor a nonprofit organization?	Does your organizatio	on maintain a waiting lis	st? 🛛 Yes 🗌 No		
Please check if yes and a faith-based organization Please check if yes and a grassroots organization	If yes, explain in the narrative section how this list is administered.				

Project Sponsor Agonay Name					
Project Sponsor Agency Name		Parent Company Name, <i>if applicable</i>			
St. Vincent de Paul Village		Father Joe's Villages, Inc.			
		Famer Joe S villages, me.			
Name and Title of Contact at Project	Annie Moore, Contrac	ct Compliance Offi	cer		
Sponsor Agency			001		
Email Address	Annie.Moore@neig	hbor org			
		,			
Business Address	3350 E Street				
City, County, State, Zip,	San Diego, San Diego	o, CA 92102			
Phone Number (with area code)	(619) 446-2124				
Employer Identification Number (EIN) or	22.0402202		Fax Nur	hber (with area c	ode)
Tax Identification Number (TIN)	33-0492302			446-2129	(duc)
DUN & Bradstreet Number (DUNs):	785983511		(01))	440-2127	
. ,					
Congressional District of Project Sponsor's	53				
Business Address					
Congressional District(s) of Primary Service Area(s)	53				
City(ies) and County(ies) of Primary Service	San Diago			Can Dia	~~~
Area(s)	Cities: San Diego		Counties: San Diego		
	<b>•</b>				
Total HOPWA contract amount for this     \$563,106					
Organization for the operating year					
Organization's Website Address	www.fatherjoesvillag				
Is the sponsor a nonprofit organization?	Does your organization	on maint	ain a waiting li	ist? 🛛 Yes 🗌 No	
Please check if yes and a faith-based organization	n. 🖂				
Please check if yes and a grassroots organization.		If yes, explain in the narrative section how this list is administered.			
T lease check if yes and a grassroois organization.	· 🖵				

Project Sponsor Agency Name		Parent Company Name, <i>if applicable</i>			
Townspeople					
Name and Title of Contact at Project Sponsor Agency	Jon Derryberry, Executive Director				
Email Address	jon@townspeople.c	org			
Business Address	4080 Centre St. Suite	201			
City, County, State, Zip,	San Diego, San Diego	o CA 92103			
Phone Number (with area code)	(619) 295-8802				
Employer Identification Number (EIN) or Tax Identification Number (TIN)	33-0623634		Fax Number (with area code) (619) 295-4203		
DUN & Bradstreet Number (DUNs):	86798993				
Congressional District of Project Sponsor's Business Address	53				
Congressional District(s) of Primary Service Area(s)	53				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: San Diego		Counties: San Diego		
Total HOPWA contract amount for this Organization for the operating year	\$482,854				
Organization's Website Address	www.townspeople.org				
Is the sponsor a nonprofit organization? 🛛 Yes 🗌 No		<b>Does your organization maintain a waiting list?</b> Xes No			
Please check if yes and a faith-based organization Please check if yes and a grassroots organization	If yes, explain in the narrative section how this list is administered.				

#### 5. Grantee Narrative and Performance Assessment

#### a. Grantee and Community Overview

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

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

The County of San Diego administered HUD's HOPWA PY18 allocation of \$3,254,285 to fund activities in FY 2017-18. In addition, prior year funds were used to supplement PY18 allocation for activities in FY 2017-18. 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:

- Tenant Based Rental Assistance
- Administration
- Short-term supportive facilities (including hotel/motel vouchers)
- Housing information and referral services
- Supportive services
- Resource identification
- Technical assistance
- Housing operating cost

On September 23, 2014, the San Diego County Board of Supervisors authorized a HOPWA Request for Proposals (RFP) for FYs 2015-16, 2016-17, and 2017-18 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 2017-18:

PROVIDER	ACTIVITY	IDIS #	PROJECT DESCRIPTION
FROVIDER	ACTIVITI		FROJECT DESCRIPTION
Being Alive San Diego	Supportive Service	7140	Funding provided for this moving services program 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. 82 households were assisted during FY 2017-18.
Infoline San Diego – 211	Supportive Service	7139 7007	Funding for a Housing Information and Referral Services program that provides information regarding available and affordable housing that meets the needs of people with special needs, housing options for those living with HIV/AIDS with co-occurring disorders, vacancies, application procedures and contact information for housing providers and comprehensive housing plans for persons living with HIV/AIDS to maintain housing, prevent homelessness and return unsheltered persons

			living with HIV/AIDS to suitable housing. 19,609 contacts for information and referrals were completed via walk-ins, telephone calls, website hits, and social media during FY 2017-18.
County of San Diego Housing and Community Development Services	Housing	7143 7008	Funding provided for the HOPWA TBRA program which provides rent subsidies/vouchers for up to 80 consumers. 80 households were served during FY 2017-18.
County of San Diego Housing and Community Development Services	Resource Identification	7144 7009	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 Services	Grantee Admin	7145	Management and administrative costs related with the operations of the HOPWA program.
County of San Diego Dept. of Purchasing and Contracting	Technical Assistance	7154 7012	Technical assistance for services related to HOPWA contracts including but not limited to, contract renewals and contract amendments
Fraternity House Inc.	Housing	7137	Funding provided for 18 beds at Fraternity House, a Licensed Residential Care Home, for consumers who need 24-hour comprehensive care. 21 households were served during FY 2017-18.
Fraternity House Inc.	Supportive Services	7138 7006	Funding to provide supportive services at a Licensed Residential Care Home, for consumers who need 24- hour Comprehensive care. 21 households were served during FY 2017-18.
Mama's Kitchen	Supportive Service	7141	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. 149 households were served during FY 2017-18.
South Bay Community Services	Supportive Service	7142	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. 13 households were served during FY 2017-18.
St Vincent De Paul Village Inc.	Housing	7147	Funding for operations providing a total of 38 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. 111 households were served during FY 2017-18.
St Vincent De Paul Village Inc.	Supportive Services	7153 7002	Funding for Supportive Services to 38 individuals 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. 111 households were served during FY 2017-18.
Townspeople	Supportive services	7135 7004	Funding provided for supportive services to residents of 52 permanent housing units. 74 households were served during FY 2017-18.
Townspeople	Housing	7146 7003	Funding provided for housing operations of 47 permanent housing units. Case management and support services were also provided. 63 households were served during FY 2017-18.
Townspeople	Short Term Housing	7136 6986	Funding provided for emergency housing in the form of hotel/motel vouchers. 63 households were assisted during FY 2017-18.

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

Provide a narrative addressing each of the following four items:

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

**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 Task Force on the Homeless (RTFH), our region's CoC, 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 convenes the Joint City/County HIV Housing Committee that addresses special needs concerns for HIV/AIDS consumers. 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 Housing and Community Development Services 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. During FY 2017-18, volunteers provided a substantial amount of service hours at many HOPWA-funded agencies. Volunteers are typically recruited from volunteer fairs, may be participants of HOPWA-funded programs, local church congregations, colleges and universities, or local HIV service organizations. Volunteers come with the desire to contribute to the program and clientele by providing services such as: prepare, pack and deliver meals to clients, tutoring, residential support, facility upkeep, and general administrative support.

Many agencies also received in-kind contributions and cash donations. HOPWA-funded agencies took a proactive approach to increasing program revenue and implemented annual fundraising plans to increase income received from private donations, foundations, and grants. A total of \$2,110,389 in committed leveraged funds from other public and private resources helped address the needs identified in the plan.

HOPWA-funded agencies also partnered with non-HOPWA funded agencies such as health care providers and community-based agencies to offer a broader scope of services. Partners include, but are not limited to: Christie's Place, UCSD Mother-Child-Adolescent HIV Program (MCAHP), VA Department of Veteran Affairs Special Infectious Disease Program (SIDP), Family Health Centers of San Diego (FHCSD), San Ysidro Health Center (SYHC), Moonlight Cultural Foundation, North County Action Network, North County LGBTQ Center, San Diego County Food Bank, San Diego Futures Foundation, San Diego LGBT Center, and Vista Community Clinic.

### The table below summarizes accomplishments for Annual Plan Performance Measures, July 1, 2017 to June 30,2018:

Activities	Accomplishments	Expenditures
Tenant based rental assistance (TBRA)		
Housing Subsidy	80 households	\$815,270.21
Permanent housing	63 households	\$160,442.00
Transitional/short-term housing	195 households	\$457,629.71
Supportive services	450 households	\$1,103,766.40
Housing information	19,609 persons	\$75,206.76

#### 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.

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

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.

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 continued to encounter barriers in the administration of the HOPWA program during FY2017-18. Lack of affordable housing options in the San Diego region, rising rental costs and long waiting lists for rental assistance, continued to be the most prevalent barrier, especially for households who operate on a fixed income. HOPWA clients are especially impacted by housing scarcity due to the negative health outcomes associated with individuals who are homeless and diagnosed with HIV/AIDS. These individuals are living on extremely low or no income and often are dealing with significant health, mental health and substance abuse issues. An affordable housing development is currently under construction with anticipated completion in the Fall of 2018 that will alleviate some of this need. The development includes 38 units of permanent supportive housing targeted to individuals and families living with HIV/AIDS including 26 units targeted to veterans.

Coordinating with low income housing developers as well as advocating for additional units for HIV/AIDS+ clients provides a few (very limited) opportunities for clients to get into these newly developed units. Maintaining relationships with management companies that provide low-income and subsidized housing units and disseminating information to clients searching for housing (ie; who takes section 8, who has low-income apartment units they would qualify for, allows pets, who has current availability, etc.) Community outreach at housing and case management meetings as well as participation at community health fairs and community forums regularly.

HOPWA providers report that mental health and substance abuse issues present unique challenges when serving clients. Collaboration with health centers and clinics and provision of specialized programs and services aim to provide comprehensive services to address this need. Transportation is another common barrier for HOPWA providers. Bus passes are sometimes available and utilizing services near the HOPWA provider's place of business are some of the solutions used. Lastly, there are the inherent challenges associated with the HIV/AIDS population such as unique health/medication needs and negative stigma that can make certain aspects of life more difficult for clients. HOPWA providers are specialized and experienced in terms of dealing with these barriers and continue to provide high quality services. Need for services typically outweighs resources, and accordingly many providers use waitlists to fairly offer services. Waitlist maintenance is consistent across programs and involves a chronological list of applicants that staff tries to keep current to facilitate contacting the next person on the list when serves are available.

Services that operate in silos continued to be one trend during the past fiscal year. This will be an area of improvement going forward. Another trend identified is an increase in referrals for undocumented clients. Due to this trend, income and permanent housing outcomes are negatively affected for these clients as they have more barriers towards obtaining employment and housing because of their immigration status. Case Managers continue working with these clients to resolve their immigration status; however, this can often be a lengthy and costly process.

Another provider reported that today, clients are able to survive and live long lives, impacting the number of clients served. We also face a new generation of aging HIV positive persons who were among early HIV/AIDS patients, for whom anti-retrovirals came after already succumbing to years of symptoms and ailments. While the anti-retrovirals can halt the disease, they do not reverse the damage already done. As this generation ages, we will see more individuals with multiple complications that become difficult to manage with age, requiring assistance with their care and maintaining un-detectability.

Better integration and coordination between service providers (HOPWA and non-HOPWA) will allow more effective and efficient service delivery. This can be achieved at forums such as the Joint City/County HIV/AIDS Housing Committee, where providers can collaborate and work on solutions. Funding remained relatively stable going into FY 2017-18, and with changes to the HOPWA formula for grantees the region appears to be well situated going forward. Additionally, HOPWA providers are resourceful in leveraging other funding to support programs.

#### 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.* 

	[2] Amount of		[4] Housing Subsidy
[1] Source of Leveraging	Leveraged Funds	[3] Type of Contribution	Assistance or Other Support
Public Funding	runus	Contribution	Support
Public Funding			□ Housing Subsidy Assistance
Ryan White-Housing Assistance			$\Box$ Other Support
Kyan white-Housing Assistance		Ryan White Care	□ Housing Subsidy Assistance
Ryan White-Other	\$488,256	Act	$\boxtimes$ Other Support
	\$100,230	net	□ Housing Subsidy Assistance
Housing Choice Voucher Program			$\Box$ Other Support
			□ Housing Subsidy Assistance
Low Income Housing Tax Credit			□ Other Support
			□ Housing Subsidy Assistance
HOME			□ Other Support
			□ Housing Subsidy Assistance
Continuum of Care			□ Other Support
			□ Housing Subsidy Assistance
Emergency Solutions Grant			□ Other Support
		Food and Food	□ Housing Subsidy Assistance
Other Public: CDBG	\$99,000	Containers	⊠ Other Support
		Supportive	□ Housing Subsidy Assistance
Other Public:	\$117,315	Services	⊠ Other Support
			□ Housing Subsidy Assistance
Other Public: County of San Diego Grant	\$7,500	CEP Grant	⊠ Other Support
	<b>A</b> ( <b>A A A A A A A A A A</b>		□ Housing Subsidy Assistance
Other Public:	\$60,000	In-kind	⊠ Other Support
			<ul> <li>Housing Subsidy Assistance</li> <li>Other Support</li> </ul>
Other Public:			
Private Funding			
		Supportive	□ Housing Subsidy Assistance
Grants	\$40,733	Services	⊠ Other Support
		Volunteer hours,	□ Housing Subsidy Assistance
In-kind Resources	\$181,250	other supportive services	☑ Other Support
	\$181,230	services	Housing Subsidy Assistance
Other Private:	\$510,411	Donations	$\square$ Housing Subsidy Assistance $\square$ Other Support
	\$510,411	Domations	□ Housing Subsidy Assistance
Other Private:			$\Box$ Other Support
Other Funding	I		
			□ Housing Subsidy Assistance
Grantee/Project Sponsor (Agency) Cash	\$286,775		$\Box$ Other Support
Resident Rent Payments by Client to Private Landlord	\$319,149		
TOTAL (Sum of all Rows)	\$2,110,389		

#### A. Source of Leveraging Chart

Previous editions are obsolete

#### 2. Program Income and Resident Rent Payments

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

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

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

	Program Income and Resident Rent Payments Collected	Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	\$27,336
2.	Resident Rent Payments made directly to HOPWA Program	\$57,859
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	\$85,195

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

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

	Program Income and Resident Rent Payment Expended on HOPWA programs	Total Amount of Program Income Expended (for this operating year)		
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	\$33,824		
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non- direct housing costs	\$51,371		
3.	Total Program Income Expended (Sum of Rows 1 and 2)	\$85,195		

#### End of PART 2

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

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

1. 1	HOP WA Performance Flanned Goal and Actual Outputs		Output	t: Hou	iseholds	[2] Outpu	t: Funding
	HOPWA Performance	HOF Assis			everaged useholds	НОРЖ	A Funds
			b.	0	d.	2	f.
	Planned Goal	a.	0.	C.	u.	e.	
	and Actual	Goal	Actual	Goal	Actual	HOPWA	HOPWA
	HOPWA Housing Subsidy Assistance	[1	] Outpu	ıt: Hou	seholds	[2] Outpu	t: Funding
	Tenant-Based Rental Assistance	80	80			\$1,006,136.76	\$785,821.43
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)					, , , , , , , , , , , , , , , , , , ,	
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served) (Households Served)	47	63 195			\$149,242.00 \$437,142.00	\$149,242.00 \$437,118.82
	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)	101	170			<i>Q</i> 107,112.000	¢ 107,110102
	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)						
4.	Short-Term Rent, Mortgage and Utility Assistance						
5.	Permanent Housing Placement Services						
6.	Adjustments for duplication (subtract)						
	Total HOPWA Housing Subsidy Assistance (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	228	338			\$1,592,520.76	\$1.372.182.25
	Housing Development (Construction and Stewardship of facility based housing)			Housi	ng Units		t: Funding
	Facility-based units; Capital Development Projects not yet opened (Housing Units)	[1]		Housi	ig onto		t i unung
	Stewardship Units subject to 3- or 10- year use agreements	5	5				
10.	Total Housing Developed (Sum of Rows 8 & 9)	5	5			\$0	\$0
	Supportive Services	[1	] Outpu	t• Hous	seholds	[2] Outpu	t: Funding
	Supportive Services provided by project sponsors that also delivered <u>HOPWA</u> housing subsidy assistance	135	206	t. Hous	enorus	\$857,910.00	\$850,198.28
11b.	Supportive Services provided by project sponsors that only provided supportive services.	258				\$253,568.12	\$253,568.12
	Adjustment for duplication (subtract)	230	244			φ235,508.12	φ233,308.12
	Total Supportive Services (Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)	393	450			\$1,111,478.12	
	Housing Information Services	[	1] Outpu	it: Hou	seholds	[2] Outpu	t: Funding
	Housing Information Services	5,952	19,609			\$74,775.00	\$70,706.76
15.	Total Housing Information Services	5,952	19,609			\$74,775.00	\$70,706.76

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

	Grant Administration and Other Activities	[1] Output: Households	[2] Output: Funding
16.	Resource Identification to establish, coordinate and develop housing assistance resources		\$227,799.00 \$72,407.03
	Technical Assistance (if approved in grant agreement)		\$15,540.00 \$15,503.52
18.	Grantee Administration (maximum 3% of total HOPWA grant)		\$97,628.00 \$97,628.00
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)		\$74,224.36 \$65,659.67
20.	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)		\$415,191.36 \$251,198.22
	Total Expended		[2] Outputs: HOPWA Funds Expended
21.	Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)		Budget         Actual           \$3,193,965.24         \$2,797,853.63

#### 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	21	\$334,422.00
2.	Alcohol and drug abuse services	51	\$10,207.00
3.	Case management	291	\$321,412.28
4.	Child care and other child services	0	
5.	Education	81	
6.	Employment assistance and training	84	\$23,209.00
	Health/medical/intensive care services, if approved	25	
7.	Note: Client records must conform with 24 CFR §574.310		
8.	Legal services	0	
9.	Life skills management (outside of case management)	132	\$69,569.00
10.	Meals/nutritional services	281	\$245,387.12
11.	Mental health services	67	
12.	Outreach	0	
13.	Transportation	72	
14.	Other Activity (if approved in grant agreement). Specify: Moving Services	82	\$93,560.00
14.	Other Activity (if approved in grant agreement). <b>Specify</b> : Supportive Services Program Administration		\$6,000.00
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	1,187	
16.	Adjustment for Duplication (subtract)	737	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	450	1,103,766.40

#### 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. 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 assisting these households. In Row f, enter the total number of STRMU-assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended assisting these households. In row g, report the amount of STRMU funds expended to support direct program costs such as program operation staff.

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

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

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

End of PART 3

#### Part 4: Summary of Performance Outcomes

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

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

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

	[1] Output: Total Number of Households Served	isistance [2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: 1 Households that HOPWA Program; t Status after 1	exited this their Housin	g [4] HOPWA Client Outcomes	
			1 Emergency Shelter/Street	s	Unstable Arrangements	
			2 Temporary Housing		Temporarily Stable, with Reduced Risk of Homelessness	
			3 Private Housing	1		
Tenant-Based Rental	80	71	4 Other HOPWA		Stable/Denne and Herring (DH)	
Assistance			5 Other Subsidy	4	Stable/Permanent Housing (PH)	
			6 Institution	1	-	
			7 Jail/Prison	1		
			8 Disconnected/Unknown	1	Unstable Arrangements	
			9 Death	1	Life Event	
			1 Emergency Shelter/Street	s	Unstable Arrangements	
			2 Temporary Housing		Temporarily Stable, with Reduced Risk of Homelessness	
			3 Private Housing	2		
Permanent Supportive	63	57	4 Other HOPWA			
Housing	05		5 Other Subsidy	4	Stable/Permanent Housing (PH)	
Facilities/ Units			6 Institution			
			7 Jail/Prison			
			8 Disconnected/Unknown		Unstable Arrangements	
			9 Death		Life Event	
3. Transitional	Housing Assistance [1] Output: Total	[2] Assessment: Number of	[3] Assessment: Nu	mber of		
	Number of Households Served	Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	Households that exi HOPWA Program Housing Status after	ı; their	4] HOPWA Client Outcomes	
			1 Emergency Shelter/Streets	3	Unstable Arrangements	
			2 Temporary Housing	31	Temporarily Stable with Reduced Risk of Homelessness	
Transitional/ Short-Term Housing Facilities/ Units			3 Private Housing	70		
	195	52	4 Other HOPWA	0	Stable/Permanent Housing (PH)	
			5 Other Subsidy	3	Suble Termunent Housing (FII)	
			6 Institution	4		
			7 Jail/Prison	2	Unstable Americanista	
			8 Disconnected/unknown	29	Unstable Arrangements	
			9 Death	1	Life Event	

B1: Total number of households receiving transitional/short-term housin assistance whose tenure exceeded 24 month	12
--	----

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

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

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

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

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

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

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

#### Assessment of Households that Received STRMU Assistance

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

#### 1a. Total Number of Households

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

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

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

Total Number of Households		
<ol> <li>For Project Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that r following <u>HOPWA-funded</u> services:</li> </ol>	eceived the	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	338	
b. Case Management	183	
c. Adjustment for duplication (subtraction)	258	
d. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minu Row c)	s 263	
2. For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:		
a. HOPWA Case Management	108	
b. Total Households Served by Project Sponsors without Housing Subsidy Assistance	108	

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

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

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

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

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on- going housing	258	108	Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	250	106	Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	256	105	Access to Health Care
4. Accessed and maintained medical insurance/assistance	258	106	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	189	83	Sources of Income

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

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

•

- Earned Income
- Veteran's Pension
- Unemployment Insurance
- Pension from Former Job
- Supplemental Security Income (SSI)
- Social Security Disability Income (SSDI)
- Alimony or other Spousal Support
- Veteran's Disability Payment
- Retirement Income from Social Security
- Worker's Compensation

- General Assistance (GA), or use local program name
- Private Disability Insurance
- Temporary Assistance for Needy
- Families (TANF)

٠

Other Income Sources

#### 1c. Households that Obtained Employment

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

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

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

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

Categories of Services Accessed	[1 For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	27	8

End of PART 4

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

Permanent	Stable Housing	of this worksheet is <u>optional</u> .	Unstable	Life Event
Housing Subsidy	(# of households	Temporary Housing (2)	Arrangements	(9)
Assistance	remaining in program	(2)	(1+7+8)	(9)
Assistance	plus 3+4+5+6)		(1+7+0)	
Tenant-Based	77	0	2	1
Rental Assistance	//	0	2	1
(TBRA)				
Permanent Facility-	63	0	0	0
based Housing	05	0	0	0
Assistance/Units				
Transitional/Short-	129	31	34	1
Term Facility-based	129	51	5.	1
Housing				
Assistance/Units				
<b>Total Permanent</b>	269	31	36	2
HOPWA Housing				
Subsidy Assistance				
Reduced Risk of	Stable/Permanent	Temporarily Stable, with Reduced Risk of	Unstable	Life Events
Homelessness:	Housing	Homelessness	Arrangements	
Short-Term				
Assistance				
Short-Term Rent,				
Mortgage, and				
Utility Assistance				
(STRMU)				
Total HOPWA				
Housing Subsidy Assistance				

**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.

#### Background on HOPWA Housing Stability Codes Stable Permanent Housing/Ongoing Participation

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

- 4 = Other HOPWA-funded housing subsidy assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.
- 5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).
- 6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

#### **Temporary Housing**

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

#### **Unstable Arrangements**

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

7 = Jail /prison.

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

#### Life Event

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

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

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

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

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

**STRMU Assistance**: <u>Stable Housing</u> 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. <u>Temporarily Stable</u>, 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. <u>Unstable Situation</u> is the sum of number of households reported under housing status: Emergency Shelter; Jail/Prison; and Disconnected.

#### End of PART 5

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

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

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

Note: See definition of Stewardship Units.

#### 1. General information

HUD Grant Number(s)	Operating Year for this reportFrom (07/01/17) To (06/30/18)□ Final Yr
CAH17F008	□ Yr 1; □ Yr 2; □ Yr 3; □ Yr 4; □ Yr 5; □ Yr 6;
	□ Yr 7; □ Yr 8; □ Yr 9; □ Yr 10
Grantee Name	Date Facility Began Operations (mm/dd/yy)
34 <sup>th</sup> Street Project LLC/Townspeople	01/27/2010

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

Facility Name: 34 <sup>th</sup> Street 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	5	\$103,950.78
(subject to 3- or 10- year use periods)		

#### 3. Details of Project Site

Project Sites: Name of HOPWA-funded project	34 <sup>th</sup> Street Apartments
Site Information: Project Zip Code(s)	92116
Site Information: Congressional District(s)	53 <sup>rd</sup>
Is the address of the project site confidential?	Yes, protect information; do not list
	□ Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	

#### 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) <u>low-income individuals living with HIV/AIDS</u> who qualified their household to receive HOPWA housing subsidy assistance during the operating year. This total should include only the individual who qualified the household for HOPWA assistance, NOT all HIV positive individuals in the household.

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	338

#### **Chart b. Prior Living Situation**

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

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

	Category	Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	Continuing to receive HOPWA support from the prior operating year	185
New	Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year	
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	86
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	13
4.	Transitional housing for homeless persons	2
5.	Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	101
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	4
7.	Psychiatric hospital or other psychiatric facility	0
8.	Substance abuse treatment facility or detox center	1
9.	Hospital (non-psychiatric facility)	2
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	0
12.	Rented room, apartment, or house	2
13.	House you own	0
14.	Staying or living in someone else's (family and friends) room, apartment, or house	43
15.	Hotel or motel paid for without emergency shelter voucher	0
16.	Other	0
17.	Don't Know or Refused	0
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	338

#### c. Homeless Individual Summary

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

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	6	12

#### 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 <u>HOPWA Eligible Individual</u>

Note: See definition of <u>Transgender</u>.

Note: See definition of <u>Beneficiaries</u>.

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

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

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a)	338
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 benefited from the HOPWA housing subsidy	61
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1, 2, & 3)	399

#### b. Age and Gender

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

	HOPWA Eligible Individuals (Chart a, Row 1)						
		А.	B.	С.	D.	E.	
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)	
1.	Under 18	Ο	0	Ø	Ø	Ø	
2.	18 to 30 years	17	3	Ø	Ø	20	
3.	31 to 50 years	124	25	Q	Ø	149	
4.	51 years and Older	137	32	0	0	169	
5.	Subtotal (Sum of Rows 1-4)	278	60	Ø	0	338	
		A	ll Other Beneficia	aries (Chart a, Rows 2	and 3)		
		А.	В.	С.	D.	Е.	
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)	
6.	Under 18	17	16	Ø	Ø	33	
7.	18 to 30 years	10	1	Ø	Ø	11	
8.	31 to 50 years	7	2	Ø	Q	9	
9.	51 years and Older	7	1	0	0	8	
10.	Subtotal (Sum of Rows 6-9)	41	20	0	0	61	
	I		Total Benefic	ciaries (Chart a, Row 4	•)		
11.	TOTAL (Sum of Rows 5 & 10)	319	80	0	0	399	

#### c. Race and Ethnicity\*

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

		HOPWA Eligi	ble Individuals	All Other Beneficiaries			
Category		[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	5	2	0	0		
2.	Asian	3	0	0	0		
3.	Black/African American	80	0	17	7		
4.	Native Hawaiian/Other Pacific Islander	1	0	0	0		
5.	White	249	96	44	22		
6.	American Indian/Alaskan Native & White	0	0	0	0		
7.	Asian & White	0	0	0	0		
8.	Black/African American & White	0	0	0	0		
9.	American Indian/Alaskan Native & Black/African American	Ø	Ø	Ø	Ø		
10.	Other Multi-Racial	0	0	0	0		
11.	Column Totals (Sum of Rows 1-10)	338	98	61	29		
	Data Check: Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a, Row 4.						

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

#### Section 3. Households

#### Household Area Median Income

Report the 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* <u>*https://www.huduser.gov/portal/datasets/il.html</u> for information on area median income in your community.*</u>

	Percentage of Area Median Income	Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	326
2.	31-50% of area median income (very low)	12
3.	51-80% of area median income (low)	0
4.	Total (Sum of Rows 1-3)	338

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

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

#### Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with

**HOPWA funds.** If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

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

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

Townspeople -	Permanent	Supportive	Housing
1 1		11	0

#### 2. Capital Development

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

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

De	Type of velopment s operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended <i>(if applicable)</i>	Name of Facility:	
□ Ne	w construction	\$	\$	Type of Facility [Check <u>only one</u> box.]	
□ Rehabilitation		\$	\$	<ul> <li>Permanent housing</li> <li>Short-term Shelter or Transitional housing</li> </ul>	
□ Acquisition □ Operating		\$	\$	□ Supportive services only facility	
		\$	\$		
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:	
d.	Date supportive	services began:		Date started:	
e.	Number of units	in the facility:		HOPWA-funded units = Total Units =	
f.	Is a waiting list maintained for the facility?		?	☐ Yes ☐ No If yes, number of participants on the list at the end of operating year	
g.	What is the addr	ess of the facility (if differ	rent from business address)?		
h.	Is the address of	the project site confidenti	al?	<ul> <li>Yes, protect information; do not publish list</li> <li>No, can be made available to the public</li> </ul>	

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

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

Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible
	for the Chronically	Number Designated for the Chronically Homeless	Number Designated for the Chronically HomelessDesignated to Assist theNumber Energy- Star Compliant

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

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

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

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

#### 3a. Check one only

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

#### **3b.** Type of Facility

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

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

Г	ype of housing facility operated by the		mber of <u>Un</u> orized by th				
project sponsor		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling	15					
b.	Community residence		27	15			
c. Project-based rental assistance units or leased units		9					
d.	Other housing facility Specify:						

#### 4. Households and Housing Expenditures

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

Н	ousing Assistance Category: Facility Based Housing	ng Assistance Category: Facility Based Housing Output: Number of Households	
a.	Leasing Costs		
b.	Operating Costs	63	\$149,242
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	63	\$149,242

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

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

#### Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with

**HOPWA funds.** If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

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

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

Townspeople - Hotel/Motel Vouchers

#### 2. Capital Development

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

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

De	Type of velopment s operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended <i>(if applicable)</i>	Name of Facility:	
□ Ne	w construction	\$	\$	Type of Facility [Check <u>only one</u> box.]	
□ Rehabilitation		\$	\$	<ul> <li>Permanent housing</li> <li>Short-term Shelter or Transitional housing</li> </ul>	
□ Acquisition □ Operating		\$	\$	□ Supportive services only facility	
		\$	\$		
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:	
d.	Date supportive	services began:		Date started:	
e.	Number of units	in the facility:		HOPWA-funded units = Total Units =	
f.	Is a waiting list maintained for the facility?		?	☐ Yes ☐ No If yes, number of participants on the list at the end of operating year	
g.	What is the addr	ess of the facility (if differ	rent from business address)?		
h.	Is the address of	the project site confidenti	al?	<ul> <li>Yes, protect information; do not publish list</li> <li>No, can be made available to the public</li> </ul>	

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

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

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

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

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

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

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

#### **3a.** Check one only

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

#### **3b. Type of Facility**

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

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

Т	ype of housing facility operated by the		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units				
project sponsor		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling	63					
b.	Community residence						
c.	Project-based rental assistance units or leased units						
d.	Other housing facility Specify:						

#### 4. Households and Housing Expenditures

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

]	Iousing 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	63	\$168,759.84
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	63	\$168,759.84

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

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

#### Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with

**HOPWA funds.** If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

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

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

Fraternity House - Transitional Housing/Residential Care

#### 2. Capital Development

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

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

Type ofIDevelopmentExthis operatingthisyear		HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended <i>(if applicable)</i>	Name of Facility:		
□ Ne	w construction	\$	\$	Type of Facility [Check <u>only one</u> box.]		
Rehabilitation     Acquisition		\$	\$	<ul> <li>Permanent housing</li> <li>Short-term Shelter or Transitional housing</li> </ul>		
		\$ \$		□ Supportive services only facility		
□ Op	erating	\$	\$	-		
a.	a. Purchase/lease of property:			Date (mm/dd/yy):		
b.	Rehabilitation/C	onstruction Dates:		Date started: Date Completed:		
c.	Operation dates:			Date residents began to occupy:		
d.	Date supportive	services began:		Date started:		
e.	Number of units in the facility:			HOPWA-funded units = Total Units =		
f.	Is a waiting list maintained for the facility?		?	☐ Yes ☐ No If yes, number of participants on the list at the end of operating year		
g.	g. What is the address of the facility (if different from business address)?		rent from business address)?			
h.	<sup>1.</sup> Is the address of the project site confidential?		al?	<ul> <li>Yes, protect information; do not publish list</li> <li>No, can be made available to the public</li> </ul>		

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

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

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

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

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

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

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

#### **3a.** Check one only

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

#### **3b.** Type of Facility

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

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

Г	ype of housing facility operated by the		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units				
project sponsor		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						
c.	Project-based rental assistance units or leased units						
d.	Other housing facility <u>Specify:</u> Residential Care Facility for Chronically III				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, project based or other scattered site units leased by the organization.

I	Iousing 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	21	\$42,000.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	21	\$42,000.00

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

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

#### Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with

**HOPWA funds.** If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

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

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

St. Vincent de Paul Village – Transitional Housing

#### 2. Capital Development

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

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

Dev	Type of velopment operating year	Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended <i>(if applicable)</i>		
	w construction	s s	\$ \$	<b>Type of Facility [Check <u>only one</u> box.]</b>	
Rehabilitation     Acquisition		\$	5 \$	<ul> <li>Short-term Shelter or Transitional housing</li> <li>Supportive services only facility</li> </ul>	
□ Op	erating	\$	\$		
a.	Purchase/lease of property:			Date (mm/dd/yy):	
b.	Rehabilitation/Co	onstruction Dates:		Date started: Date Completed:	
c.	Operation dates:			Date residents began to occupy:	
d.	Date supportive s	services began:		Date started:	
e.	Number of units	in the facility:		HOPWA-funded units = Total Units =	
f.	Is a waiting list maintained for the facility?			☐ Yes ☐ No If yes, number of participants on the list at the end of operating year	
g.	What is the address of the facility (if different from business address)?		ent from business address)?		
h.	Is the address of	the project site confidenti	al?	<ul> <li>Yes, protect information; do not publish list</li> <li>No, can be made available to the public</li> </ul>	

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

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

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

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

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

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

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

#### 3a. Check one only

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

#### **3b. Type of Facility**

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

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

Т	ype of housing facility operated by the	e Total Number of <u>Units</u> in use during the Operating Yes Categorized by the Number of Bedrooms per Units					
project sponsor		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence	60					
c.	Project-based rental assistance units or leased units						
d.	Other housing facility Specify:						

#### 4. Households and Housing Expenditures

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

H	lousing 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	111	\$226,358.98
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	111	\$226,358.98