



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

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

OMB Number 2500-0133 (Expiration Date: 10/31/2014)

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

Previous editions are obsolete

form HUD-40110-D (Expiration Date: 10/31/2014)

**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 benefited from the assistance.

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

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

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

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

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

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

"grassroots."

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HUD Funding → Grantee → Project Sponsor

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

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

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

HUD Funding → Grantee → Project Sponsor → Subrecipient

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

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

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

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

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

## Part 1: Grantee Executive Summary

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

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

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

### 1. Grantee Information

<b>HUD Grant Number</b> WV H13 P99	<b>Operating Year for this report</b> From (mm/dd/yy) 7/1/2013 To (mm/dd/yy) 6/30/2014		
<b>Grantee Name</b> State of West Virginia Office of Economic Opportunity			
<b>Business Address</b>	700 Washington Street, East, 4 <sup>th</sup> Floor		
<b>City, County, State, Zip</b>	Charleston	Kanawha	WV 25301
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	45-546-3036		
<b>DUN &amp; Bradstreet Number (DUNs):</b>	078-501-697	<b>Central Contractor Registration (CCR):</b> Is the grantee's CCR status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide CCR Number:	
<b>*Congressional District of Grantee's Business Address</b>	Two		
<b>*Congressional District of Primary Service Area(s)</b>	All 3 districts in WV		
<b>*City(ies) and County(ies) of Primary Service Area(s)</b>	Cities: All cities in WV		Counties: All counties in WV
<b>Organization's Website Address</b> www.oeo.wv.gov	Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.		

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

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

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

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

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

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

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

**Filing Requirements.** Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: at [HOPWA@hud.gov](mailto:HOPWA@hud.gov). Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C.

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

**Definitions**

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

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

**2. Project Sponsor Information**

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households. These elements address requirements in the Federal Financial Accountability and Transparency Act of 2006 (Public Law 109-282).  
**Note: Please see the definitions for distinctions between project sponsor and subrecipient.**  
**Note: If any information does not apply to your organization, please enter N/A.**

Project Sponsor Agency Name Community Networks, Inc.		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency Glenda Helman, Executive Director			
Email Address ghedcni@yahoo.com			
Business Address P.O. Box 3064			
City, County, State, Zip Martinsburg, Berkeley County, WV 25402			
Phone Number (with area code) 304-253-6614			
Employer Identification Number (EIN) or Tax Identification Number (TIN) 55-066-2121		Fax Number (with area code) 304-260-9335	
DUN & Bradstreet Number (DUNs): 015-900-939			
Congressional District of Project Sponsor's Business Address Two			
Congressional District(s) of Primary Service Area(s) Two			
City(ies) and County(ies) of Primary Service Area(s) Cities: Martinsburg, Shepherdstown			
Total HOPWA contract amount for this Organization for the operating year \$96,685.00		Counties: Berkeley, Jefferson, Morgan, Mineral, Hardy, Grant, Pendleton, Hampshire	
Organization's Website Address N/A		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

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

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

Project Sponsor Agency Name Caritas House, Inc.		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency Sharon Wood, Executive Director			
Email Address swood@caritashouse.net			
Business Address 391 Scott Avenue			
City, County, State, Zip Morgantown, Monongalia County, WV 26508			
Phone Number (with area code) 304-985-0021			
Employer Identification Number (EIN) or Tax Identification Number (TIN) 55-074-3418		Fax Number (with area code) 304-985-0025	
DUN & Bradstreet Number (DUNs): 94-212-7481			
Congressional District of Project Sponsor's Business Address One			
Congressional District(s) of Primary Service Area(s) One			
City(ies) and County(ies) of Primary Service Area(s) Cities: Morgantown, Parkersburg, Fairmont, Elkins, Clarksburg, Paden City, Wheeling, Moundsville, Davis, Salem, Buckhannon, Weirton, Lost Creek, Glenville, Jane Lew		Counties: Monongalia, Marion, Taylor, Tyler, Wezel, Harrison, Ritchie, Roane, Preston, Randolph, Marshall, Ohio, Upshur, Wirt, Wood, Jackson, Hancock, Gilmer, Doddridge, Calhoun, Pleasants, Lewis, Brooke, Barbour	
Total HOPWA contract amount for this Organization for the operating year \$106,138.03			
Organization's Website Address www.caritashouse.net		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

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

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

Project Sponsor Agency Name Covenant House, Inc.		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency Ellen Allen, Executive Director			
Email Address eallen@wvcovenanthouse.org			
Business Address 600 Shrewsbury Street			
City, County, State, Zip Charleston, Kanawha County, WV 25301			
Phone Number (with area code) 304-344-8053			
Employer Identification Number (EIN) or Tax Identification Number (TIN) 31-101-3583		Fax Number (with area code) 304-344-4331	
DUN & Bradstreet Number (DUNs): 167-440-494			
Congressional District of Project Sponsor's Business Address Two			
Congressional District(s) of Primary Service Area(s) Two and Three			
City(ies) and County(ies) of Primary Service Area(s) Cities: Huntington, Charleston, Bluefield, and Beckley			
Total HOPWA contract amount for this Organization for the operating year \$109,212.39		Counties: Mason, Putnam, Cabell, Wayne, Lincoln, Mingo, Logan, Boone, Kanawha, Clay, Braxton, Nicholas, Fayette, Raleigh, Wyoming, McDowell, Mercer, Summers, Monroe, Greenbrier, Webster, Pocahontas.	
Organization's Website Address www.wvcovenanthouse.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

**3. Administrative Subrecipient Information**

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists project sponsors to carry out their administrative services but no services directly to client households. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

*Note: Please see the definitions for distinctions between project sponsor and subrecipient.  
 Note: If any information does not apply to your organization, please enter N/A.*

Subrecipient Name	N/A	Parent Company Name, if applicable	
Name and Title of Contact at Subrecipient			
Email Address			
Business Address			
City, State, Zip, County			
Phone Number (with area code)		Fax Number (include area code)	
Employer Identification Number (EIN) or Tax Identification Number (TIN)			
DUN & Bradstreet Number (DUNs):			
North American Industry Classification System (NAICS) Code			
Congressional District of Subrecipient's Business Address			
Congressional District of Primary Service Area			
City (ies) and County (ies) of Primary Service Area(s)	Cities:	Counties:	
Total HOPWA Subcontract Amount of this Organization for the operating year			

**4. Program Subrecipient Information**

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

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

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

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

Sub-recipient Name	N/A		Parent Company Name, if applicable	
Name and Title of Contact at Contractor/ Sub-contractor Agency				
Email Address				
Business Address				
City, County, State, Zip				
Phone Number (included area code)			Fax Number (include area code)	
Employer Identification Number (EIN) or Tax Identification Number (TIN)				
DUN & Bradstreet Number (DUNS)				
North American Industry Classification System (NAICS) Code				
Congressional District of the Sub-recipient's Business Address				
Congressional District(s) of Primary Service Area				
City(ies) and County(ies) of Primary Service Area	Cities:		Counties:	
Total HOPWA Subcontract Amount of this Organization for the operating year				

## 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.*

In 1994 the State of West Virginia was awarded one of the first HOPWA Special Project of National Significance (SPNS) grants. The Office of Economic Opportunity was designated as the local agency to administer HOPWA funds.

HOPWA funds are used to assist low-income West Virginians with HIV/AIDS in all 55 counties within the State. The funding is contracted to three non-profit project sponsors in WV: Caritas House in Morgantown, WV, Covenant House in Charleston, WV and Community Networks, Inc. in Martinsburg, WV. The project sponsors use the funds to provide housing and other program participant-related services to persons with HIV/AIDS who are both housed and homeless. 70% of the year's HOPWA allocation was budgeted to assist with housing costs such as operation of three community residences, TBRA, STRMU, Permanent Housing placement and Housing Information. 15% targeted support services such as case management, food/nutrition and transportation assistance. The remaining 15% was used for administration.

This year, the amount of \$321,686 was granted to the State of West Virginia Office of Economic Opportunity. Project Sponsors include the following community partners:

**Caritas House, Inc.** - Serving 25 counties of northern WV with HOPWA funds to assist families in maintaining or acquiring safe, affordable housing. Many rural areas have no building codes, or housing enforcement to ensure property owners/landlords maintain properties to meet HUD standards. Finding suitable housing and relocating families is expensive and may not be a viable option, the same can be said for healthcare.

Suitable housing may not be available near health care institutions or providers causing people to choose between health and housing. 30 years of research has proven that health status improves as housing improves, homeless individuals can Not be expected to follow direction of a health care provider when they have no food or shelter.

**Use of HOPWA Funding** - Operations, Housing Information, Supportive Services, Permanent Housing Placement, TBRA, STRMU, and administration.

**Community Networks, Inc.** -The goal of Community Networks' HIV/AIDS Program is to provide quality housing and supportive services to individuals with HIV/AIDS who meet HOPWA's financial guidelines. These individuals must complete the intake process and provide proof of income and HIV/AIDS status.

**Use of HOPWA Funding** - Operations, Housing Information, Supportive Services, Permanent Housing Placement, TBRA, STRMU, and administration.

**Covenant House, Inc.** - Covenant House has operated as a social agency for 32 years. The main service has been to provide stable housing for the homeless and those who are struggling to stay in housing. Over the years different programs and grant opportunities have allowed for many persons to be served. The main area of focus has been the City of Charleston, but with the commencement of the HOPWA Grant in 1994 the attention was expanded to include 22 counties in southern WV. The main office is located in Charleston, which is the most populated city, but we operate offices in both Beckley and Bluefield. In addition to the work across the outlying areas, we continue to offer permanent housing through three houses dedicated to our target population.

**Use of HOPWA funding**- Operations, TBRA, STRMU, Permanent Housing placement, and administration.

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

Provide a narrative addressing each of the following four items:

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

During the program year, our HOPWA program partners provided short-term rent, mortgage and or utility payments to 182 households. Three households had rent subsidies at permanent housing that was assisted with HOPWA operating costs. Another 38 households received Permanent Housing Placement assistance, 56 received TBRA for a total of 268 households receiving Housing Subsidy Assistance.

311 households received supportive services such as bus passes that provided transportation to medical, dental and housing appointments, case management, assistance on deposits for rent and utility payments, and nutrition services like food pantry visits, grocery store gift cards, and nutritional supplements.

HOPWA funds were also instrumental in providing housing information services, as well as permanent housing placement to 311 households. This work includes identifying appropriate continuing resources by using subsidized housing; Section 8 housing, Shelter Plus Care housing and other low-income housing programs.

Other HUD programs such as Housing First and Shelter Plus Care have been especially important resources, which work hand in hand with HOPWA. Through use of these certificates, HOPWA can be used as short-term funding to stabilize people in affordable housing. Case managers at the sponsor agencies attempt to keep clients "linked in" through ongoing contact, referral, and coordination with medical, social, and supportive services at their agencies and in the community.

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

Provide a narrative addressing each of the following four items:

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

**Caritas House, Inc.** - Funds are distributed after eligibility is determined by staff, with allocations made to providers for current services. Limited funds have created the need to restrict amount of service available. For the first time in 19 years of service Caritas House has been forced to reduce the dollar amount of support available to each eligible household, HOPWA funds are not sufficient to provide assistance of more than \$ 600.00 to each applicant/ household. Housing costs continue to increase with benefits such as Social Security, Disability, Food Stamps, Medicaid, Medicare and other service programs are undergoing dramatic changes as well. Staff report more individuals/families are experiencing homelessness or doubling up with relatives/friends, multiple generations living together to prevent members from experiencing homelessness.

Staff utilizes HUD recommendations to establish guidelines for allocations of monetary assistance to its recipients. Rent calculations, Fair Market Rent, annual income for Single housing units in this agency service area range from \$ 428.00 month to \$ 626.00 a month, reflects a 45% increase in FMR, utility allowances vary geographically as well. While monthly income, individual awards of Social Security benefits or part-time earnings provides average annual income less than \$9,000.00 annually, results are

little money for housing, utilities, hygiene, transportation, employment opportunities, good health and general well-being.

**Covenant House, Inc.** - We have worked to strengthen our ties with other service providers to communicate the services we offer and to make our resources go as far as possible. As program dollars shrink, any community project which can lend support to our efforts is especially welcome. With a good basis of communication we are able to coordinate service delivery without duplication. We have established an excellent relationship with Ryan White Part B case managers and regularly receive new client referrals from them. Our one HOPWA case manager also is at the Ryan White Clinic at Charleston Area Medical Center one day/week. That Clinic serves a regional area roughly equivalent to our catchment area which allows us to reach many of our common clients. Our AmeriCorps staff person goes monthly to the Tri-State AIDS Task Force office in Huntington to similarly assist HOPWA clients. We have agreements with the Unitarian Universalist Fellowship in Beckley and Sacred Heart Catholic Church that allows us to see area clients at those locations. For the first time in several years, we are also now receiving HIV client referrals from the South Central Educational Development agency in Bluefield. Last year's addition of a new HMIS system also continues to deliver as a superior system. The program itself has given far better results for data collection. The best benefit to our efforts is that this program is now the only one used by the three agencies within the state. There has been a problem with the HMIS system producing a CAPER report and that problem is currently being addressed by the local HMIS technical support staff.

The Consolidated Action plan speaks to project sponsors providing permanent supportive housing, support services, tenant-based rental assistance, mortgage assistance, and resource identification to people living with HIV/AIDS throughout all of West Virginia. Covenant House has designed our program to provide each service category listed. Based on our client survey in the previous year and consultations with Ryan White Part B staff, our emphasis has been on providing Permanent Housing Services to new clients and/or STRMU services to clients throughout the area. While support services are not offered with HOPWA funds, we have other sources to use for this. The spirit of HOPWA is, in our view, a grant that it exists primarily as housing support. We believe in the philosophy that housing is an act of health care. Some limitations on funding sources have become a challenge to serve individuals at times. This year, our overall number of clients served, irrespective of funding sources, increased while the number of clients receiving HOPWA funded services declined. For the first time, Covenant House did not carry over sufficient HOPWA funds (from grant year 2012) to meet client needs that presented before grant year 2013 arrived. During this time (and as well as in June 2013 at the end of the current reporting period) assisted HOPWA eligible clients by using State Budget AIDS and Broadway Cares funds. These client numbers are not reflected in this HOPWA CAPER. Also not reflected are the social services (such as dentures and eyeglasses) provided to HOPWA clients from other funding sources. We have also established a diet nutrition program that provides supplements like Ensure through use of agency funds and a monthly in-kind donation from a Charleston energy corporation. The reception of private donations from fund raising efforts throughout the year and other grants with less stringent regulations has enabled such service delivery with fewer boundaries. The reality remains that the main source of housing funding provided by HOPWA has been stagnant while our client base increases. As a result the need for a cap on annual benefits for program participants has been in place for several years.

**Community Networks, Inc.** - The goal of Community Networks' HIV/AIDS Program is to provide quality housing and supportive services to individuals with HIV/AIDS who meet HOPWA's financial guidelines. These individuals must complete the intake process and provide proof of income and HIV/AIDS status. This goal is implemented using the following objectives:

Objective	Projected	Served
Case Management – inclusive of assistance with rent/utilities, life management counseling, info and referral, food assistance, socialization opportunities, laundry facility, and transportation.	80	95
Housing Assistance - rent/mortgage/utility assistance, placement (application fees, deposits, 1 <sup>st</sup> month rent), networking with landlords and property managers to locate decent, affordable housing.	44	17
Nutritional Assistance – food vouchers, food pantry	50	78
Assistance with medical needs includes financial assistance for prescriptions, eyeglasses, medical testing and dental care.	32 units of service/average \$140 per service	10 unduplicated 20 duplicated

**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.

**Caritas House, Inc.** - Program goals were met during this funding period however recipients had to seek other resources for high rental and utility costs due to an overall reduction of HOPWA funds in West Virginia. Utility costs and a long winter with subnormal temperatures created higher bills. Clients depend on HOPWA for assistance; in 2013 a cap was placed on the amount of funds available for each household served by this agency for the first time in 18 years of HOPWA distribution. Case management services increased due to the time required to assist clients in seeking other resources for financial support. Introduction of the Affordable Care Act also required more time to review options, eligibility and resources with clients. Housing coordinator works with individuals/families to locate and secure safe, affordable housing. Within this geographic area are counties with Housing Authorities and city or county codes to ensure safe housing but many live in areas where there are not such safeguards in place.

**Covenant House, Inc.** - The existing need for program participants in the Covenant House service area remains strongly anchored in utility support. This type of support brings needed stability to person's housing. Many persons requesting help will have regular rental payments and these are easy to plan for being that they occur uniformly from month to month. However, because of the climate of West Virginia and the cost of heating, we find that persons experience great peril to their housing when addressing that need. Many of our participants are on disability or SSI and are unable to seek additional means to increase their resources. The majority of persons served by our HOPWA program (71 of 113) have extremely low income, between 0% and 30% of their county median income. We have helped several clients' transition to other HUD programs (like Housing Choice – Section 8) but many are faced with waiting lists at their local housing agencies.

To address the cash flow problem that we experienced in July through September of 2013, we instituted a monthly budget so that an equivalent of 1/12 of our HOPWA funds is available for services each month. We have also decided to close our one HOPWA supported housing facility and will use private, agency funds to assist those living at the facility to move to stable, private housing by September, 2014. This will free up HOPWA funds previously used for the facility for use in providing housing subsidy assistance in

both the Permanent Housing and STRMU categories. A fundraiser for the HOPWA program with the Charleston Gay Men's Chorale is also planned for September, 2014 and two grants have submitted to foundations to supplement our HOPWA funding.

**Community Networks, Inc.** - Of the 12 households served with STRMU:

- 1 Program Participant moved out of state and will access HOPWA services in his new residency.
- 1 - Recipient obtained a TBRA voucher.
- 10 - Recipients will most likely need STRMU assistance to maintain in their private/permanent housing over the next program year.

**TBRA** - Of the 6 households active during this program period.

- 1 Program Participant graduated to the mainstream resource by receiving a Housing Voucher through the Martinsburg Housing Authority having waited since the waiting list reopened in October 2012.
- 1 - Program Participant's health continued to deteriorate and following an extended hospital stay was unable to return to his unit and moved in with his recently widowed parent.
- 4 - households remained active at the close of the program year.

We have been actively recruiting for the waiting list over the last year. Two of the households that had shown an interest in TBRA were unwilling to move from their current housing which is over the FMR. CNI/HOPWA staff has received training on SPDAT. All HOPWA clients were placed in the BOS HMIS system. Along with our community partners we are adapting to using the SPDAT tool to reach the most vulnerable. A crucial partner that in spite of repeated efforts from several layers of the community, have not yet engaged in this process is the Martinsburg Housing Authority.

Recruitment for TBRA is evolving toward a Housing First focus and SPDAT process. Currently, of the 2 holders of Vouchers active in their search process - 1 is chronic homeless and recently relapsed in his addiction and 1 - is frequently living in unstable housing as he struggles with his mental health. The Martinsburg Housing Authority Section 8 waiting list opened October 2012, maintains an anticipated wait for those on the list at 2-3 years. In the spring of 2014 we saw the first of our TBRA participant's obtain and transfer to Section 8.

The Program Participant remains housed in Faith Haven. The Faith Haven participant was recently obtained full time employment a long term goal. Her self-confidence and energy have grown greatly due to being employed. As evidenced by her performance at work, and she reports less incidents of depression.

**Explanation of low TBRA cost per unit:** The State of West Virginia's funding allocation for HOPWA program in WV has been reduced due to several factors in recent years. The transition from competitive grant funds to formula funding removed the ability to reflect true values regarding need of HOPWA recipients. Under formula funding the amount of funds available is calculated by HUD and we must divide that money in order to continue serving all PLWA in West Virginia. Housing costs and FMR in many areas are above the norm, each agency must review and maintain information from multiple counties resulting in inconsistency of benefits depending on client location. All Project sponsors have implemented a limit of \$600.00 in HOPWA benefits per household annually in order to continue serving ALL qualified clients with some benefits. While these amounts are minimal they are still very important to maintain stable housing. Restrictions of one-time payments for deposits of utility and rental units reduces the agency ability to assist clients more than once to remain housed. Lack of safe, affordable housing also prevents clients from moving into more efficient, accessible housing, we serve many rural residents who have little if any alternative housing options. Past performance levels achieved by HOPWA providers has been difficult if

not impossible due to many factors; decreased funding, lack of affordable housing, increase of FMR and utility costs, travel, and general increase in cost of living without increased funds.

**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.

Other HUD programs such as Housing First and Shelter Plus Care have been especially important resources, which work hand in hand with HOPWA. Through use of these certificates, HOPWA can be used as short-term funding to stabilize people in affordable housing. Case managers at the sponsor agencies attempt to keep clients "linked in" through ongoing contact, referral, and coordination with medical, social, and supportive services at their agencies and in the community. In addition all three project sponsors work closely with the Ryan White funded programs in their areas. All work with the Ryan White Consortium Case Managers and two sites have a Ryan White funded clinics in their area and actively work with all members of the clinic staff to ensure seamless service delivery.

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

Technical assistance for the project sponsors centering on best practices from other HOPWA funded sites as well as programs moving in new directions or revamping their older HOPWA programs would be useful for all project sponsors as well as the State grantee.

**c. Barriers and Trends Overview**

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

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

Lack of safe, affordable housing available is our greatest barrier; housing authority and building codes are non-existent or not implemented to ensure families' homes meet habitable standards. In WV, the area is primarily rural and many places are also older communities with antiquated dwellings. Quality housing is a rarity. There is a problem with finding housing that is safe and meets all the standards required. The majority of our program participants are at or below the 30% level of area median income. Many people are on fixed income and so are in need of this funding. We face cuts across the board and have addressed this by limits on services to those who apply. HOPWA guidelines require funds are spent on adequate housing resources which simply DO NOT exist in many rural areas. Near urban areas housing costs are above FMR and make it difficult for low income families to reside in

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

these areas. To date, we have not had to start a client waiting list. Being a rural state means that transportation is a premium. When a person needs special healthcare and there exists a prevailing stigma toward anyone who is seen as different, let alone being HIV positive, the need turns to seeking care in places of greater anonymity and/or trust

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.

Multiple resources are being searched for alternative living units; most accessible and close to health care are too expensive for low-moderate income families. Budget cuts and reduction in benefits has created a greater need among PLWA in West Virginia.

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

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

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

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

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

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

Refer to Chart 2, and check all sources consulted to calculate unmet need. Reference any data from neighboring states' or municipalities' Consolidated Plan or other planning efforts that informed the assessment of Unmet Need in your service area.

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

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

1. Total number of households that have unmet housing subsidy assistance need.	131
2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance:	89
a. Tenant-Based Rental Assistance (TBRA)	35
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	11
• Assistance with rental costs	17
• Assistance with mortgage payments	7
• Assistance with utility costs.	
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	7

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

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

**End of PART 1**

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

**1. Sources of Leveraging**

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

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

**A. Source of Leveraging Chart**

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Housing Assistance			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	411,303.00	Office Space, transportation, ADAP, Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Shelter Plus Care			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant	21,248.00	Operation	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: WV State Budget Dedicated Line Item	26,760.00	Hygiene, Medication, Operations	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Private Funding			
Grants : United Way and Broadway Cares/Equity Fights AIDS	30,000.00	Food, Office Supplies, Volunteer hours, clothing	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
In-kind Resources	43,724.00	Food, Office Supplies, transportation	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: fundraising	2200.00	operations	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: AIDS Network of the Tri-State	17,504.31	Food, life skills, operations	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Funding			
Grantee/Project Sponsor/Subrecipient (Agency) Cash			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support

Resident Rent Payments by Client to Private Landlord	7879.00		
<b>TOTAL (Sum of all Rows)</b>	<b>560,618.31</b>		

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

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

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

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

<b>Program Income and Resident Rent Payments Collected</b>		<b>Total Amount of Program Income (for this operating year)</b>
1.	Program income (e.g. repayments)	
2.	Resident Rent Payments made directly to HOPWA Program	9378.00
3.	<b>Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)</b>	9378.00

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

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

<b>Program Income and Resident Rent Payment Expended on HOPWA programs</b>		<b>Total Amount of Program Income Expended (for this operating year)</b>
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	35,618.70
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	54,831.04
3.	<b>Total Program Income Expended (Sum of Rows 1 and 2)</b>	90,449.74

**End of PART 2**

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

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

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

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

	HOPWA Performance Planned Goal and Actual				[1] Output: Households		[2] Output: Funding	
					HOPWA Assistance		Leveraged Households	
	a.	b.	c.	d.	e.	f.		
	Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual		
<b>HOPWA Housing Subsidy Assistance</b>					<b>[1] Output: Households</b>		<b>[2] Output: Funding</b>	
1.	Tenant-Based Rental Assistance	60	56			35,731.00	30,953.00	
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)	4	3			22,934.60	12,176.38	
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served)		0					
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)		0					
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)		0					
4.	Short-Term Rent, Mortgage and Utility Assistance	150	182			249,830.87	96,985.08	
5.	Permanent Housing Placement Services	50	38			69,150.39	34,912.31	
6.	Adjustments for duplication (subtract)		11					
7.	<b>Total HOPWA Housing Subsidy Assistance</b> (Columns a. - d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)	264	268			377,646.86	175,026.77	
<b>Housing Development (Construction and Stewardship of facility based housing)</b>					<b>[1] Output: Housing Units</b>		<b>[2] Output: Funding</b>	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)		0					
9.	Stewardship Units subject to 3 or 10 year use agreements		0					
10.	<b>Total Housing Developed</b> (Sum of Rows 8 & 9)		0			0	0	
<b>Supportive Services</b>					<b>[1] Output: Households</b>		<b>[2] Output: Funding</b>	
11a.	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance	300	311			65,496.23	116,657.75	
11b.	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.							
12.	Adjustment for duplication (subtract)							
13.	<b>Total Supportive Services</b> (Columns a. - d. equal the sum of Rows 11 a. & b. minus Row 12; Columns e. and f. equal the sum of Rows 11a. & 11b.)	300	311			65,496.23	116,657.75	
<b>Housing Information Services</b>					<b>[1] Output: Households</b>		<b>[2] Output: Funding</b>	
14.	Housing Information Services	300	311			31,187.72	31,187.72	
15.	<b>Total Housing Information Services</b>	300	311			31,187.72	31,187.72	

Grant Administration and Other Activities		[1] Output: Households			[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources					
17.	Technical Assistance (if approved in grant agreement)					
18.	Grantee Administration (maximum 3% of total HOPWA grant)				9650.58	9650.58
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)				22,171.21	22,171.21
20.	<b>Total Grant Administration and Other Activities (Sum of Rows 17 – 20)</b>				<b>31,821.79</b>	<b>31,821.79</b>
<b>Total Expended</b>					<b>[2] Outputs: HOPWA Funds Expended</b>	
					<b>Budget</b>	<b>Actual</b>
21.	<b>Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)</b>				<b>506,152.60</b>	<b>354,694.03</b>

## 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 Households	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance		
2.	Alcohol and drug abuse services		
3.	Case management	311	51,691.75
4.	Child care and other child services		
5.	Education		
6.	Employment assistance and training	6	1200.00
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
8.	Legal services		
9.	Life skills management (outside of case management)		
10.	Meals/nutritional services	276	40,087.39
11.	Mental health services		
12.	Outreach	24	1000.00
13.	Transportation	123	22,678.61
14.	Other Activity (if approved in grant agreement). Specify:		
15.	<b>Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)</b>	<b>740</b>	
16.	<b>Adjustment for Duplication (subtract)</b>	<b>429</b>	
17.	<b>TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)</b>	<b>311</b>	<b>116,657.75</b>

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

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

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

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

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of Households Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	182	96,985.08
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	12	9119.64
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	8	4609.25
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	39	13,569.76
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	3	1180.11
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	120	36,039.47
g.	Direct program delivery costs (e.g., program operations staff time)		46,320.29

End of PART 3

**Part 4: Summary of Performance Outcomes**

In Column [1], report the total number of eligible households that received HOPWA housing subsidy assistance, by type. In Column [2], enter the number of households that continued to access each type of housing subsidy assistance into next operating year. In Column [3], report the housing status of all households that exited the program.  
**Data Check:** The sum of Columns [2] (Number of Households Continuing) and [3] (Exited Households) equals the total reported in Column [1].  
**Note:** Refer to the housing stability codes that appear in Part 5: Worksheet - Determining Housing Stability Outcomes.

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

**A. Permanent Housing Subsidy Assistance**

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting	[4] HOPWA Client Outcomes	
Tenant-Based Rental Assistance	56	50	1 Emergency Shelter/Streets	Unstable Arrangements	
			2 Temporary Housing	Temporarily Stable, with Reduced Risk of Homelessness	
			3 Private Housing	1	Stable/Permanent Housing (PH)
			4 Other HOPWA		
			5 Other Subsidy	3	
			6 Institution		Unstable Arrangements
			7 Jail/Prison		
			8 Disconnected/Unknown	1	
			9 Death	1	Life Event
Permanent Supportive Housing Facilities/ Units	3	3	1 Emergency Shelter/Streets	Unstable Arrangements	
			2 Temporary Housing	Temporarily Stable, with Reduced Risk of Homelessness	
			3 Private Housing		Stable/Permanent Housing (PH)
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		Unstable Arrangements
			7 Jail/Prison		
			8 Disconnected/Unknown		
			9 Death		Life Event

**B. Transitional Housing Assistance**

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

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

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

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

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

At the bottom of the chart:

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

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

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

**Assessment of Households that Received STRMU Assistance**

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
182	Maintain Private Housing <u>without</u> subsidy <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	39	<b>Stable/Permanent Housing (PH)</b>
	Other Private Housing without subsidy <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>	14	
	Other HOPWA Housing Subsidy Assistance	1	
	Other Housing Subsidy (PH)	1	
	Institution <i>(e.g. residential and long-term care)</i>		
	Likely that additional STRMU is needed to maintain current housing arrangements	126	<b>Temporarily Stable, with Reduced Risk of Homelessness</b>
	Transitional Facilities/Short-term <i>(e.g. temporary or transitional arrangement)</i>		
	Temporary/Non-Permanent Housing arrangement <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>		
	Emergency Shelter/street		<b>Unstable Arrangements</b>
	Jail/Prison		
	Disconnected		
	Death	1	<b>Life Event</b>
	1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).		
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).			49

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

**1a. Total Number of Households**

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

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

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

<b>Total Number of Households</b>	
<b>1. For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	268
b. Case Management	311
c. Adjustment for duplication (subtraction)	190
d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)	389
<b>2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded service.	
a. HOPWA Case Management	
b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance	

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

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

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

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

<b>Categories of Services Accessed</b>	<b>[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b>	<b>[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b>	<b>Outcome Indicator</b>
1. Has a housing plan for maintaining or establishing stable on-going housing	389		<i>Support for Stable Housing</i>
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	389		<i>Access to Support</i>
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	378		<i>Access to Health Care</i>
4. Accessed and maintained medical insurance/assistance	371		<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income	348		<i>Sources of Income</i>

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

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

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

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

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

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

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

Categories of Services Accessed	[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	23	0

**End of PART 4**

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

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

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

**Background on HOPWA Housing Stability Codes**

**Stable Permanent Housing/Ongoing Participation**

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

**Temporary Housing**

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

**Unstable Arrangements**

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

**Life Event**

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

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

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

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

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

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

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

**End of PART 5**

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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

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

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

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

**3. Details of Project Site**

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

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

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

Name & Title of Authorized Official of the organization that continues to operate the facility:	Signature & Date (mm/dd/yy)
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)	Contact Phone (with area code)

**End of PART 6**

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

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

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

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

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	268

**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	216
<b>New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year</b>		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	2
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	4
4.	Transitional housing for homeless persons	
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)	6
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	1
7.	Psychiatric hospital or other psychiatric facility	
8.	Substance abuse treatment facility or detox center	
9.	Hospital (non-psychiatric facility)	
10.	Foster care home or foster care group home	
11.	Jail, prison or juvenile detention facility	3
12.	Rented room, apartment, or house	25
13.	House you own	7
14.	Staying or living in someone else's (family and friends) room, apartment, or house	10
15.	Hotel or motel paid for without emergency shelter voucher	
16.	Other	
17.	Don't Know or Refused	
18.	<b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)</b>	268

**c. Homeless Individual Summary**

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

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	4	6

**Section 2. Beneficiaries**

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

*Note: See definition of HOPWA Eligible Individual*

*Note: See definition of Transgender.*

*Note: See definition of Beneficiaries.*

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

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

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a.)	268
2. Number of ALL other persons diagnosed as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	28
3. Number of ALL other persons NOT diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy	278
<b>4. TOTAL number of ALL beneficiaries served with Housing Subsidy Assistance (Sum of Rows 1,2, &amp; 3)</b>	<b>574</b>

**b. Age and Gender**

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

HOPWA Eligible Individuals (Chart a, Row 1)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18					
2.	18 to 30 years	49	17			66
3.	31 to 50 years	65	38			103
4.	51 years and Older	76	23			99
5.	Subtotal (Sum of Rows 1-4)	190	78			268
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	43	37			80
7.	18 to 30 years	31	29			60
8.	31 to 50 years	56	32			88
9.	51 years and Older	46	32			78
10.	Subtotal (Sum of Rows 6-9)	176	130			306
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	366	208			574

**c. Race and Ethnicity\***

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

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a., Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a., Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native	2		3	
2.	Asian	1		1	
3.	Black/African American	92		108	
4.	Native Hawaiian/Other Pacific Islander				
5.	White	157		155	
6.	American Indian/Alaskan Native & White	3			
7.	Asian & White				
8.	Black/African American & White	12		34	
9.	American Indian/Alaskan Native & Black/African American	1			
10.	Other Multi-Racial			5	
11.	Column Totals (Sum of Rows 1-10)	268		306	

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

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

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

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	182
2.	31-50% of area median income (very low)	67
3.	51-80% of area median income (low)	19
4.	<b>Total (Sum of Rows 1-3)</b>	<b>268</b>



**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	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

**3a. Check one only**

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

**3b. Type of Facility**

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Caritas House, Inc.

Type of housing facility operated by the project sponsor/subrecipient	Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units				1		
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/subrecipient on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a. Leasing Costs		
b. Operating Costs	1	4,678.51
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.)	1	4,678.51

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

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

**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 or subrecipient should complete Part 6: Annual Certification of 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/Subrecipient Agency Name (Required)**

Covenant House, Inc.

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

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

**3a. Check one only**

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

**3b. Type of Facility**

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

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

Type of housing facility operated by the project sponsor/subrecipient	Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+ bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units					1	
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/subrecipient on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a. Leasing Costs		
b. Operating Costs	1	2,984.30
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.)	1	2,984.30

**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 or subrecipient should complete Part 6: Annual Certification of 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/Subrecipient Agency Name (Required)**

Community Networks, Inc.

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

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

**3a. Check one only**

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

**3b. Type of Facility**

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

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

Type of housing facility operated by the project sponsor/subrecipient	Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units				1		
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/subrecipient on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a. Leasing Costs		
b. Operating Costs	1	4,513.57
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.)	1	4,513.57