



# Housing Opportunities for Persons with AIDS (HOPWA) Program

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

**Revised 1/22/15**

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OMB Number 2506-0133 (Expiration Date: 12/31/2017)

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

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

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

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

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

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

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

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

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

**Definitions**

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

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

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

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

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

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

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

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

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

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

“grassroots.”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HUD Funding → Grantee → Project Sponsor

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

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

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

HUD Funding → Grantee → Project Sponsor → Subrecipient

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

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

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

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

OMB Number 2506-0133 (Expiration Date: 10/31/2017)

## 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><br>NYH14-F005                                          | <b>Operating Year for this report</b><br>From 6/1/14 To 5/31/15                                                                                                                                                                                                                                       |                                                                                                                                                                                                      |                                             |       |
| <b>Grantee Name</b><br>City of Albany                                          |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      |                                             |       |
| <b>Business Address</b>                                                        | 200 Henry Johnson Blvd.                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                      |                                             |       |
| <b>City, County, State, Zip</b>                                                | Albany                                                                                                                                                                                                                                                                                                | Albany                                                                                                                                                                                               | NY                                          | 12210 |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b> | 141505559                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                      |                                             |       |
| <b>DUN &amp; Bradstreet Number (DUNs):</b>                                     | 192544484                                                                                                                                                                                                                                                                                             | <b>Central Contractor Registration (CCR):</b><br>Is the grantee's CCR status currently active?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide CCR Number: |                                             |       |
| <b>Congressional District of Grantee's Business Address</b>                    | 21                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                      |                                             |       |
| <b>*Congressional District of Primary Service Area(s)</b>                      | 21                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                      |                                             |       |
| <b>*City(ies) and County(ies) of Primary Service Area(s)</b>                   | Cities: Albany   Schenectady   Troy                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                      | Counties: Albany   Schenectady   Rensselaer |       |
| <b>Organization's Website Address</b><br>www.albanyny.gov                      | <b>Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, explain in the narrative section what services maintain a waiting list and how this list is administered. |                                                                                                                                                                                                      |                                             |       |

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

## 2. Project Sponsor Information

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

|                                                                                                                                                                                                                                                                                                      |                                                               |                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Project Sponsor Agency Name</b><br>Alliance for Positive Health (formerly AIDS Council of Northeastern NY)                                                                                                                                                                                        |                                                               | <b>Parent Company Name, if applicable</b>                                                                                                                                                                        |  |
| <b>Name and Title of Contact at Project Sponsor Agency</b>                                                                                                                                                                                                                                           | Lauren Collens, Director of Grants Management                 |                                                                                                                                                                                                                  |  |
| <b>Email Address</b>                                                                                                                                                                                                                                                                                 | lcollens@alliancefph.org                                      |                                                                                                                                                                                                                  |  |
| <b>Business Address</b>                                                                                                                                                                                                                                                                              | 920 Broadway                                                  |                                                                                                                                                                                                                  |  |
| <b>City, County, State, Zip,</b>                                                                                                                                                                                                                                                                     | Albany, Albany, NY 12207                                      |                                                                                                                                                                                                                  |  |
| <b>Phone Number (with area code)</b>                                                                                                                                                                                                                                                                 | 518-434-4686x2406                                             |                                                                                                                                                                                                                  |  |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>                                                                                                                                                                                                                       | 22-2684595                                                    | <b>Fax Number (with area code)</b><br>518-427-8184                                                                                                                                                               |  |
| <b>DUN &amp; Bradstreet Number (DUNS):</b>                                                                                                                                                                                                                                                           | 16743492                                                      |                                                                                                                                                                                                                  |  |
| <b>Congressional District of Project Sponsor's Business Address</b>                                                                                                                                                                                                                                  | 21                                                            |                                                                                                                                                                                                                  |  |
| <b>Congressional District(s) of Primary Service Area(s)</b>                                                                                                                                                                                                                                          | 21                                                            |                                                                                                                                                                                                                  |  |
| <b>City(ies) and County(ies) of Primary Service Area(s)</b>                                                                                                                                                                                                                                          | <b>Cities:</b> Albany, Schenectady, Troy, Saratoga, Schoharie | <b>Counties:</b> Albany, Schenectady, Rensselaer, Saratoga, Schoharie                                                                                                                                            |  |
| <b>Total HOPWA contract amount for this Organization for the operating year</b>                                                                                                                                                                                                                      | 122,480                                                       |                                                                                                                                                                                                                  |  |
| <b>Organization's Website Address</b>                                                                                                                                                                                                                                                                | www.allianceforpositivehealth.org                             |                                                                                                                                                                                                                  |  |
| <b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/><br><i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> |                                                               | <b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>If yes, explain in the narrative section how this list is administered.</b> |  |

|                                                                                                                                                                                                                                                                                                  |                                                    |                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Project Sponsor Agency Name</b><br>Unity House of Troy, Inc.                                                                                                                                                                                                                                  |                                                    | <b>Parent Company Name, if applicable</b>                                                                                                                                                                    |  |
| <b>Name and Title of Contact at Project Sponsor Agency</b>                                                                                                                                                                                                                                       | Danielle Wissenbach, Director of Supported Housing |                                                                                                                                                                                                              |  |
| <b>Email Address</b>                                                                                                                                                                                                                                                                             | dwissenbach@unityhousesny.org                      |                                                                                                                                                                                                              |  |
| <b>Business Address</b>                                                                                                                                                                                                                                                                          | 3431 Sixth Ave.                                    |                                                                                                                                                                                                              |  |
| <b>City, County, State, Zip,</b>                                                                                                                                                                                                                                                                 | Troy, Rensselaer, NY 12180                         |                                                                                                                                                                                                              |  |
| <b>Phone Number (with area code)</b>                                                                                                                                                                                                                                                             | 518-272-1611x245                                   |                                                                                                                                                                                                              |  |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>                                                                                                                                                                                                                   | 23-2378930                                         | <b>Fax Number (with area code)</b><br>518-272-1888                                                                                                                                                           |  |
| <b>DUN &amp; Bradstreet Number (DUNS):</b>                                                                                                                                                                                                                                                       | 826403339                                          |                                                                                                                                                                                                              |  |
| <b>Congressional District of Project Sponsor's Business Address</b>                                                                                                                                                                                                                              | 21                                                 |                                                                                                                                                                                                              |  |
| <b>Congressional District(s) of Primary Service Area(s)</b>                                                                                                                                                                                                                                      | 21                                                 |                                                                                                                                                                                                              |  |
| <b>City(ies) and County(ies) of Primary Service Area(s)</b>                                                                                                                                                                                                                                      | <b>Cities:</b> Troy                                | <b>Counties:</b> Rensselaer                                                                                                                                                                                  |  |
| <b>Total HOPWA contract amount for this Organization for the operating year</b>                                                                                                                                                                                                                  | 112,109                                            |                                                                                                                                                                                                              |  |
| <b>Organization's Website Address</b>                                                                                                                                                                                                                                                            | www.unityhousesny.org                              |                                                                                                                                                                                                              |  |
| <b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/><br><i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> |                                                    | <b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, explain in the narrative section how this list is administered.</b> |  |

|                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                              |                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| <b>Project Sponsor Agency Name</b><br>Mohawk Opportunities                                                                                                                                                                                                                                       |  | <b>Parent Company Name, if applicable</b>                                                                                                                                                                    |                                                    |
| <b>Name and Title of Contact at Project Sponsor Agency</b>                                                                                                                                                                                                                                       |  | Deborah Moore, Director of Finance                                                                                                                                                                           |                                                    |
| <b>Email Address</b>                                                                                                                                                                                                                                                                             |  | dmoore@mohawkopportunities.org                                                                                                                                                                               |                                                    |
| <b>Business Address</b>                                                                                                                                                                                                                                                                          |  | 201 Nott Terrace                                                                                                                                                                                             |                                                    |
| <b>City, County, State, Zip,</b>                                                                                                                                                                                                                                                                 |  | Schenectady, Schenectady, NY 12307                                                                                                                                                                           |                                                    |
| <b>Phone Number (with area code)</b>                                                                                                                                                                                                                                                             |  | 518-836-3976                                                                                                                                                                                                 |                                                    |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>                                                                                                                                                                                                                   |  | 14-1672130                                                                                                                                                                                                   | <b>Fax Number (with area code)</b><br>518-836-3982 |
| <b>DUN &amp; Bradstreet Number (DUNS):</b>                                                                                                                                                                                                                                                       |  | 161856877                                                                                                                                                                                                    |                                                    |
| <b>Congressional District of Project Sponsor's Business Address</b>                                                                                                                                                                                                                              |  | 21                                                                                                                                                                                                           |                                                    |
| <b>Congressional District(s) of Primary Service Area(s)</b>                                                                                                                                                                                                                                      |  | 21                                                                                                                                                                                                           |                                                    |
| <b>City(ies) and County(ies) of Primary Service Area(s)</b>                                                                                                                                                                                                                                      |  | Cities: Schenectady                                                                                                                                                                                          | Counties: Schenectady                              |
| <b>Total HOPWA contract amount for this Organization for the operating year</b>                                                                                                                                                                                                                  |  | 107,665                                                                                                                                                                                                      |                                                    |
| <b>Organization's Website Address</b>                                                                                                                                                                                                                                                            |  | www.mohawkopportunities.org                                                                                                                                                                                  |                                                    |
| <b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/><br><i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> |  | <b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><b>If yes, explain in the narrative section how this list is administered.</b> |                                                    |

|                                                                                                                                                                                                                                                                                                      |                                     |                                                                                                                                                                                                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Project Sponsor Agency Name</b><br>SASH (Formerly Support Ministries)                                                                                                                                                                                                                             |                                     | <b>Parent Company Name, if applicable</b>                                                                                                                                                                        |  |
| <b>Name and Title of Contact at Project Sponsor Agency</b>                                                                                                                                                                                                                                           | Patrick Damberg, Executive Director |                                                                                                                                                                                                                  |  |
| <b>Email Address</b>                                                                                                                                                                                                                                                                                 | pdamberg@sashny.org                 |                                                                                                                                                                                                                  |  |
| <b>Business Address</b>                                                                                                                                                                                                                                                                              | 28 Delaware Terrace                 |                                                                                                                                                                                                                  |  |
| <b>City, County, State, Zip,</b>                                                                                                                                                                                                                                                                     | Albany, Albany, NY 12209            |                                                                                                                                                                                                                  |  |
| <b>Phone Number (with area code)</b>                                                                                                                                                                                                                                                                 | 518-427-2463                        |                                                                                                                                                                                                                  |  |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>                                                                                                                                                                                                                       | 22-02940575                         | <b>Fax Number (with area code)</b><br>518-463-5397                                                                                                                                                               |  |
| <b>DUN &amp; Bradstreet Number (DUNS):</b>                                                                                                                                                                                                                                                           | 360861681                           |                                                                                                                                                                                                                  |  |
| <b>Congressional District of Project Sponsor's Business Address</b>                                                                                                                                                                                                                                  | 21                                  |                                                                                                                                                                                                                  |  |
| <b>Congressional District(s) of Primary Service Area(s)</b>                                                                                                                                                                                                                                          | 21                                  |                                                                                                                                                                                                                  |  |
| <b>City(ies) and County(ies) of Primary Service Area(s)</b>                                                                                                                                                                                                                                          | Cities: Albany                      | Counties: Albany                                                                                                                                                                                                 |  |
| <b>Total HOPWA contract amount for this Organization for the operating year</b>                                                                                                                                                                                                                      | 107,171                             |                                                                                                                                                                                                                  |  |
| <b>Organization's Website Address</b>                                                                                                                                                                                                                                                                | www.sashny.org                      |                                                                                                                                                                                                                  |  |
| <b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/><br><i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> |                                     | <b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br><b>If yes, explain in the narrative section how this list is administered.</b> |  |

### 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.*

|                                                                                   |                                                    |    |                                                            |                                           |
|-----------------------------------------------------------------------------------|----------------------------------------------------|----|------------------------------------------------------------|-------------------------------------------|
| <b>Subrecipient Name</b>                                                          | CARES, Inc.                                        |    |                                                            | <b>Parent Company Name, if applicable</b> |
| <b>Name and Title of Contact at Subrecipient</b>                                  | Christine Wasik, Director of HIV/AIDS Programs     |    |                                                            |                                           |
| <b>Email Address</b>                                                              | cwasik@caresny.org                                 |    |                                                            |                                           |
| <b>Business Address</b>                                                           | 200 Henry Johnson Blvd., Suite 4                   |    |                                                            |                                           |
| <b>City, State, Zip, County</b>                                                   | Albany                                             | NY | 12210                                                      | County                                    |
| <b>Phone Number (with area code)</b>                                              | 518-436-0234                                       |    | <b>Fax Number (include area code)</b><br>518-436-8058      |                                           |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>    | 14-1731746                                         |    |                                                            |                                           |
| <b>DUN &amp; Bradstreet Number (DUNs):</b>                                        | 07-0919852                                         |    |                                                            |                                           |
| <b>North American Industry Classification System (NAICS) Code</b>                 |                                                    |    |                                                            |                                           |
| <b>Congressional District of Subrecipient's Business Address</b>                  | 21                                                 |    |                                                            |                                           |
| <b>Congressional District of Primary Service Area</b>                             | 21                                                 |    |                                                            |                                           |
| <b>City (ies) <u>and</u> County (ies) of Primary Service Area(s)</b>              | Cities: Albany Troy Schenectady Saratoga Schoharie |    | Counties: Albany Schenectady Rensselaer Saratoga Schoharie |                                           |
| <b>Total HOPWA Subcontract Amount of this Organization for the operating year</b> | 29,632                                             |    |                                                            |                                           |

**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.*

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

**5. Grantee Narrative and Performance Assessment**

**a. Grantee and Community Overview**

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

See Attached At End Of Document

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

Provide a narrative addressing each of the following four items:

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

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

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

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

See Attached At End Of Document

**c. Barriers and Trends Overview**

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

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

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

See Attached At End of Document

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.

See Attached At End Of Document

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

**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.                                                         | 75 |
| 2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance: | 70 |
| a. Tenant-Based Rental Assistance (TBRA)                                                                                               |    |
| b. Short-Term Rent, Mortgage and Utility payments (STRMU)                                                                              |    |
| • Assistance with rental costs                                                                                                         |    |
| • Assistance with mortgage payments                                                                                                    |    |
| • Assistance with utility costs.                                                                                                       |    |
| c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities                                           | 5  |

**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                                                                                                    |
|   | = Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care                                                                                                   |
|   | = Data from client information provided in Homeless Management Information Systems (HMIS)                                                                                                               |
| 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                                                                                               |
|   | = 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                                       |                               |                                                  |                                                                                                                     |
| Ryan White-Housing Assistance                        |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| Ryan White-Other                                     |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| Housing Choice Voucher Program                       |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| Low Income Housing Tax Credit                        |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| HOME                                                 |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| Shelter Plus Care                                    |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| Emergency Solutions Grant                            |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| Other Public: New York State                         | 213,079                       | Housing Assistance                               | <input checked="" type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Other Public: HUD                                    | 184,137                       | Housing Assistance                               | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support            |
| Other Public:                                        |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support            |
| Other Public:                                        |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support            |
| Other Public:                                        |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support            |
| Private Funding                                      |                               |                                                  |                                                                                                                     |
| Grants Private Foundation                            | 39,858                        | Housing Assistance                               | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| In-kind Resources                                    | 409,217                       | Housing Assistance, Care Coordination & Services | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| Other Private:                                       |                               |                                                  | <input checked="" type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Other Private:                                       |                               |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| Other Funding                                        |                               |                                                  |                                                                                                                     |
| Grantee/Project Sponsor/Subrecipient (Agency) Cash   | 65,088                        |                                                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                       |
| Resident Rent Payments by Client to Private Landlord | 98,147                        |                                                  |                                                                                                                     |
| <b>TOTAL (Sum of all Rows)</b>                       | <b>1,009,526</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)                                             | 0                                                               |
| 2.                                                         | Resident Rent Payments made directly to HOPWA Program                        | 204,791                                                         |
| 3.                                                         | <b>Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)</b> | 204,791                                                         |

### 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                       | 33,442                                                                   |
| 2.                                                                         | Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs | 171,349                                                                  |
| 3.                                                                         | <b>Total Program Income Expended (Sum of Rows 1 and 2)</b>                                                  | 204,791                                                                  |

**End of PART 2**

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

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

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

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

| <b>HOPWA Performance<br/>Planned Goal<br/>and Actual</b>                            |                                                                                                                                                          | [1] Output: Households           |        |                      |        | [2] Output: Funding        |              |
|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------|----------------------|--------|----------------------------|--------------|
|                                                                                     |                                                                                                                                                          | HOPWA Assistance                 |        | Leveraged Households |        | HOPWA Funds                |              |
|                                                                                     |                                                                                                                                                          | a.                               | b.     | c.                   | d.     | e.                         | f.           |
|                                                                                     |                                                                                                                                                          | Goal                             | Actual | Goal                 | Actual | HOPWA Budget               | HOPWA Actual |
| <b>HOPWA Housing Subsidy Assistance</b>                                             |                                                                                                                                                          | <b>[1] Output: Households</b>    |        |                      |        | <b>[2] Output: Funding</b> |              |
| 1.                                                                                  | Tenant-Based Rental Assistance                                                                                                                           | 49                               | 60     |                      |        | 279,896                    | 275,489      |
| 2a.                                                                                 | <b>Permanent Housing Facilities:</b><br>Received Operating Subsidies/Leased units (Households Served)                                                    | 28                               | 31     |                      |        | 4,121                      | 5,715        |
| 2b.                                                                                 | <b>Transitional/Short-term Facilities:</b><br>Received Operating Subsidies/Leased units (Households Served)<br>(Households Served)                       | 6                                | 11     |                      |        | 19,830                     | 18,236       |
| 3a.                                                                                 | <b>Permanent Housing Facilities:</b><br>Capital Development Projects placed in service during the operating year<br>(Households Served)                  |                                  |        |                      |        |                            |              |
| 3b.                                                                                 | <b>Transitional/Short-term Facilities:</b><br>Capital Development Projects placed in service during the operating year<br>(Households Served)            |                                  |        |                      |        |                            |              |
| 4.                                                                                  | Short-Term Rent, Mortgage and Utility Assistance                                                                                                         | 8                                | 12     |                      |        | 8,144                      | 8,514        |
| 5.                                                                                  | Permanent Housing Placement Services                                                                                                                     |                                  |        |                      |        |                            |              |
| 6.                                                                                  | Adjustments for duplication (subtract)                                                                                                                   | 2                                | 2      |                      |        |                            |              |
| 7.                                                                                  | <b>Total HOPWA Housing Subsidy Assistance</b><br>(Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)    | 89                               | 112    |                      |        | 311,991                    | 307,954      |
| <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;<br>Capital Development Projects not yet opened (Housing Units)                                                                     |                                  |        |                      |        |                            |              |
| 9.                                                                                  | Stewardship Units subject to 3 or 10 year use agreements                                                                                                 |                                  |        |                      |        |                            |              |
| 10.                                                                                 | <b>Total Housing Developed</b><br>(Sum of Rows 8 & 9)                                                                                                    |                                  |        |                      |        | 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                                       | 62                               | 92     |                      |        | 128,690                    | 132,727      |
| 11b.                                                                                | Supportive Services provided by project sponsors/subrecipient that only provided supportive services.                                                    |                                  |        |                      |        |                            |              |
| 12.                                                                                 | Adjustment for duplication (subtract)                                                                                                                    |                                  |        |                      |        |                            |              |
| 13.                                                                                 | <b>Total Supportive Services</b><br>(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.) | 62                               | 92     |                      |        | 128,690                    | 132,727      |
| <b>Housing Information Services</b>                                                 |                                                                                                                                                          | <b>[1] Output Households</b>     |        |                      |        | <b>[2] Output: Funding</b> |              |
| 14.                                                                                 | Housing Information Services                                                                                                                             |                                  |        |                      |        |                            |              |
| 15.                                                                                 | <b>Total Housing Information Services</b>                                                                                                                |                                  |        |                      |        | 0                          | 0            |

| Grant Administration and Other Activities |                                                                                           | [1] Output Households |  |  |  | [2] Output: Funding               |         |
|-------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------|--|--|--|-----------------------------------|---------|
| 16.                                       | Resource Identification to establish, coordinate and develop housing assistance resources |                       |  |  |  | 250                               | 250     |
| 17.                                       | Technical Assistance (if approved in grant agreement)                                     |                       |  |  |  |                                   |         |
| 18.                                       | Grantee Administration (maximum 3% of total HOPWA grant)                                  |                       |  |  |  | 14,816                            | 14,816  |
| 19.                                       | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)             |                       |  |  |  | 38,126                            | 38,126  |
| 20.                                       | <b>Total Grant Administration and Other Activities (Sum of Rows 16 – 19)</b>              |                       |  |  |  | 53,192                            | 53,192  |
| <b>Total Expended</b>                     |                                                                                           |                       |  |  |  |                                   |         |
|                                           |                                                                                           |                       |  |  |  | [2] Outputs: HOPWA Funds Expended |         |
|                                           |                                                                                           |                       |  |  |  | Budget                            | Actual  |
| 21.                                       | <b>Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)</b>            |                       |  |  |  | 493,873                           | 493,873 |

## 2. Listing of Supportive Services

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

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

| Supportive Services |                                                                                                                                                | [1] Output: Number of <u>Households</u> | [2] Output: Amount of HOPWA Funds Expended |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------|
| 1.                  | Adult day care and personal assistance                                                                                                         | 6                                       | 14,401                                     |
| 2.                  | Alcohol and drug abuse services                                                                                                                |                                         |                                            |
| 3.                  | Case management                                                                                                                                | 92                                      | 69,700                                     |
| 4.                  | Child care and other child services                                                                                                            |                                         |                                            |
| 5.                  | Education                                                                                                                                      |                                         |                                            |
| 6.                  | Employment assistance and training                                                                                                             | 2                                       | 606                                        |
| 7.                  | Health/medical/intensive care services, if approved<br>Note: Client records must conform with 24 CFR §574.310                                  |                                         |                                            |
| 8.                  | Legal services                                                                                                                                 |                                         |                                            |
| 9.                  | Life skills management (outside of case management)                                                                                            | 42                                      | 25,109                                     |
| 10.                 | Meals/nutritional services                                                                                                                     | 6                                       | 170                                        |
| 11.                 | Mental health services                                                                                                                         |                                         |                                            |
| 12.                 | Outreach                                                                                                                                       | 42                                      | 21,991                                     |
| 13.                 | Transportation                                                                                                                                 | 37                                      | 750                                        |
| 14.                 | Other Activity (if approved in grant agreement).<br><b>Specify:</b>                                                                            |                                         |                                            |
| 15.                 | <b>Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)</b>                                                                   | 227                                     |                                            |
| 16.                 | <b>Adjustment for Duplication (subtract)</b>                                                                                                   | 135                                     |                                            |
| 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> | 92                                      | 132,727                                    |

### 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                                    | 12                                      | 8,514                                                                 |
| b.                                            | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.        |                                         |                                                                       |
| c.                                            | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. |                                         |                                                                       |
| d.                                            | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.          | 8                                       | 7,147                                                                 |
| e.                                            | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.   | 1                                       | 887                                                                   |
| f.                                            | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.         | 3                                       | 480                                                                   |
| g.                                            | Direct program delivery costs (e.g., program operations staff time)                                  |                                         | 0                                                                     |

End of PART 3

**Part 4: Summary of Performance Outcomes**

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

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

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

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

**A. Permanent Housing Subsidy Assistance**

|                                                       | [1] Output: Total Number of Households Served | [2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year | [3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting |    | [4] HOPWA Client Outcomes                                    |
|-------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------|
|                                                       |                                               |                                                                                                                             |                                                                                                         |    |                                                              |
| <b>Tenant-Based Rental Assistance</b>                 | 60                                            | 43                                                                                                                          | 1 Emergency Shelter/Streets                                                                             |    | <i>Unstable Arrangements</i>                                 |
|                                                       |                                               |                                                                                                                             | 2 Temporary Housing                                                                                     |    | <i>Temporarily Stable, with Reduced Risk of Homelessness</i> |
|                                                       |                                               |                                                                                                                             | 3 Private Housing                                                                                       | 5  | <i>Stable/Permanent Housing (PH)</i>                         |
|                                                       |                                               |                                                                                                                             | 4 Other HOPWA                                                                                           |    |                                                              |
|                                                       |                                               |                                                                                                                             | 5 Other Subsidy                                                                                         | 10 |                                                              |
|                                                       |                                               |                                                                                                                             | 6 Institution                                                                                           |    | <i>Unstable Arrangements</i>                                 |
|                                                       |                                               |                                                                                                                             | 7 Jail/Prison                                                                                           | 1  |                                                              |
|                                                       |                                               |                                                                                                                             | 8 Disconnected/Unknown                                                                                  |    |                                                              |
|                                                       |                                               |                                                                                                                             | 9 Death                                                                                                 | 1  | <i>Life Event</i>                                            |
| <b>Permanent Supportive Housing Facilities/ Units</b> | 31                                            | 23                                                                                                                          | 1 Emergency Shelter/Streets                                                                             |    | <i>Unstable Arrangements</i>                                 |
|                                                       |                                               |                                                                                                                             | 2 Temporary Housing                                                                                     |    | <i>Temporarily Stable, with Reduced Risk of Homelessness</i> |
|                                                       |                                               |                                                                                                                             | 3 Private Housing                                                                                       | 4  | <i>Stable/Permanent Housing (PH)</i>                         |
|                                                       |                                               |                                                                                                                             | 4 Other HOPWA                                                                                           |    |                                                              |
|                                                       |                                               |                                                                                                                             | 5 Other Subsidy                                                                                         | 2  |                                                              |
|                                                       |                                               |                                                                                                                             | 6 Institution                                                                                           | 2  | <i>Unstable Arrangements</i>                                 |
|                                                       |                                               |                                                                                                                             | 7 Jail/Prison                                                                                           |    |                                                              |
|                                                       |                                               |                                                                                                                             | 8 Disconnected/Unknown                                                                                  |    |                                                              |
|                                                       |                                               |                                                                                                                             | 9 Death                                                                                                 |    | <i>Life Event</i>                                            |

**B. Transitional Housing Assistance**

|                                                           | [1] Output: Total Number of Households Served | [2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year | [3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting |   | [4] HOPWA Client Outcomes                                   |
|-----------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------|
|                                                           |                                               |                                                                                                                             |                                                                                                         |   |                                                             |
| <b>Transitional/ Short-Term Housing Facilities/ Units</b> | 11                                            | 6                                                                                                                           | 1 Emergency Shelter/Streets                                                                             |   | <i>Unstable Arrangements</i>                                |
|                                                           |                                               |                                                                                                                             | 2 Temporary Housing                                                                                     |   | <i>Temporarily Stable with Reduced Risk of Homelessness</i> |
|                                                           |                                               |                                                                                                                             | 3 Private Housing                                                                                       | 1 | <i>Stable/Permanent Housing (PH)</i>                        |
|                                                           |                                               |                                                                                                                             | 4 Other HOPWA                                                                                           |   |                                                             |
|                                                           |                                               |                                                                                                                             | 5 Other Subsidy                                                                                         | 3 |                                                             |
|                                                           |                                               |                                                                                                                             | 6 Institution                                                                                           |   | <i>Unstable Arrangements</i>                                |
|                                                           |                                               |                                                                                                                             | 7 Jail/Prison                                                                                           |   |                                                             |
|                                                           |                                               |                                                                                                                             | 8 Disconnected/unknown                                                                                  | 1 |                                                             |
|                                                           |                                               |                                                                                                                             | 9 Death                                                                                                 |   | <i>Life Event</i>                                           |

|                                                                                                                    |     |
|--------------------------------------------------------------------------------------------------------------------|-----|
| B1:Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months | 012 |
|--------------------------------------------------------------------------------------------------------------------|-----|

**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                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------------------------------------------|
| 12                                                                                                                                                                                                                                                                   | <b>Maintain Private Housing without subsidy</b><br><i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>         | 2 | <i>Stable/Permanent Housing (PH)</i>                         |
|                                                                                                                                                                                                                                                                      | <b>Other Private Housing without subsidy</b><br><i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>               | 3 |                                                              |
|                                                                                                                                                                                                                                                                      | Other HOPWA Housing Subsidy Assistance                                                                                                                             |   |                                                              |
|                                                                                                                                                                                                                                                                      | Other Housing Subsidy (PH)                                                                                                                                         | 1 |                                                              |
|                                                                                                                                                                                                                                                                      | <b>Institution</b><br><i>(e.g. residential and long-term care)</i>                                                                                                 |   |                                                              |
|                                                                                                                                                                                                                                                                      | Likely that additional STRMU is needed to maintain current housing arrangements                                                                                    |   | <i>Temporarily Stable, with Reduced Risk of Homelessness</i> |
|                                                                                                                                                                                                                                                                      | <b>Transitional Facilities/Short-term</b><br><i>(e.g. temporary or transitional arrangement)</i>                                                                   | 5 |                                                              |
|                                                                                                                                                                                                                                                                      | <b>Temporary/Non-Permanent Housing arrangement</b><br><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                                                                                                                                           |   | <i>Unstable Arrangements</i>                                 |
|                                                                                                                                                                                                                                                                      | Jail/Prison                                                                                                                                                        |   |                                                              |
|                                                                                                                                                                                                                                                                      | Disconnected                                                                                                                                                       | 1 |                                                              |
|                                                                                                                                                                                                                                                                      | Death                                                                                                                                                              |   | <i>Life Event</i>                                            |
| 1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).        |                                                                                                                                                                    |   | 1                                                            |
| 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). |                                                                                                                                                                    |   | 1                                                            |

### 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 <u>HOPWA-funded</u> services:  |            |
| a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing                                                                                         | 112        |
| b. Case Management                                                                                                                                                                              | 92         |
| c. Adjustment for duplication (subtraction)                                                                                                                                                     | 92         |
| <b>d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)</b>                                                             | <b>112</b> |
| <b>2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following <u>HOPWA-funded</u> service: |            |
| a. HOPWA Case Management                                                                                                                                                                        |            |
| <b>b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance</b>                                                                                          | <b>0</b>   |

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

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

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

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

| <b>Categories of Services Accessed</b>                                                                                                                                                                     | <b>[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b> | <b>[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b> | <b>Outcome Indicator</b>          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. Has a housing plan for maintaining or establishing stable on-going housing                                                                                                                              | 110                                                                                                                                                   |                                                                                                                                                              | <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) | 104                                                                                                                                                   |                                                                                                                                                              | <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                                                                              | 109                                                                                                                                                   |                                                                                                                                                              | <i>Access to Health Care</i>      |
| 4. Accessed and maintained medical insurance/assistance                                                                                                                                                    | 107                                                                                                                                                   |                                                                                                                                                              | <i>Access to Health Care</i>      |
| 5. Successfully accessed or maintained qualification for sources of income                                                                                                                                 | 111                                                                                                                                                   |                                                                                                                                                              | <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> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

**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> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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 | 9                                                                                                                                              |                                                                                                                                                       |

**End of PART 4**

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

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

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

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

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

**Temporary Housing**

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

**Unstable Arrangements**

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

**Life Event**

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

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

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

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

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

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

**End of PART 5**

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

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

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

*Note: See definition of Stewardship Units.*

**1. General information**

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HUD Grant Number(s) | Operating Year for this report<br>From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr<br><br><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;<br><br><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<br>(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<br><input type="checkbox"/> Not confidential; information can be made available to the public |
| <b>If the site is not confidential:</b><br>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.*

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

**End of PART 6**

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

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

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

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

| <b>Individuals Served with Housing Subsidy Assistance</b>                                                      | <b>Total</b> |
|----------------------------------------------------------------------------------------------------------------|--------------|
| Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance. | 112          |

**Chart b. Prior Living Situation**

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

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

| <b>Category</b>                                                                                    |                                                                                                                                                                                           | <b>Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance</b> |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1.                                                                                                 | <u>Continuing</u> to receive HOPWA support from the prior operating year                                                                                                                  | 72                                                                           |
| <b>New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year</b> |                                                                                                                                                                                           |                                                                              |
| 2.                                                                                                 | Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)                                                                | 3                                                                            |
| 3.                                                                                                 | Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)                                                                                         | 6                                                                            |
| 4.                                                                                                 | Transitional housing for homeless persons                                                                                                                                                 | 1                                                                            |
| 5.                                                                                                 | <b>Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)</b> | 10                                                                           |
| 6.                                                                                                 | Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)                                                                                        |                                                                              |
| 7.                                                                                                 | Psychiatric hospital or other psychiatric facility                                                                                                                                        |                                                                              |
| 8.                                                                                                 | Substance abuse treatment facility or detox center                                                                                                                                        | 1                                                                            |
| 9.                                                                                                 | Hospital (non-psychiatric facility)                                                                                                                                                       | 3                                                                            |
| 10.                                                                                                | Foster care home or foster care group home                                                                                                                                                |                                                                              |
| 11.                                                                                                | Jail, prison or juvenile detention facility                                                                                                                                               |                                                                              |
| 12.                                                                                                | Rented room, apartment, or house                                                                                                                                                          | 18                                                                           |
| 13.                                                                                                | House you own                                                                                                                                                                             |                                                                              |
| 14.                                                                                                | Staying or living in someone else's (family and friends) room, apartment, or house                                                                                                        | 7                                                                            |
| 15.                                                                                                | Hotel or motel paid for without emergency shelter voucher                                                                                                                                 | 1                                                                            |
| 16.                                                                                                | Other                                                                                                                                                                                     |                                                                              |
| 17.                                                                                                | Don't Know or Refused                                                                                                                                                                     |                                                                              |
| 18.                                                                                                | <b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)</b>                                                                                                                | 112                                                                          |

**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 | 7                             | 2                              |

**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.) | 112          |
| 2. Number of ALL other persons <b>diagnosed</b> as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance           | 3            |
| 3. Number of ALL other persons <b>NOT diagnosed</b> as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy                   | 47           |
| <b>4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, &amp; 3)</b>                                                                                      | 162          |

**b. Age and Gender**

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

| <b>HOPWA Eligible Individuals (Chart a, Row 1)</b>     |                                       |             |               |                           |                           |                                   |
|--------------------------------------------------------|---------------------------------------|-------------|---------------|---------------------------|---------------------------|-----------------------------------|
|                                                        |                                       | <b>A.</b>   | <b>B.</b>     | <b>C.</b>                 | <b>D.</b>                 | <b>E.</b>                         |
|                                                        |                                       | <b>Male</b> | <b>Female</b> | <b>Transgender M to F</b> | <b>Transgender F to M</b> | <b>TOTAL (Sum of Columns A-D)</b> |
| 1.                                                     | Under 18                              |             |               |                           |                           |                                   |
| 2.                                                     | 18 to 30 years                        | 2           | 2             |                           |                           | 4                                 |
| 3.                                                     | 31 to 50 years                        | 31          | 24            | 1                         |                           | 56                                |
| 4.                                                     | 51 years and Older                    | 33          | 18            | 1                         |                           | 52                                |
| 5.                                                     | <b>Subtotal (Sum of Rows 1-4)</b>     | 66          | 44            | 2                         |                           | 112                               |
| <b>All Other Beneficiaries (Chart a, Rows 2 and 3)</b> |                                       |             |               |                           |                           |                                   |
|                                                        |                                       | <b>A.</b>   | <b>B.</b>     | <b>C.</b>                 | <b>D.</b>                 | <b>E.</b>                         |
|                                                        |                                       | <b>Male</b> | <b>Female</b> | <b>Transgender M to F</b> | <b>Transgender F to M</b> | <b>TOTAL (Sum of Columns A-D)</b> |
| 6.                                                     | Under 18                              | 21          | 11            |                           |                           | 32                                |
| 7.                                                     | 18 to 30 years                        | 7           | 1             |                           |                           | 8                                 |
| 8.                                                     | 31 to 50 years                        | 3           | 2             |                           |                           | 5                                 |
| 9.                                                     | 51 years and Older                    | 4           | 1             |                           |                           | 5                                 |
| 10.                                                    | <b>Subtotal (Sum of Rows 6-9)</b>     | 35          | 15            |                           |                           | 50                                |
| <b>Total Beneficiaries (Chart a, Row 4)</b>            |                                       |             |               |                           |                           |                                   |
| 11.                                                    | <b>TOTAL (Sum of Rows 5 &amp; 10)</b> | 101         | 59            | 2                         |                           | 162                               |

**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<br>[all individuals reported in Section 2, Chart a., Row 1] | [B] Ethnicity<br>[Also identified as Hispanic or Latino] | [C] Race<br>[total of individuals reported in Section 2, Chart a., Rows 2 & 3] | [D] Ethnicity<br>[Also identified as Hispanic or Latino] |
| 1.       | American Indian/Alaskan Native                          |                                                                      |                                                          |                                                                                |                                                          |
| 2.       | Asian                                                   |                                                                      |                                                          |                                                                                |                                                          |
| 3.       | Black/African American                                  | 58                                                                   | 5                                                        | 23                                                                             | 1                                                        |
| 4.       | Native Hawaiian/Other Pacific Islander                  |                                                                      |                                                          |                                                                                |                                                          |
| 5.       | White                                                   | 51                                                                   | 13                                                       | 24                                                                             | 4                                                        |
| 6.       | American Indian/Alaskan Native & White                  |                                                                      |                                                          |                                                                                |                                                          |
| 7.       | Asian & White                                           |                                                                      |                                                          |                                                                                |                                                          |
| 8.       | Black/African American & White                          |                                                                      |                                                          |                                                                                |                                                          |
| 9.       | American Indian/Alaskan Native & Black/African American |                                                                      |                                                          |                                                                                |                                                          |
| 10.      | Other Multi-Racial                                      | 3                                                                    |                                                          | 3                                                                              |                                                          |
| 11.      | Column Totals (Sum of Rows 1-10)                        | 112                                                                  | 18                                                       | 50                                                                             | 5                                                        |

**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) | 59                                                      |
| 2.                               | 31-50% of area median income (very low)     | 50                                                      |
| 3.                               | 51-80% of area median income (low)          | 3                                                       |
| 4.                               | <b>Total (Sum of Rows 1-3)</b>              | 112                                                     |

**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)**

SASH (Support Ministries) Perry Residence

**2. Capital Development**

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

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

|    | <b>Type of Development this operating year</b>                            | <b>HOPWA Funds Expended this operating year (if applicable)</b> | <b>Non-HOPWA funds Expended (if applicable)</b> | <b>Name of Facility:</b>                                                                                                                                                                                                                |
|----|---------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    | <input type="checkbox"/> New construction                                 | \$                                                              | \$                                              | <b>Type of Facility [Check <u>only one</u> box.]</b><br><input type="checkbox"/> Permanent housing<br><input type="checkbox"/> Short-term Shelter or Transitional housing<br><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:<br><input type="checkbox"/> Not yet occupied                                                                                                                                                            |
| d. | Date supportive services began:                                           |                                                                 |                                                 | Date started:<br><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<br><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<br><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 |                                                |                                          |                              |                       |
| Rental units rehabbed                                                |                                                |                                          |                              |                       |
| Homeownership units constructed (if approved)                        |                                                |                                          |                              |                       |

**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: SASH/ Perry Residence**

| Type of housing facility operated by the project sponsor/subrecipient |                                                       | Total Number of Units in use during the Operating Year<br>Categorized by the Number of Bedrooms per Units |        |        |        |        |
|-----------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|
|                                                                       |                                                       | SRO/Studio/0 bdrm                                                                                         | 1 bdrm | 2 bdrm | 3 bdrm | 4 bdrm |
| a.                                                                    | Single room occupancy dwelling                        |                                                                                                           |        |        |        |        |
| b.                                                                    | Community residence                                   | 6                                                                                                         |        |        |        |        |
| c.                                                                    | Project-based rental assistance units or leased units |                                                                                                           |        |        |        |        |
| d.                                                                    | Other housing facility<br><u>Specify:</u>             |                                                                                                           |        |        |        |        |

**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                                                                      | 11                           | 75,328                                                                                   |
| c.                                                  | Project-Based Rental Assistance (PBRA) or other leased units                         |                              |                                                                                          |
| d.                                                  | Other Activity (if approved in grant agreement) <u>Specify:</u>                      |                              |                                                                                          |
| e.                                                  | <b>Adjustment to eliminate duplication (subtract)</b>                                |                              |                                                                                          |
| f.                                                  | <b>TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)</b> | 11                           | 75,328                                                                                   |



**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: SASH/Arvilla Residence**

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

**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                                                                      | 9                            | 1,719                                                                                    |
| c.                                                  | Project-Based Rental Assistance (PBRA) or other leased units                         |                              |                                                                                          |
| d.                                                  | Other Activity (if approved in grant agreement) <u>Specify:</u>                      |                              |                                                                                          |
| e.                                                  | <b>Adjustment to eliminate duplication (subtract)</b>                                |                              |                                                                                          |
| f.                                                  | <b>TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)</b> | 9                            | 1,719                                                                                    |

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

SASH (Support Ministries) Ahana House

**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:                                                                                                                                                                                                                       |
|-------------------------------------------|---------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> New construction | \$                                                                        | \$                                       | <b>Type of Facility [Check <u>only one</u> box.]</b><br><input type="checkbox"/> Permanent housing<br><input type="checkbox"/> Short-term Shelter or Transitional housing<br><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:<br><input type="checkbox"/> Not yet occupied                                                                                                                                                            |
| d.                                        | Date supportive services began:                                           |                                          | Date started:<br><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<br><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<br><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 |                                                |                                          |                              |                       |
| Rental units rehabbed                                                |                                                |                                          |                              |                       |
| Homeownership units constructed (if approved)                        |                                                |                                          |                              |                       |

**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: SASH/ Ahana House**

| Type of housing facility operated by the project sponsor/subrecipient |                                                               | Total Number of <u>Units</u> in use during the Operating Year<br>Categorized by the Number of Bedrooms per Units |        |        |        |        |
|-----------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------|--------|--------|--------|
|                                                                       |                                                               | SRO/Studio/0 bdrm                                                                                                | 1 bdrm | 2 bdrm | 3 bdrm | 4 bdrm |
| a.                                                                    | Single room occupancy dwelling                                |                                                                                                                  |        |        |        |        |
| b.                                                                    | Community residence                                           |                                                                                                                  |        |        |        |        |
| c.                                                                    | Project-based rental assistance units or leased units         |                                                                                                                  |        |        |        |        |
| d.                                                                    | Other housing facility<br><u>Specify: Adult Care Facility</u> |                                                                                                                  | 17     |        |        |        |

**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                                                                      | 17                           | 20,611                                                                                   |
| c.                                                  | Project-Based Rental Assistance (PBRA) or other leased units                         |                              |                                                                                          |
| d.                                                  | Other Activity (if approved in grant agreement) <u>Specify:</u>                      |                              |                                                                                          |
| e.                                                  | <b>Adjustment to eliminate duplication (subtract)</b>                                |                              |                                                                                          |
| f.                                                  | <b>TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)</b> | 17                           | 20,611                                                                                   |



**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: SASH/ Project Help**

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

**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                                                                      | 5                            | 7,513                                                                                    |
| c.                                                  | Project-Based Rental Assistance (PBRA) or other leased units                         |                              |                                                                                          |
| d.                                                  | Other Activity (if approved in grant agreement) <u>Specify:</u>                      |                              |                                                                                          |
| e.                                                  | <b>Adjustment to eliminate duplication (subtract)</b>                                |                              |                                                                                          |
| f.                                                  | <b>TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)</b> | 5                            | 7,513                                                                                    |

**5. Grantee Narrative and Performance Assessment**

**a. Grantee and Community Overview**

The Albany, New York EMSA includes Albany, Rensselaer, Saratoga, Schenectady and Schoharie counties. HOPWA funding for the Albany EMSA is administered by the Albany Community Development Agency (ACDA), which subcontracts with CARES, Inc. to provide programmatic and fiscal oversight of the HOPWA contracted sponsors. CARES, Inc. was instrumental in the transition of the Albany EMSA HOPWA funding from New York State to the EMSA. ACDA has continued to maintain a collaborative working relationship with CARES since the inception of the program because CARES is considered to be a leader in the Capital Region HIV/AIDS community, particularly in the area of HIV/AIDS housing and homelessness. In addition, CARES serves as the Collaborative Applicant for the Continuum of Care in these counties, providing leadership in the homeless services arena. CARES works collaboratively with ACDA to issue RFPs and awards, with ACDA being the final decision making authority. CARES provides administrative support by developing contracts with sponsors for ACDA authorization and approval. CARES reviews all sponsor vouchers prior to processing by ACDA to ensure HOPWA eligibility and appropriate services to clients. CARES also assist ACDA with bi-annual on- site monitoring of sponsors as CARES has the expertise in regard to clinical and administrative functioning of HIV/AIDS service agencies.

There are currently four sponsors under the contract: The Alliance for Positive Health (formerly the AIDS Council of Northeastern New York) provides short-term and tenant-based rental assistance in all five counties in the EMSA; Mohawk Opportunities provides tenant-based rental assistance in Schenectady County; Unity House of Troy provides tenant-based rental assistance in Rensselaer County and SASH (Support for AIDS Services and Housing, formerly Support Ministries) operates congregate care residences that provide transitional and permanent housing in Albany and Saratoga Counties.

As stated earlier, the Albany EMSA currently consists of five counties. The New York State Department of Health's AIDS Institute reports that as of December, 2012, there were 2,110 persons living with HIV and/or AIDS within the EMSA.

The primary housing need in the Albany EMSA is for tenant-based rental assistance. There is also a need for support for existing congregate residences. Tenant-based rental assistance provides ongoing financial support for individuals and families who otherwise would remain or become homeless. Short-term assistance allows persons living with HIV/AIDS to maintain existing housing. Transitional congregate care provides housing and supportive services for those who need more intensive support due to severity of illness, mental health challenges, or need for substance abuse recovery.

In the five-county region included in the Albany EMSA, the availability of safe, affordable, habitable rental housing continues to be a problem. Finding safe habitable housing within the FMR guidelines is an increasing problem. In addition, changes in the economy have resulted in increased unemployment, and under employment, for many individuals with HIV. Increased unemployment and decreases in entitlement benefits as well as funding for support services have made it more difficult for people living with HIV to secure housing. The Fair Market Rent for a one, two and three-bedroom apartments is \$782, \$968 and \$1206 respectively, while public assistance in Albany County (the most generous in the five-county EMSA) provides a monthly subsidy of \$321. Even those who have undergone the more than eighteen month wait for Supplemental Security Income (SSI) often receive less than \$725 a month, leaving little money after paying the rent to cover food, transportation, or other essential needs. Surveys conducted by CARES, Inc. indicate that only a small percentage of Capital Region residents with HIV/AIDS are interested in living in congregate settings; most prefer to utilize tenant-based rental assistance to live independently within the community. Therefore, the majority of the HOPWA funding received by the Albany, New York EMSA is spent on tenant-based rental assistance and support services, with lesser amounts being allocated to short-term assistance and transitional/congregate housing. This year, because of decreased funding, increased rental costs, and increased unemployment among recipients, the HOPWA sponsor agencies continue to provide less STRMU assistance, and have focused the utilization of their funding on rent and case management services. Clients of these agencies, who are in need of STRMU, have been accessing these resources through ESG funds, their local Department of Social Services and community agencies that provide emergency assistance funds.

The primary accomplishments of this program have been the provision of long term rental assistance to people living with HIV and their families. HOPWA funding has allowed this population to remain stably housed, resulting in positive health outcomes and increase participation in support services. In addition, in this region, the HOPWA funding provided is bundled with case management services allowing for additional support to ensure housing stability.

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

### (1) Outputs Reported

The Albany New York EMSA was able to provide a significant number of individuals and families with financial assistance to find and/or maintain safe, habitable, affordable housing. The HOPWA funds were utilized primarily for long Term Rental Assistance in urban areas where fair market rents are beyond the ability of most individuals with HIV/AIDS to pay. Because people with HIV/AIDS are living longer, but still with physical and other limitations, the need for rental assistance is increasing and therefore a significant waiting list exists. HOPWA sponsors maintain a waiting list for their long-term assistance programs. Applicants are screened to ensure their basic eligibility and are placed on a waiting list. These applicants are directed to continue to seek out financial resources and other housing options as the wait for assistance may be lengthy. HOPWA sponsors also track inquiries that come in regarding long-term assistance, as many applicants when told there is a wait do not follow through with providing information to place them on the waiting list.

Also of note, in the Albany EMSA only a small portion of funds are used for operational expenses for permanent facility based services. As stated previously permanent facility based services are not a preferred option by people living with HIV/AIDS. SASH continues to use the majority of their funds for the operational expenses of their transitional program while expending a small amount on their congregate permanent housing programs. In addition, a significant amount of their funding is directed toward staffing, covering the salaries of case managers. The permanent facility based programs of SASH utilize leveraged funds from New York State, specifically for HIV/AIDS programs, to operate their programs.

### (2) Outcomes Assessed

The majority of individuals and families receiving HOPWA assistance remain stably housed. However, many individuals living with HIV/AIDS are living with additional mental health and substance abuse diagnosis that can often prevent them from remaining in their residence despite financial opportunities. Local HIV/AIDS service providers continue to work on coordination and development of support services to prevent mental health and substance abuse issues from impeding housing opportunities.

Increasingly, the connection between stable housing and improved health care, is being placed in the forefront of service delivery models. CARES is working with the HOPWA sponsors to collect data, specifically health indicators such as viral load and CD4 counts, to evaluate for improvement and stability in recipients health status.

### (3) Coordination

CARES works in partnership with the AIDS service providers in the Capital Region through its wide range of programs. CARES' long history of assessing and serving the needs of the HIV/AIDS community allow them to provide resources and technical assistance in regard to agency collaboration and programming. CARES' role in the Continuum of Care process as the Collaborative Applicant enables them to identify service need within the larger community. Also, CARES works particularly closely with local housing authorities to provide additional long term housing resources to the HIV/AIDS community.

### (4) Technical Assistance

CARES provides ongoing assistance to HOPWA funded agencies in regard to policy and procedure.

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

### **Barriers**

As people with HIV/AIDS live longer, there is much less turnover in tenant-based rental subsidies. Due to criminal justice histories or past drug involvement, many persons living with HIV/AIDS cannot be transitioned to Housing Choice vouchers, even when these do become available after the seven to ten year wait that exists in Albany. Other COC funded programs such as Shelter Plus Care have very narrow eligibility criteria which often exclude many individuals from participation because they are not homeless by HUD definition, but are not stably housed and are often housed in places that are substandard. There is a need for an increased amount of HOPWA funding to address the lack of available tenant-based subsidies. In addition, the lack of decent affordable housing remains a barrier to individuals and families living with HIV/AIDS.

### **Trends**

The State of New York has begun implementation of a detailed, three-point plan to move closer to the end of the AIDS epidemic in New York State. The goal is to reduce the number of new HIV infections to just 750 (from an estimated 3,000) by 2020 and achieve the first ever decrease in HIV prevalence in New York State. CARES, Inc., the HOPWA Project Sponsors and numerous other health and human service providers in the Capital Region are working together to achieve this goal. However, there remains a high demand for housing with a corresponding need for considerably more HOPWA funding to meet the needs of those currently living with HIV/AIDS and those who will become infected. There continues to be an increase in the number of individuals diagnosed with HIV among men who have sex with men and persons of color. It should be noted that the cost of housing continues to increase at a much greater rate than salaries or public assistance/SSI benefits, making it increasingly impossible for persons with HIV/AIDS to obtain affordable housing without obtaining housing subsidies. While the cost of housing is increasing, and many people living with HIV being underemployed or unemployed, this has jeopardized the security of many individual's housing. Many people receiving SSI/SSD are hesitant to work and increase their income because they are concerned about decreasing their benefits. In this region all HOPWA recipients are evaluated for their ability to gain employment or training and are informed of available employment programs such as Albany Community Action Program, Access VR and Ticket to Work programs and they are advised on the intricacies of working while receiving SSI/SSD. CARES, Inc. has conducted trainings for local HIV/AIDS service providers, including HOPWA Project Sponsors, to empower them with information for their clients regarding employment readiness and returning to work.

In addition, the rental market is being highly utilized due to economic circumstances that are making it more difficult for people to engage in home ownership. Also, of concern is as people with HIV/AIDS are living longer they are aging along with the general population and their health issues are increasing. These increased health issues make it imperative that stable housing resources exist for this population.

### **Evaluations and Assessments**

Grants management oversight is provided by ACDA and CARES, Inc. CARES conducts site visits which include record audits and apartment inspections, reviews and approves all funding reimbursement requests, and analyzes and compiles quarterly and annual reports submitted by grantees. In addition, CARES provides HOPWA training and technical assistance to project sponsors. The Albany Community Development Agency also reviews program and fiscal reports before requesting payment from HUD.