



# Housing Opportunities for Persons with AIDS (HOPWA) Program

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

**Revised 1/22/15**

---

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.

**Table of Contents**

**PART 1: Grantee Executive Summary**

1. Grantee Information
2. Project Sponsor Information
3. Administrative Subrecipient Information
4. Program Subrecipient Information
5. Grantee Narrative and Performance Assessment
  - a. Grantee and Community Overview
  - b. Annual Performance under the Action Plan
  - c. Barriers or Trends Overview
  - d. Assessment of Unmet Housing Needs

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

1. Sources of Leveraging
2. Program Income and Resident Rent Payments

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

**PART 4: Summary of Performance Outcomes**

1. Housing Stability: Permanent Housing and Related Facilities
2. Prevention of Homelessness: Short-Term Housing Payments
3. Access to Care and Support: Housing Subsidy Assistance with Supportive Services

**PART 5: Worksheet - Determining Housing Stability Outcomes**

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

**PART 7: Summary Overview of Grant Activities**

- A. Information on Individuals, Beneficiaries and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, PHP, Facility Based Units, Master Leased Units ONLY)
- B. Facility-Based Housing Assistance

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

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

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

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

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

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

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

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

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

“grassroots.”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Project-Based Rental Assistance (PBRA):** Arental 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> CA H14-F002		<b>Operating Year for this report</b> <i>From (mm/dd/yy)</i> 01/01/2014 <i>To (mm/dd/yy)</i> 12/31/2014		
<b>Grantee Name</b> City of Sacramento				
<b>Business Address</b>		801 12 <sup>th</sup> Street		
<b>City, County, State, Zip</b>		Sacramento	Sacramento	CA 95814
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		94-6300759		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		137351016	<b>Central Contractor Registration (CCR):</b> Is the grantee's CCR status currently active? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide CCR Number:	
<b>Congressional District of Grantee's Business Address</b>		6th		
<b>*Congressional District of Primary Service Area(s)</b>		1 <sup>st</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 9th		
<b>*City(ies) and County(ies) of Primary Service Area(s)</b>		<b>Cities:</b> Sacramento		<b>Counties:</b> Sacramento, El Dorado, Placer, Yolo
<b>Organization's Website Address</b>  www.shra.org		<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 <b>If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.</b>		

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

**2. Project Sponsor Information**

Please complete Chart 2 for each organization designated or selected to serve as a project 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>		<b>Parent Company Name, if applicable</b>	
Colonia San Martin, LP		Mercy Housing	
<b>Name and Title of Contact at Project Sponsor Agency</b>	Alvin Tuvilla, Regional Director of Resident Services, Mercy Housing of California		
<b>Email Address</b>	atuvilla@mercyhousing.org		
<b>Business Address</b>	3120 Freeboard Drive, Suite 202		
<b>City, County, State, Zip,</b>	West Sacramento, Yolo, CA 95691		
<b>Phone Number (with area code)</b>	916.414.4474		
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	83-0481233	<b>Fax Number (with area code)</b>	
<b>DUN &amp; Bradstreet Number (DUNs):</b>			
<b>Congressional District of Project Sponsor's Business Address</b>	CA-06		
<b>Congressional District(s) of Primary Service Area(s)</b>	CA-06		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	<b>Cities:</b> Sacramento	<b>Counties:</b> Sacramento	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$40,346		
<b>Organization's Website Address</b>	www.mercyhousing.org		
<p><b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please check if yes and a faith-based organization. <input type="checkbox"/></p> <p>Please check if yes and a grassroots organization. <input type="checkbox"/></p>		<p><b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, explain in the narrative section how this list is administered.</b> Colonia San Martin (managed by Mercy Housing): One handwritten list, as well as 3 lists based on unit size in the Yardi program. Process: Bring in 3-4 applications to interview for each avail. unit. It is first come, first serve. Exceptions are ADA units in which the disabled get first choice.</p>	

<b>Project Sponsor Agency Name</b>		<b>Parent Company Name, if applicable</b>	
CARES			
<b>Name and Title of Contact at Project Sponsor Agency</b>	Chris Webster, Behavioral Health Director		
<b>Email Address</b>	cwebster@caresclinic.org		
<b>Business Address</b>	1500 21 <sup>st</sup> Street		
<b>City, County, State, Zip,</b>	Sacramento, Sacramento, CA 95811		
<b>Phone Number (with area code)</b>	916.914.6248		
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	68-0162903	<b>Fax Number (with area code)</b> 916.325.1980	
<b>DUN &amp; Bradstreet Number (DUNs):</b>	613900158		
<b>Congressional District of Project Sponsor's Business Address</b>	CA-06		
<b>Congressional District(s) of Primary Service Area(s)</b>	CA-03, CA-06, CA-07, CA-09		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	<b>Cities:</b> SACRAMENTO RIO VISTA CARMICHAEL CITRUS HEIGHTS COURTLAND ELK GROVE FAIR OAKS ELVERTA FOLSOM GALT HERALD ISLETON MCCLELLAN MATHER NORTH HIGHLANDS ORANGEVALE RANCHO CORDOVA REPRESA RIO LINDA RYDE SLOUGHHOUSE WALNUT GROVE WILTON ANTELOPE	<b>Counties:</b> Sacramento	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$185,724		
<b>Organization's Website Address</b>	www.caresclinic.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>	

<b>Project Sponsor Agency Name</b>		<b>Parent Company Name, if applicable</b>	
Communicare Health Centers			
<b>Name and Title of Contact at Project Sponsor Agency</b>	Tina Lilledoll, Case Manager		
<b>Email Address</b>	tina@communicarehc.org		
<b>Business Address</b>	500B Jefferson Blvd, #195		
<b>City, County, State, Zip,</b>	West Sacramento, Yolo, CA 95605		
<b>Phone Number (with area code)</b>	916.403.2970		
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	94-2188574	<b>Fax Number (with area code)</b> 916.403.2971	
<b>DUN &amp; Bradstreet Number (DUNs):</b>	075255864		
<b>Congressional District of Project Sponsor's Business Address</b>	CA-06		
<b>Congressional District(s) of Primary Service Area(s)</b>	CA-03, CA-06		
<b>City(ies) <u>and</u> County(ies) of Primary Service Area(s)</b>	<b>Cities:</b>	<b>Counties:</b> Yolo	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$38,002		
<b>Organization's Website Address</b>	www.communicare.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, explain in the narrative section how this list is administered.</b>	

<b>Project Sponsor Agency Name</b>		<b>Parent Company Name, if applicable</b>		
Sierra Foothills Foundation (SFAF)				
<b>Name and Title of Contact at Project Sponsor Agency</b>		Susan Farrington, Director		
<b>Email Address</b>		susan@sierrafoothillsaids.org		
<b>Business Address</b>		12183 Locksley Lane, Suite 208		
<b>City, County, State, Zip,</b>		Auburn, Placer, CA 95602		
<b>Phone Number (with area code)</b>		530.889.2437		
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		68-0179770	<b>Fax Number (with area code)</b> 530.889.2443	
<b>DUN &amp; Bradstreet Number (DUNs):</b>		94859605		
<b>Congressional District of Project Sponsor's Business Address</b>		CA-04		
<b>Congressional District(s) of Primary Service Area(s)</b>		CA-04		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		<b>Cities:</b>	<b>Counties:</b> El Dorado, Placer	
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$90,000		
<b>Organization's Website Address</b>		www.sierrafoothillsaids.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, explain in the narrative section how this list is administered.</b>		

<b>Project Sponsor Agency Name</b> Volunteers of America (VOA)		<b>Parent Company Name, if applicable</b>	
<b>Name and Title of Contact at Project Sponsor Agency</b>		Amani Sawires Rapaski, Vice President and Chief Operating Officer	
<b>Email Address</b>		amani@voa-sac.org	
<b>Business Address</b>		3434 Marconi Ave	
<b>City, County, State, Zip,</b>		Sacramento, Sacramento, CA 95821	
<b>Phone Number (with area code)</b>		916.213.6360	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		94-6001984	<b>Fax Number (with area code)</b>
<b>DUN &amp; Bradstreet Number (DUNs):</b>			
<b>Congressional District of Project Sponsor's Business Address</b>		CA-06	
<b>Congressional District(s) of Primary Service Area(s)</b>		CA-06	
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		<b>Cities:</b> Sacramento	<b>Counties:</b> Sacramento
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$442,480	
<b>Organization's Website Address</b>		www.voa-sac.org	
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, explain in the narrative section how this list is administered.</b>	

<b>Project Sponsor Agency Name</b> TLCS, Inc		<b>Parent Company Name, if applicable</b>	
<b>Name and Title of Contact at Project Sponsor Agency</b>		Linda Bratcher, Residential Programs Coordinator	
<b>Email Address</b>		lbratcher@tlcssac.org	
<b>Business Address</b>		650 Howe Avenue, Building 400-A	
<b>City, County, State, Zip,</b>		Sacramento, Sacramento, CA 95825	
<b>Phone Number (with area code)</b>		916.441.0123 ext 1016	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		94-2777955	<b>Fax Number (with area code)</b> 916.441.6893
<b>DUN &amp; Bradstreet Number (DUNs):</b>		42761387	
<b>Congressional District of Project Sponsor's Business Address</b>		CA-06	
<b>Congressional District(s) of Primary Service Area(s)</b>		CA-06	
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		<b>Cities:</b> Sacramento	<b>Counties:</b> Sacramento
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$73,201	
<b>Organization's Website Address</b>		www.tlcssac.org	
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b> The waiting list is managed by the residential services staff on site. Referrals go directly to the site person and are added to the waiting list by date and time of referral. The co-op program manager checks this list quarterly on site to ensure proper use.	

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

#### 4. Program Subrecipient Information

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

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

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

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

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

## **5. Grantee Narrative and Performance Assessment**

### **a. Grantee and Community Overview**

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

The City of Sacramento is the recipient of Housing Opportunities for Persons with Aids (HOPWA) funds for the Eligible Metropolitan Statistical Area (EMSA) serving the geographic areas of Sacramento, El Dorado, Placer and Yolo Counties. Program funds are used to assist HOPWA eligible participants in maintaining stable housing arrangements, reducing their risk of homelessness and improving their access to care. This is done so through tenant-based rental assistance (TBRA), short-term housing assistance (STRMU), facility-based housing assistance and supportive services. Supportive services, usually tied to HOPWA housing assistance, can include alcohol and drug abuse services, education, employee assistance, case management and mental health services.

In 2014, SHRA supported the following organizations with HOPWA funds:

- **Colonia San Martin, LP (Mercy)** provides supportive services to HOPWA eligible residents at one property which is managed by Mercy Housing. The supportive services were formally provided by the Aids Housing Alliance (AHA).
- The **Center for AIDS Research, Education and Services (CARES)** provides the Short-Term Rent, Mortgage and Utilities Assistance (STRMU) program in Sacramento. CARES replaced the MAAP contract that provides non-facility-based case management to HIV/AIDS individuals in Shelter Plus Care and other housing situations within Sacramento. The new contract with CARES became effective March 1, 2010. However, stewardship for Las Casitas ended in June 2012.
- **Communicare Health Centers** administers the STRMU program for Yolo County.
- The **Sierra Foothills AIDS Foundation (SFAF)** administers the STRMU program on behalf of El Dorado and Placer Counties.
- **Transitional Living and Community Support (TLCS)** provides permanent supportive housing and services in a community residence co-op for individuals with mental health issues and HIV/AIDS in Sacramento.
- **Volunteers of America (VOA)** operates a transitional short-term supportive housing facility and provides supportive services to the former AHA properties in Sacramento. Aids Housing Alliance and their three properties were absorbed by Volunteers of America (VOA) at the beginning of 2014.

### **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.

*Accomplishments:*

- *The number of unduplicated households assisted with:*
  - *Supportive services: 537 HH (430 of those received HOPWA housing subsidy assistance)*
  - *STRMU over the operating year: (Placer and El Dorado Counties - 85, Sacramento City/County - 243, Yolo County - 18)*
  - *Receiving operating subsidies at temporary, transitional or permanent housing facilities: 84 HH*
- *The number of beneficiaries that reside with HOPWA participants and also benefit from HOPWA assistance was an additional 25 individuals.*

- *SHRA staff developed a HOPWA Desk Guide. The Desk Guide provides staff with valuable information, key resources and the tools needed to administer and implement the HOPWA program effectively.*
- *SHRA also became a member of the HIV Health Services Planning Council, which is a community planning group whose primary responsibilities include assessing the needs of people living with HIV in the region, establishing appropriate service priorities and allocating federal grant funding of the Ryan White HIV/Aids Treatment Modernization Act to pay for the delivery of HIV/AIDs medical and support services for those who otherwise could not afford such services.*

*Challenges:*

- *A challenge faced in 2014 was the closure of the Aids Housing Alliance (AHA). AHA was unable to effectively and sustainably manage their properties, was not income-verifying their tenants, was subsidizing rents at a rate that was lower than required and did not have an Executive Director for an extended period of time. For these reasons, AHA was considered high-risk. Fortunately, Volunteers of America (VOA) absorbed AHA's properties. However, in order to preserve units as affordable housing they had to raise tenant rents to remain financially sustainable. All tenants were able to either remain in housing at a higher, but still affordable rent or found new affordable housing.*
- *The lack of adequate transitional and permanent subsidized housing in rural metropolitan counties leaves STRMU recipients at a constant risk of homelessness.*
- *Fully utilizing assistance and supportive services (job skills, education, etc) to prevent clients from needing to return to the HOPWA program.*

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

***Achieving Housing Stability and Reducing Homelessness***

*For those exiting the program, STRMU recipients have achieved a housing stability of 67% and 87% for those in permanent or transitional housing. Historically there has been a lack of available housing that will accept this population due to the special nature of the virus and also a lack of adequate funding for permanent placement. Of the households served in 2014, 77% had a housing plan. Sacramento is currently moving towards the implementation of HEARTH and coordinating rapid rehousing and homeless prevention services in to housing programs. Those exiting the shelter system will begin to have the opportunity to receive rapid rehousing assistance in the coming year as the system begins to implement HEARTH.*

***Preventing Homelessness***

*STRMU is short-term rent, mortgage and utilities assistance paid on a participant's behalf in order to prevent homelessness as an intervention to help a household maintain their current housing. STRMU was provided to 346 households in 2014. Of those, 233 or 67% were able to maintain private housing without subsidy in the long-term. Project sponsors work with STRMU recipients on housing and budget planning as part of receiving STRMU.*

*While a vast majority of STRMU recipients avert homelessness, many also received STRMU in the previous year. In essence this means that those people do not achieve stability without further assistance. The assistance is an emergency, shallow-rent subsidy substitute at best. With that said, it allows residents to remain in their housing. In the end, providing STRMU allows SHRA to provide assistance to as many people as possible even if it is in an emergency/intervention situation. This in turn, prevents more people from becoming homeless.*

***Improving Access to Care***

*Of the households served, 100% received supportive services. The HOPWA funded supportive services included alcohol and drug abuse services, case management, client advocacy, access to benefits and services, employment assistance and training, life skills management, meals and nutritional services, outreach and transportation. Yolo County staff continue to use their flyers to increase awareness of HOPWA assistance. El Dorado and Placer Counties continue to focus on improving treatment adherence, and preventing disease progression as well as disease transmission by helping clients remain in their current residences.*

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

*SHRA coordinates with various public, private housing, health, and social service agencies during the Action Plan development process. SHRA coordinated with a variety of nonprofit organizations, including Sacramento Steps Forward (SSF), the Salvation Army and Volunteers of America.*

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

*SHRA is a member of the Continuum of Care (CoC) Advisory Board to SSF, the lead Agency for the Sacramento Region. The Continuum of Care Board is responsible for advising the Sacramento Steps Forward Board of Directors and the community on policy around the issue of homelessness. Most HOPWA providers are members of the CoC.*

*As mentioned above, SHRA also became a member of the HIV Health Services Planning Council.*

*Leveraged funds for 2014 included: Ryan White, State AIDS Case Management and Health Medi-Cal Waiver, County funds, private donations, in-kind and project sponsor funds totaled ~\$9.3 million.*

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

*Offering job training, education, life skills as supportive services*

**c. Barriers and Trends Overview**

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

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

<input type="checkbox"/> HOPWA/HUD Regulations	<input type="checkbox"/> Planning	<input 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 checked="" type="checkbox"/> Criminal Justice History
<input checked="" type="checkbox"/> Housing Affordability	<input checked="" type="checkbox"/> Geography/Rural Access	<input checked="" type="checkbox"/> Other, please explain further	

***Housing Affordability***

- o *The current high demand on housing makes affordable housing difficult to obtain;*

***Multiple Diagnoses***

- o *Those with multiple diagnoses, especially mental illness combined with HIV often become very difficult to keep at a certain level of sustainability;*

***Credit History***

- o *Landlords do not often select tenants with poor credit histories;*

***Geography/Rural Access***

- *The lack of adequate affordable and permanent subsidized housing in rural metropolitan counties leaves STRMU recipients at a constant risk of homelessness.*

**Rental History**

- *Individuals who have previously been evicted are hard to place since landlords consider them high risk;*

**Rent Determination and Fair Market Rents**

- *Two areas served, El Dorado and Placer counties, are regions with very expensive real estate, and current rental rates exclude affordability for our clients;*

**Criminal Justice History**

- *Individuals with a background of criminal history are hard to place since landlords consider them high risk;*

**Other, please explain further**

- *Lack of viable referrals to permanent housing programs to the extent it is hard to find permanent housing for HOPWA clients. This is being addressed by developing a central intake, efforts are being implemented with new HEARTH regulations;*
- *Identifying service needs for persons living with HIV/AIDS due to longer life expectancy;*
- *No cost of living increases or inflationary increases for operating expenses;*
- *Prioritization of limited funding for various sub-populations; and*
- *Conflicting priorities/deadlines and a lack of coordination/direction between funding sources and agencies.*

*To identify and address barriers, SHRA meets with the HOPWA Advisory Committee comprised of facility based program operators, emergency housing providers, case managers and other providers of housing services. SHRA and the Committee are in the process of exploring ways to remove barriers and enhance affordable and decent housing for persons with HIV/AIDS. Committee recommendations were included in the current 5-Year Consolidated Plan. Some of the Committee members are also members of the HIV Health Services Planning Council, which provides the MSA with periodic survey results from the community.*

2. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population.

- *Housing prices are currently on the rise in this EMSA; however, there has been no decrease in rental rates. Rental units remain unattainable for homeless persons with HIV/AIDS.*
- *Providers reporting HIV/AIDS cases are increasing in this EMSA.*
- *In the rural counties of El Dorado and Placer, persons have difficulty accessing mainstream services due in part to poor public transportation and there is a lack of affordable and permanent subsidized housing. Homeless related services and funding are also not supported by some officials in these counties.*
- *A rise in the number of clients needing mental health services due to the anticipated funding cuts and resultant closure of several local area mental health providers.*

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

*Staff regularly meets with HOPWA providers to discuss funding and program issues, current needs, supportive services, operations, and other emerging issues.*

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

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

Staff performs individual provider analysis on the monthly reports to determine the efficiency of the HOPWA programs in providing services in a timely manner and proper utilization of funds. It also reveals inaccurate trends that need to be corrected. This analysis will continue in 2015.

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

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

**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.	513
2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance:	22
a. Tenant-Based Rental Assistance (TBRA)	435
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	56

**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)
	= 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 <input type="checkbox"/> Other Support
Ryan White-Other	\$9,288,296	Case management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program	\$18,000		<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Shelter Plus Care	\$30,000		<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant	\$3,000		<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Dept of Health Medi-Cal Waiver	\$4,393	Case management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Private Funding			
Grants	\$1,150	Client Services	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
In-kind Resources	\$4,196		<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Funding			
Grantee/Project Sponsor/Subrecipient (Agency) Cash			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord			
<b>TOTAL (Sum of all Rows)</b>	<b>\$9,349,035</b>		

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

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

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

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

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

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

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

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

**End of PART 2**

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

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

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

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

<b>HOPWA Performance Planned Goal and Actual</b>		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
<b>HOPWA Housing Subsidy Assistance</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
1.	Tenant-Based Rental Assistance	0	0			\$2,149	\$0
2a.	<b>Permanent Housing Facilities:</b> Received Operating Subsidies/Leased units (Households Served)	39	9			\$47,062	\$47,013.05
2b.	<b>Transitional/Short-term Facilities:</b> Received Operating Subsidies/Leased units (Households Served) (Households Served)	12	75			\$103,760	\$115,596.73
3a.	<b>Permanent Housing Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)	0	0				
3b.	<b>Transitional/Short-term Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)	0	0				
4.	Short-Term Rent, Mortgage and Utility Assistance	360	346			\$231,311	\$216,762.46
5.	Permanent Housing Placement Services	0	0			\$2,148	\$0
6.	Adjustments for duplication (subtract)						
7.	<b>Total HOPWA Housing Subsidy Assistance</b> (Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)					\$386,230	\$379,372.24
<b>Housing Development (Construction and Stewardship of facility based housing)</b>		<b>[1] Output: Housing Units</b>				<b>[2] Output: Funding</b>	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)						
9.	Stewardship Units subject to 3 or 10 year use agreements						
10.	<b>Total Housing Developed</b> (Sum of Rows 8 & 9)						
<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	490	1390			\$401,281	\$384,834.13
11b.	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.	40	40			\$ 40,346	\$32,628.55
12.	Adjustment for duplication (subtract)		853				
13.	<b>Total Supportive Services</b> (Columns a. – d. equal the sum of Rows 11 a.& b. minus Row 12; Columns e. and f. equal the sum of Rows 11a. & 11b.)	530	537			\$441,627	\$417,462.68
<b>Housing Information Services</b>		<b>[1] Output Households</b>				<b>[2] Output: Funding</b>	
14.	Housing Information Services					0	0
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						
17.	Technical Assistance (if approved in grant agreement)						
18.	Grantee Administration (maximum 3% of total HOPWA grant)					\$27,000	\$27,000
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$45,993	\$42,724.68
20.	<b>Total Grant Administration and Other Activities (Sum of Rows 16 – 19)</b>					\$72,993	\$69,724.68
<b>Total Expended</b>						<b>[2] Outputs: HOPWA Funds Expended</b>	
						<b>Budget</b>	<b>Actual</b>
21.	<b>Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)</b>					\$901,050	\$866,559.60

## 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	40	\$4,078.59
2.	Alcohol and drug abuse services	124	\$52,814.61
3.	Case management	528	\$121,862.91
4.	Child care and other child services	40	\$4,078.59
5.	Education	40	\$4,078.59
6.	Employment assistance and training	40	\$4,078.59
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
8.	Legal services		
9.	Life skills management (outside of case management)	124	\$192,430.88
10.	Meals/nutritional services	160	\$29,961.51
11.	Mental health services	85	
12.	Outreach	115	\$4,078.60
13.	Transportation	94	
14.	Other Activity (if approved in grant agreement). <b>Specify:</b>		
15.	<b>Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)</b>	1390	
16.	<b>Adjustment for Duplication (subtract)</b>	853	

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>	537	\$417,462.88
-----	--	-----	--------------

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

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

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

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

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of <u>Households Served</u>	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	<b>Total Short-term mortgage, rent and/or utility (STRMU) assistance</b>	346	\$216,762.26
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	4	\$2,420
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	4	\$7,840
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	201	\$130,416
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	63	\$38,943.60
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	74	\$37,142.66
g.	Direct program delivery costs (e.g., program operations staff time)		

**End of PART 3**

**Part 4: Summary of Performance Outcomes**

In Column [1], report the total number of eligible households that received HOPWA housing subsidy assistance, by type.

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

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

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

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

**A. Permanent Housing Subsidy Assistance**

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
<b>Tenant-Based Rental Assistance</b>			1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing		<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing		<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		<i>Unstable Arrangements</i>
			8 Disconnected/Unknown		
			9 Death		<i>Life Event</i>
<b>Permanent Supportive Housing Facilities/ Units</b>	9	5	1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing	1	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	2	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA		
			5 Other Subsidy	1	
			6 Institution		
			7 Jail/Prison		<i>Unstable Arrangements</i>
			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>	75	0	1 Emergency Shelter/Streets	8	<i>Unstable Arrangements</i>
			2 Temporary Housing	35	<i>Temporarily Stable with Reduced Risk of Homelessness</i>
			3 Private Housing	28	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA		
			5 Other Subsidy	2	
			6 Institution		
			7 Jail/Prison	2	<i>Unstable Arrangements</i>
			8 Disconnected/unknown		
			9 Death		<i>Life Event</i>

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

**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 inColumn [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 thatReceived STRMU Assistance**

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
	<b>Maintain Private Housing without subsidy</b> <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	233	<i>Stable/Permanent Housing (PH)</i>
	<b>Other Private Housing without subsidy</b> <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>		
	Other HOPWA HousingSubsidy Assistance		
	Other Housing Subsidy (PH)		
	<b>Institution</b> <i>(e.g. residential and long-term care)</i>		
	Likely that additional STRMU is needed to maintain current housing arrangements	95	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	<b>Transitional Facilities/Short-term</b> <i>(e.g. temporary or transitional arrangement)</i>	17	
	<b>Temporary/Non-Permanent Housing arrangement</b> <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>		
	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).			255
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).			138

### 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 Rowc. to adjust for duplication among the service categories and Rowd. to provide an unduplicated household total.

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

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

<b>Total Number of Households</b>	
<b>1. For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	430
b. Case Management	488
c. Adjustment for duplication (subtraction)	346
<b>d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Rowc.)</b>	<b>572</b>
<b>2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	40
<b>b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance</b>	<b>40</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	430	40	<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)	253	40	<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	497	40	<i>Access to Health Care</i>
4. Accessed and maintained medical insurance/assistance	497	40	<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income	496	40	<i>Sources of Income</i>

**Chart 1b., Line4: 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	6	2

**End of PART 4**

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

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

<b>Permanent Housing Subsidy Assistance</b>	<b>Stable Housing</b> (# of households remaining in program plus 3+4+5+6)	<b>Temporary Housing</b> (2)	<b>Unstable Arrangements</b> (1+7+8)	<b>Life Event</b> (9)
Tenant-Based Rental Assistance (TBRA)				
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 underhousing 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 underhousing 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 From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr  <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6;  <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name	Date Facility Began Operations (mm/dd/yy)

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

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

**3. Details of Project Site**

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

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

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

**End of PART 6**

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

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

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

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

<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.	430

**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	189
<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)	31
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	21
4.	Transitional housing for homeless persons	3
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>	55
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	5
9.	Hospital (non-psychiatric facility)	
10.	Foster care home or foster care group home	
11.	Jail, prison or juvenile detention facility	4
12.	Rented room, apartment, or house	164
13.	House you own	10
14.	Staying or living in someone else's (family and friends) room, apartment, or house	3
15.	Hotel or motel paid for without emergency shelter voucher	
16.	Other	
17.	Don't Know or Refused	
18.	<b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)</b>	430

**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	3	69

**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.)	430
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	5
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	20
<b>4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1, 2, &amp; 3)</b>	

**b. Age and Gender**

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

<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	1				1
2.	18 to 30 years	53	6			59
3.	31 to 50 years	166	46	2		214
4.	51 years and Older	116	40			156
5.	<b>Subtotal (Sum of Rows 1-4)</b>	<b>336</b>	<b>92</b>			<b>430</b>
<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	2	8			10
7.	18 to 30 years	2	3			5
8.	31 to 50 years	2	1			3
9.	51 years and Older	5	2			7
10.	<b>Subtotal (Sum of Rows 6-9)</b>	<b>11</b>	<b>14</b>			<b>25</b>
<b>Total Beneficiaries (Chart a, Row 4)</b>						
11.	<b>TOTAL (Sum of Rows 5 &amp; 10)</b>	<b>347</b>	<b>106</b>	<b>2</b>	<b>0</b>	<b>455</b>

**c. Race and Ethnicity\***

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

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a., Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a., Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native	5			
2.	Asian	4			
3.	Black/African American	132		3	
4.	Native Hawaiian/Other Pacific Islander				
5.	White	243	12	18	5
6.	American Indian/Alaskan Native & White				
7.	Asian & White				
8.	Black/African American & White			4	
9.	American Indian/Alaskan Native & Black/African American				
10.	Other Multi-Racial	46	9		
11.	Column Totals (Sum of Rows 1-10)	430	21	25	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)	364
2.	31-50% of area median income (very low)	56
3.	51-80% of area median income (low)	10
4.	<b>Total (Sum of Rows 1-3)</b>	430

**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)**

TLCS, Inc.
------------

**2. Capital Development**

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

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: 521 T Street Coop
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$47,013.05	\$	
a. Purchase/lease of property:			Date (mm/dd/yy): 07/01/2014
b. Rehabilitation/Construction Dates:			Date started: _____ Date Completed: _____
c. Operation dates: 10/04/04			Date residents began to occupy: 2004 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 2004 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 9 Total Units = _____
f. Is a waiting list maintained for the facility?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year 0</i>
g. What is the address of the facility (if different from business address)?			521 T Street, Sacramento, CA 95811
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab		9		
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:** TLCS, Inc.

Type of housing facility operated by the project sponsor/subrecipient	Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling	9					
b. Community residence						
c. Project-based rental assistance units or leased units						
d. Other housing facility <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	\$47,013.05
c. Project-Based Rental Assistance (PBRA) or other leased units		
d. Other Activity (if approved in grant agreement) <u>Specify:</u>		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	9	