



Housing Opportunities for Persons with AIDS (HOPWA) Program

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

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

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

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

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

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

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

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

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

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

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

Definitions

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

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

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

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

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

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

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

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

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

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

“grassroots.”

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

HUD Funding → Grantee → Project Sponsor

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

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

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

HUD Funding → Grantee → Project Sponsor → Subrecipient

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

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

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

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

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

Part 1: Grantee Executive Summary

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

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

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

1. Grantee Information

HUD Grant Number GAH10F999 (Final), GAH11F999 (Final), GAH12F999 (Interim), and GAH13F999 (Initial)		Operating Year for this report From (mm/dd/yy) 7/1/2013 To (mm/dd/yy) 6/30/2014			
Grantee Name Georgia Housing and Finance Authority (State of Georgia)					
Business Address		60 Executive Park South, NE			
City, County, State, Zip		Atlanta	DeKalb	GA	30329
Employer Identification Number (EIN) or Tax Identification Number (TIN)		58-1222605			
DUN & Bradstreet Number (DUNs):		09-930-6029		Central Contractor Registration (CCR): Is the grantee's CCR status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide CCR Number:	
*Congressional District of Grantee's Business Address		5			
*Congressional District of Primary Service Area(s)		5			
*City(ies) and County(ies) of Primary Service Area(s)		Cities: Atlanta		Counties: DeKalb	
Organization's Website Address www.dca.ga.gov		Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.			

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

2. Project Sponsor Information

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

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

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

Project Sponsor Agency Name Action Ministries, Inc.		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency	Ms. Jannan Thomas Executive Director of Housing	&/or	Ms. Alison Poole Director of Case Management
Email Address	jthomas@actionministries.net	&/or	apoole@actionministries.net
Business Address	17 Executive Park Drive, Suite 540		
City, County, State, Zip,	Atlanta, DeKalb, GA, 30329		
Phone Number (with area code)	678-427-4653 &/or 404-219-5718		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	58-2070427	Fax Number (with area code) 404-881-1902	
DUN & Bradstreet Number (DUNS):	198895125		
Congressional District of Project Sponsor's Business Address	5		
Congressional District(s) of Primary Service Area(s)	9		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Dahlonega, Gainesville, Hartwell, Clayton, Flowery Branch, Toccoa, Clarkesville, Cornelia, Lavonia, Alto, Oakwood		
Total HOPWA contract amount for this Organization for the operating year	\$168,757	Counties: Rabun, Towns, Union, Hall, Banks, Franklin, Stephens, Lumpkin, White, Habersham, Hart	
Organization's Website Address www.actionministries.net	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

Project Sponsor Agency Name AIDS Athens, Inc.		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency	Ms. Olivia Long Executive Director	and/or	Ms. Cassandra Bray Assistant Director
Email Address	olivia@aidsathens.org and/or Cassandra@aidsathens.org		
Business Address	112 Park Ave.		
City, County, State, Zip,	Athens, Clarke, GA, 30601		
Phone Number (with area code)	706.549.3730		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	58-1761043	Fax Number (with area code) 706.549.2730	
DUN & Bradstreet Number (DUNS):	9672322240		

Congressional District of Project Sponsor's Business Address	10		
Congressional District(s) of Primary Service Area(s)	10		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Athens, Jefferson, Elberton, Madison, Danielsville, Lexington, Greensboro, & Watkinsville		
Total HOPWA contract amount for this Organization for the operating year	\$472,950	Counties: Clarke, Jackson, Morgan, Elbert, Oconee, Green, Madison, & Oglethorpe	
Organization's Website Address www.aidsathens.org	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

Project Sponsor Agency Name Central City AIDS Network, Inc.	Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Mr. Michael A. Leon Executive Director		
Email Address	michael@rainbowcenter.us		
Business Address	2020 Ingleside Avenue		
City, County, State, Zip,	Macon, Bibb, GA, 31204		
Phone Number (with area code)	478-750-8080 x6		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	58-1897271	Fax Number (with area code) 478-750-1032	
DUN & Bradstreet Number (DUNs):	927644146		
Congressional District of Project Sponsor's Business Address	8		
Congressional District(s) of Primary Service Area(s)	6, 8, 10, 12		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Macon, Hawkinsville, Warner Robins, Gray, Forsyth, Perry, Byron, Eatonton, Jeffersonville, Cochran, Eastman, Dublin, Monticello, Milledgeville, & Danville		
Total HOPWA contract amount for this Organization for the operating year	\$0 (Funds drawn down this year are from an original award of \$635,500 made in FY 2012. This program closed down (9/30/13), and the FY 2012 grant term was extended to October 2013. Clients reported by this Sponsor were served through September 2013 (3 months into this reporting period).)		Counties: Bibb, Pulaski, Telfair, Wheeler, Houston, Washington, Jasper, Johnson, Jones, Peach, Montgomery, Putnam, Monroe, Laurens, Twiggs, Bleckley, Dodge, Hancock, Crawford, Baldwin, Wilkinson, & Treutlen
Organization's Website Address www.rainbowcenter.us	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

Project Sponsor Agency Name Comprehensive AIDS Resource Encounter, Inc. (CARE)	Parent Company Name, if applicable N/A
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Name and Title of Contact at Project Sponsor Agency	Ms. Arlene Mutchler Executive Director		
Email Address	Arlene.care2012@yahoo.com		
Business Address	105 W. Plum Street		
City, County, State, Zip,	Jesup, Wayne, GA, 31545		
Phone Number (with area code)	912-530-8078		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	58-2203609	Fax Number (with area code) 912-530-9188	
DUN & Bradstreet Number (DUNs):	140776225		
Congressional District of Project Sponsor's Business Address	1		
Congressional District(s) of Primary Service Area(s)	1, 8, 12		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Jesup, Screven, Odum, Hazlehurst, Baxley, Statesboro, Lyons, Vidalia, Glennville, Reidsville, Brunswick, Richmond Hill, Hinesville, Ludowici, Darien, Douglas, Alma, Waycross, Patterson, Blackshear, Claxton, Homerville, & Offerman		
Total HOPWA contract amount for this Organization for the operating year	\$257,200	Counties: Wayne, Jeff Davis, Appling, Bulloch, Toombs, Liberty, Ware, Coffee, Long, Glynn, Candler, Tattnal, Bacon, Atkinson, Pierce, Bryant, Brantley, Charlton, & Clinch	
Organization's Website Address none	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

Project Sponsor Agency Name Homeless Resource Network, Inc.	Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Ms. Liz Dillard Executive Director		
Email Address	liz@homelessresourcenetwork.org		
Business Address	2221 Second Avenue; PO Box 811		
City, County, State, Zip,	Columbus, Muscogee, GA, 31902		
Phone Number (with area code)	706-571-3399		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	58-2147861	Fax Number (with area code) 706-571-0707	
DUN & Bradstreet Number (DUNs):	832970824		
Congressional District of Project Sponsor's Business Address	2		
Congressional District(s) of Primary Service Area(s)	2, 3		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Columbus, Americus, LaGrange		
Total HOPWA contract amount for this Organization for the operating year	\$129,100	Counties: Muscogee, Sumter, Troup	
Organization's Website Address www.HomelessResourceNetwork.org	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

	If yes, explain in the narrative section how this list is administered.	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Living Room, Inc.		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency		Mr. Dolph Goldenburg Executive Director	
Email Address		Dolph.Goldenburg@LivingRoomATL.org	
Business Address		341 Ponce de Leon Avenue, Suite 438	
City, County, State, Zip,		Atlanta, Fulton, GA, 30308	
Phone Number (with area code)		404-382-8982	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		31-1616463	Fax Number (with area code) 404-220-9874
DUN & Bradstreet Number (DUNs):		056254480	
Congressional District of Project Sponsor's Business Address		5	
Congressional District(s) of Primary Service Area(s)		9, 11	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Dalton, Rome	
Total HOPWA contract amount for this Organization for the operating year		\$225,000	Counties: Whitfield, Floyd
Organization's Website Address www.livingroomatl.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <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"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Lowndes County Board of Health (a/k/a South Health District 8-1)		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency		Ms. Terri Ball Housing Coordinator / HOPWA	
Email Address		teball@dhr.state.ga.us	
Business Address		P.O. Box 5147	
City, County, State, Zip,		Valdosta, Lowndes, GA, 31603	
Phone Number (with area code)		229-245-8711 x207	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		58-1111978	Fax Number (with area code) 229-245-8432
DUN & Bradstreet Number (DUNs):		101007164	

Congressional District of Project Sponsor's Business Address	1	
Congressional District(s) of Primary Service Area(s)	1, 2, 8	
City(ies) and County(ies) of Primary Service Area(s)	Cities: Valdosta, Albany, Tifton, Waycross, Thomasville	
Total HOPWA contract amount for this Organization for the operating year	\$168,000	Counties: Lowndes, Dougherty, Tift, Ware, Thomas
Organization's Website Address www.southhealthdistrict.com	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Lutheran Services of Georgia	Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Phillip Hogan HOPWA Program Manager	and/or	Alie Redd Vice President of Programs
Email Address	phogan@lsga.org	and/or	aredd@lsga.org
Business Address	100 Edgewood Avenue, NE, Suite 1800		
City, County, State, Zip,	Atlanta, GA 30303-3066		
Phone Number (with area code)	678-686-9634 & 912-686-9656		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	58-1535692	Fax Number (with area code) 866-411-2347	
DUN & Bradstreet Number (DUNs):	169890894		
Congressional District of Project Sponsor's Business Address	5		
Congressional District(s) of Primary Service Area(s)	2		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Albany		
Total HOPWA contract amount for this Organization for the operating year	\$225,000	Counties: Dougherty	
Organization's Website Address www.lsga.org	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

Project Sponsor Agency Name River Edge Community Service Board (a/k/a River Edge Behavioral Health)	Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Cynthia Patterson Director, Permanent Supportive Housing		
Email Address	cpatterson@river-edge.org		

Business Address	175 Emery Highway		
City, County, State, Zip,	Macon, GA 31217-3692		
Phone Number (with area code)	478-471-6009		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	58-2109562	Fax Number (with area code) 478-743-5080	
DUN & Bradstreet Number (DUNs):	926538372		
Congressional District of Project Sponsor's Business Address	8		
Congressional District(s) of Primary Service Area(s)	8		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Macon		
Total HOPWA contract amount for this Organization for the operating year	\$550,000	Counties: Bibb	
Organization's Website Address www.river-edge.org	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

Project Sponsor Agency Name Union Mission	Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Ayana Eady Director of HIV Services		
Email Address	aeady@unionmission.org		
Business Address	120 Fahm Street		
City, County, State, Zip,	Savannah, Chatham, GA, 31404		
Phone Number (with area code)	912-231-0123 & 912-236-7423		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	58-0827524	Fax Number (with area code) 912-236-6875	
DUN & Bradstreet Number (DUNs):	151914652		
Congressional District of Project Sponsor's Business Address	1		
Congressional District(s) of Primary Service Area(s)	1		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Savannah, Brunswick, Hinesville		
Total HOPWA contract amount for this Organization for the operating year	\$425,000	Counties: Chatham, Glynn, Liberty	
Organization's Website Address www.unionmission.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input checked="" type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.
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3. Administrative Subrecipient Information

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

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

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

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

4. Program Subrecipient Information

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

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

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

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

Sub-recipient Name	N/A		Parent Company Name, if applicable	
Name <u>and</u> 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) <u>and</u> County(ies) of Primary Service Area	Cities:		Counties:	
Total HOPWA Subcontract Amount of this Organization for the operating year				

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

In FY2013-14, the State of Georgia's Georgia Housing and Finance Authority (GHFA) received \$1,964,378 in formula Housing Opportunities for Persons With AIDS (HOPWA) funds from the U.S. Department of Housing and Urban Development (HUD). The Georgia Department of Community Affairs (DCA) administered these funds on behalf of GHFA. HOPWA Program funds administered by the State to assist ten (10) Project Sponsors to serve persons affected by HIV/AIDS totaled \$2,108,294. A ninth project grant was administered this year by the Grantee agency to provide Housing Resource Information in the amount of \$20,762, and the State drew down \$48,681 in funds for administration through the HOPWA Program bringing the total amount of HOPWA funds expended during FFY2013 to \$2,177,737. HOPWA program funds are available to qualified local governments and nonprofit organizations operating and developing housing in the State of Georgia for persons impacted by HIV/AIDS.

DCA generally uses Georgia's allocation of formula HOPWA funds to serve counties outside of areas that HUD has designated to receive their own formula HOPWA program funds. Beginning in FFY2004, the Augusta-Richmond MSA (including Richmond, Burke, McDuffie, and Columbia Counties) became a HUD designated HOPWA formula grantee and the Atlanta MSA was increased to 29 counties. During this reporting period, DCA's HOPWA programs provided benefit within a majority of the 126 counties designated for service through the Georgia HOPWA entitlement grant.

Community networks continue to be strongly encouraged in order to adequately address the needs of each community. During this reporting period, DCA awarded HOPWA funds for two new project sponsors. One of these new projects, administered to an Atlanta agency, was an effort to provide housing and services in Southwest Georgia in an effort to address unmet need in that part of the State. The second new project was an agency in Macon that stepped up when the previous sponsor put current HOPWA housing and services at risk by missing the application deadline entirely.

The State of Georgia funds sponsors with HOPWA-developed facility-based housing in the larger communities of Macon and Savannah through River Edge Behavioral Health (Macon) and Union Mission, Inc. (Savannah). In addition to community housing and services programs, these project sponsors offer rental and short-term housing assistance programs. River Edge's ability to implement the HOPWA program can be contributed largely to their success over the last 14 years of managing other options of permanent supportive housing placements. River Edge was able to move forward with a plan to serve clients who are diagnosed with HIV/AIDS in the Macon area, and they worked with the State to perform extensive interviews and placement for clients previously served by the agency that closed their HOPWA program.

Also during this contract year AIDS Athens, Inc., Homeless Action Resource Network, Inc., Lowndes County Board of Health (a/k/a South Health District 8-1), and Lutheran Services of Georgia, Inc. offered service and scattered site housing programs located in the smaller communities of Athens, Columbus, Valdosta, and Albany with their programs being available to eligible persons in the surrounding counties. During FFY2013, the State administered HOPWA funds to Comprehensive AIDS Resource Encounter, Inc. in Jesup and the surrounding twelve counties. The State also administered HOPWA funds to Living Room, Inc. for Rome and Dalton and the surrounding 11 Northwest counties. And Action Ministries, Inc. received a HOPWA award this year to provide housing and services in 11 counties located in North Georgia. This partnership with Action Ministries has expanded the State's HOPWA program to serve 11 additional counties in Northeast Georgia.

During FY2013-14, eligible applicants were qualified organizations whose missions include the provision of housing and supportive services to persons with HIV/AIDS or related diseases. Only regional programs were funded, and only one organization per region was funded. To be considered "qualified," an applicant must demonstrate the capability and capacity to provide the level of support services required by this population in addition to meeting all application deadlines. The applicant must also receive written approval and support of the

local government where the assisted housing is or services will be located. Recipients must also have operated their programs in full compliance with the HUD regulations published at 24 CFR Part 574. Any housing assisted under this program is required to be restricted to occupancy by eligible persons with HIV/AIDS. Once HOPWA funds have been awarded to a Project Sponsor, the State provides grant management oversight, which includes technical assistance and training as well as monitoring of each HOPWA funded agency. The State maintains requirement and guidance information in an on-line format and during FFY2013 conducted monitoring visits and/or provided technical assistance for the HOPWA Program to all of the ten project sponsors.

One project sponsor reported administering a waiting list for their HOPWA programs. Union Mission, Inc. places individuals on a waiting list for housing assistance based on when the referral is received by the case managers. The wait list is reviewed and updated every 30 days by the Case Manager and the applicant is notified when assistance becomes available. When assistance is not available or the individual does not qualify for assistance, case managers refer to other housing programs such as Shelter Plus Care, Section 8 and/or another type of housing.

To the extent that persons with HIV/AIDS are classified as “homeless” by HUD’s definition, housing and services are also available to persons with HIV/AIDS under the ESG and Continuum of Care Programs. According to the State’s ESG grantees, a total of 181 persons receiving emergency shelter, rapid re-housing, or transitional housing through the ESG Program were reported to have HIV/AIDS while another 63 persons reporting to have HIV/AIDS received homelessness prevention or supportive services.

HOPWA Sponsors and Area of Coverage

Sponsor Name	Regional Location	Contact Name	Phone
Action Ministries, Inc.	Northeast GA	Ms. Jannan Thomas jthomas@actionministries.net	(678) 427-4653
AIDS Athens, Inc.	Athens	Ms. Olivia Long olivia@AIDSathens.org	(706) 549-3730
Central City AIDS Network, Inc.*	Macon	Mr. Michael Leon michael@rainbowcenter.us	(478) 750-8080
Comprehensive AIDS Resource Encounter, Inc. (CARE)	Jesup	Ms. Arlene Mutchler Arlene.care2012@yahoo.com	(912) 530-8078
Homeless Resource Network, Inc.	Columbus	Ms. Liz Dillard Liz@homelessresourcenetwork.org	(706) 571-3399
Living Room, Inc.	Dalton & Rome (NW GA)	Mr. Chuck Bowen chuck.bowen@livingroomatl.org	(404) 616-6319
Lowndes Co. Board of Health (a/k/a South Health District)	Valdosta (South GA)	Ms. Terri Ball teball@dhr.state.ga.us	(229) 245-8711 x207
Lutheran Services of Georgia	Albany (SW GA)	Mr. Phillip Hogan phogan@lsga.org	(678) 686-9634
River Edge Behavioral Health	Macon	Cynthia Patterson cpatterson@river-edge.org	(478) 471-6009
Union Mission, Inc. (Savannah)	Savannah	Mr. Steve Allison sallison@unionmission.org	(912) 236-7423

For more information on the programs named above (types of programs, eligibility, etc.), please call the program

contact listed. For general information, you may call Phillis Thomas of DCA at (404) 679-4940

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.

Of the \$2,129,056 HOPWA funds administered, \$1,213,252 was spent in the following housing assistance categories. Under the Emergency or Short-term Rent, Mortgage or Utility payments (STRMU) to prevent homelessness category, \$267,465 provided housing to 125 households consisting of one or more persons with HIV/AIDS, and under the TBRA category, \$551,363 provided housing to 150 households consisting of one or more persons with HIV/AIDS. The Facility Based Housing including leasing and operating costs, for facilities and community residences as well as transitional/short-term facilities provided housing to 210 households consisting of one or more persons with HIV/AIDS with \$361,302. And \$33,122 provided Permanent Housing Placement assistance to 59 households consisting of one or more persons with HIV/AIDS. In total, 520 unduplicated households (536 persons w/ HIV/AIDS and 268 other family members) received housing assistance through the State's HOPWA Program.

The HOPWA CAPER table 'Part 3: Accomplishment Data / 1. HOPWA Performance Planned Goal and Actual Outputs', shows data on the number of households (consisting of one or more persons with HIV/AIDS) that received housing and/or services using HOPWA funds during FFY2013 and a comparison to planned actions, as approved in the Consolidated Plan Annual Action Plan for this operating year. In the Annual Action Plan for this reporting period, the State proposed that the following number of households consisting of one or more persons with HIV/AIDS would receive HOPWA-funded housing assistance: 120 households through TBRA; 150 households through Facility-based Housing; 165 households through STRMU, and 41 households through Permanent Housing Placement. In total the State projected that 476 households would be provided housing assistance by the ten (10) project sponsors. When accounting for all households receiving HOPWA assistance (housing &/or services), there was a variation* of +/- +30, +60, -40, and +18 (total of +44) in the specific types of housing through HOPWA funded housing. Also reported below, under the Coordination section, with regards to leveraged resources project sponsors provided assistance to 63 households using non-HOPWA assistance, which includes 63 units of Rental Assistance provided by four State funded HOPWA project sponsors &/or nonprofit agencies through the S+C Program for homeless persons with both a disability and HIV/AIDS. When including the non-HOPWA funded housing, the projected housing assistance to 476 households was exceeded by 107 households.

In addition to housing, some of the services provided by HOPWA Program funds were alcohol and drug abuse services, case management /client advocacy/ access to benefits and services, outreach, meals/nutritional services, life skills management, legal services, mental health services, and transportation.

And lastly, of the total HOPWA funds expended by the sponsors, \$786,572 provided Supportive Services to a total of 763 households consisting of one or more persons with HIV/AIDS (804 individuals within the 520 households who received HOPWA-funded housing assistance along with an additional 234 households who received "Supportive Services Only"). The Georgia Housing and Finance Authority expended a total of \$20,762 to provide Housing Resource Identification to at least 55 households (of the 1,636+ persons) calling in to DCA's call center. An estimated total of 370 households received housing information services within the case management provided by HOPWA sponsors. Project sponsors received \$129,232 in HOPWA administration funds. In all, a total of 1,093 households with one or more persons with HIV/AIDS received HOPWA-funded assistance through housing and/or service programs.

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.

Using the data sets on housing stability, project sponsors were able to report the percentage of clients in stable housing at the end of the operating year by type of housing assistance. Of the clients served with TBRA, 97% were determined to be stable at the end of the year, 76% stability was reached in Facility-based housing, and 69% stability in STRMU. The State's efforts at retention are often hampered by the fact that sponsors in Savannah and Macon serve many clients who are some of the most difficult populations and contain strong harm reduction components. Populations utilizing these facilities are often not service or rehab-ready, and thus, once immediate needs are met for food, clothing, shelter and medical services, these populations tend to return to streets and to behaviors that are difficult to address with housing. Also an issue for this reporting period was the loss (and replacement) of the previous Macon sponsor. Great effort was made to move housing clients to the new sponsor in Macon. This change in sponsors should offer more stability for clients in Macon overall as River Edge Behavioral Health also operates a State funded Harm Reduction program for clients with disabilities related to mental health and substance abuse. Please note, these populations are also continuously contacted through outreach programs, and both of these State HOPWA sponsors continue to utilize S+C for HOPWA-eligible clients who are also homeless (from streets or from shelter). And in an effort to further target and serve individuals with high barriers to housing, the State continues to fund Harm Reduction Programs through a total of ten homeless service providers (increased from four) in Macon, Columbus, Athens, North Georgia, Gwinnett, and Metro Atlanta).

The overall average of housing stability outcomes for households exiting to stable/permanent housing was 81%, however the number of households (receiving Facility-based) who were determined to be stable was 76%. (This does not include the number of households receiving Facility-based who had a reduced risk of homelessness and who were determined to be temporarily stable at the end of the year which was 13%.) While this represents a 2% improvement in the last year (and 5% in the last two years), DCA will continue to study best practices in an effort to continuously improve our efforts and to improve the housing stability outcomes in permanent Facility-based housing.

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.

Each year the State works to develop and/or support new Sponsor-Based Shelter Plus Care units/programs as permanent housing options for disabled persons with HIV/AIDS. During this operating period, six HOPWA sponsors &/or other nonprofit agencies received \$672,117 in Shelter Plus Care (S+C) funds (\$314,229 through the State's HOPWA sponsors and \$357,888 through sponsors who administer programs in Atlanta's HOPWA jurisdiction) for the rental assistance of homeless persons with both a disability and HIV/AIDS, and they maintained 108 units of Rental Assistance through the S+C Program. Sixty-three of those units were maintained by project sponsors funded through the State's HOPWA Program, and those units are the only ones listed on the Leveraging Chart. Eligible participants whose housing was provided through the S+C Program also receive Supportive Services provided through the State's HOPWA Program. Project sponsors were also able to leverage an estimated \$2,483,815 for housing and supportive services costs from federal, state, and local government programs as well as foundations and private funding sources.

The State continually works to assist designated sponsors with the enhancement of their organizational capacity and/or current programs, and in November, 2013, the State sponsored an intensive HOPWA training workshop for sponsors (facilitated by Collaborative Solutions, Inc.). Locally, project sponsors continuously collaborate with service providers, health clinics, housing providers, and other community organizations in an effort to utilize community resources to assist serving program clients in a holistic manner. The Department of Community Affairs continues to collaborate with Ryan White Consortiums, Georgia Department of Community Health, the City of Atlanta, Augusta-Richmond, and the Statewide HIV Prevention Program in our commitment to providing safe, decent, and affordable housing for our most vulnerable citizens living with HIV/AIDS and their families.

Through the work with the Georgia Interagency Homeless Coordination Council and collaboration with particular agencies, DCA has worked on several initiatives to minimize the discharge of individuals from institutions into homelessness. One of the goals of the State Plan to End Homelessness is to develop and adopt state policies to end the discharge of institutionalized individuals (to include discharge from correction facilities, public health or mental hospitals, treatment facilities, foster care, or juvenile justice programs) directly to homeless facilities which are unprepared and unable to meet the supported service needs of the individual. Within the last year, the State has developed a discharge policy for persons in institutional placement longer than 45 days (behavioral health and developmental disabilities). And the State has initiated significant policy changes to Prisoner Re-Entry to the Community, and we are working on a Strategic Framework to further develop formal discharge criteria for the correction system.

On the program level throughout the State, project sponsors work with other mainstream providers to ensure other housing options and/or services are available to clients. Sponsors work closely with local public health district clinics, community based mental health and substance abuse service providers, Veterans Affairs, local housing authorities and landlords, other housing nonprofits, homeless coalitions, and Ryan White Consortiums in their communities. Many report good relationships with local Economic Development Departments in their jurisdiction where some are recipients of continuum of care project grants in addition to local Community Development Block Grant funding for supportive services. Sponsors work with clients to insure they are connected with any mainstream benefits for which they might qualify, including SSI/SSDI and Medicare/Medicaid.

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

DCA provided HOPWA Technical Assistance in collaboration with a HUD-Approved Provider Collaborative Solutions, Inc. (of Birmingham, AL). They were immensely helpful in assisting the State as well as the State’s project sponsors through a training workshop for project sponsors in the areas of program expansion, national strategies on housing and intervention, HOPWA program assessment, data collection, and quality reporting using the newest data sets. As always, we appreciate TA opportunities and the expertise of Collaborative Solutions, Inc. and HUD staff as we work with sponsors to improve our efforts and program outcomes.

c. Barriers and Trends Overview

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

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

<input type="checkbox"/> HOPWA/HUD Regulations	<input type="checkbox"/> Planning	<input checked="" type="checkbox"/> Housing Availability	<input checked="" type="checkbox"/> Rent Determination and Fair Market Rents
<input checked="" type="checkbox"/> Discrimination/Confidentiality	<input checked="" type="checkbox"/> Multiple Diagnoses	<input checked="" type="checkbox"/> Eligibility	<input type="checkbox"/> Technical Assistance or Training
<input checked="" 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 type="checkbox"/> Other, please explain further	

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

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

One key design element to the State's program is tracking the incidence of HIV/AIDS within all communities of Georgia in order to develop appropriate responses to the needs of each community. In addition to the barriers selected in the table, project sponsors throughout the State discussed the following barriers to operating the HOPWA Program this year.

The State's project sponsors continue to report that a lack of safe, affordable housing remains a barrier when trying to find housing for disabled participants who are striving to become more independent on a fixed income. Credit histories, criminal backgrounds or history of substance abuse make it even more difficult to obtain housing from landlords and Public Housing Authorities. It remains difficult for consumers with criminal histories to obtain employment. In some areas, finding affordable housing that meets the Fair Market Rent (FMR) standards in units suitable to pass Housing Quality Standards (HQS) remains a challenge for project sponsors especially those on a fixed income and/or in rural areas.

Project sponsors reported that the FMR combined with the maximum subsidy allowed, the inability to combine subsidies, a shortage of necessary sized housing units, and the inclusion of utilities in the FMR sometimes prevents them from finding housing for a consumer. And one sponsor reports that the increased demand for rental property by families that have recently lost their homes to foreclosure further has increased the cost of rental housing in Macon. Health issues contribute to clients maintaining affordable housing as well. Oftentimes the client's health situation has created a decrease in income and/or an increase in expenses which in turn lead to the point of eviction or utility disconnection even when utilizing subsidized housing. And sponsors report that some property owners will not rent to anyone with a poor credit history or previous eviction, and clients with no credit history sometimes face property owners and subsidized properties with a reluctance to accept the client as a tenant. Sponsors also report a shortage of available drug treatment programs in rural areas. Many of the rural counties continue to experience large amounts of unemployment and a large number of people with poor health who live in poverty. And one sponsor reported small increase of clients being able to find jobs, however they are not able to find full-time jobs.

Some consumers on disability are not capable of working to supplement their benefits. Some of those consumers have chronic health conditions, or their physical health has deteriorated to a point where employment is not an option. The waiting list for public housing in the counties served is sometimes two to three years. Further, Section 8 vouchers are few and difficult to obtain, and consumers with a criminal history are unable to access public housing.

Sponsors reported that consumers with multiple diagnoses remain a challenge to their agency and that getting their clients physical health stabilized is often easier to achieve than stabilizing their mental health and substance abuse (the system of care primarily offers sequential treatment but will occasionally offer parallel treatment). Currently mental health and substance abuse treatment are offered at different locations, and clients aren't necessarily accessing the treatment programs.

Sponsors report that it continues to be difficult to find transportation options in rural areas, which in turn is a barrier for many consumers in finding and maintaining employment as well as accessing care. A lack of affordable day care for families with children remains a barrier. Project sponsors report in rural areas that many clients still face discrimination associated with having HIV/AIDS in the workplace, in housing, and with family.

Several sponsors reported an inability to serve some households with emergency assistance under STRMU due to limits in the regulations. Sponsors reported that some clients were turned away due to presenting with emergencies that were not directly related to acute medical issues. They reported that for many disabled clients who are not able to increase their income, the ability to provide short-term emergency assistance for other emergencies could help them stabilize households.

In response to some of the barriers, case managers often provide transportation to clients for primary health care appointments, out of town medical/hospital appointments, support groups, dentists, pharmacy, housing assistance, and other needed services. Case managers continue to meet clients in the county where their community Health Department or Health District Wellness Clinic is located. One sponsor continues to address transportation barriers by working with local businesses and communities to assist with transportation to doctors, GED classes, housing appointments, and other care programs. Through strong collaborations with the State's regional Health Districts, Health Departments, traditional service providers, utility companies, and landlords, agencies continue to be able to

assist some consumers in maintaining long-term housing goals as well as coordinate mainstream services throughout the State.

The project sponsor in Southeast Georgia reported continued progress with transportation barriers through the utilization of the Wayne Transit system that is set up for the Counseling Center consumers who are enrolled in programs. They continue to utilize transportation funds from an outside funding source for clients without another form of transportation, and they utilized the Medicaid transportation system for those covered for medical appointments, and they have partnered with two Southeast Health District HIV clinics in order to provide on-site intake and assessment. Other sponsors also reported utilizing Medicaid transportation where available for eligible beneficiaries.

In response to the barrier of serving clients with a multiple diagnosis, one project sponsor reported success in partnering with District Clinical Services in the coordination of transportation to address an increase in the number of clients from surrounding rural counties seeking out services provided in urban areas. Sponsor's work with staff from the Social Security Office continues to help clients obtain presumptive determinations for SSI/SSDI.

Sponsors continue to work with local realtors and landlords to assist with housing placement to address the difficulties that some consumers have due to poor credit history and criminal background checks. To address a lack of affordable safe housing in their area, project sponsors continue to partner with local agencies to address these concerns. Sponsors are also able to utilize GeorgiaHousingSearch.org to search for that type of available housing. To address long-term housing solutions for participants, sponsors partner with agencies that operate supportive housing programs, housing authorities, and agencies that have private subsidized housing. To address the barrier of disabled, homeless clients who have HIV/AIDS being able to finding housing (who also have a criminal history), sponsors using the Sponsor Based model of the Shelter Plus Care program continue to have success. And to address a need for homeless housing, one sponsor continues to operate a newly implemented transitional housing for clients utilizing emergency housing assistance for longer than 60 days.

To address the difficulty clients with a felony or drug related charges in their criminal history have in accessing public housing, private housing, or employment, one sponsor continues to work with the Department of Labor and the Department of Justice for improved outcomes with both housing and employment. Sponsors continue to facilitate on-site support group for substance abusers to address the lack of support groups in their area.

The sponsor in Northwest Georgia continues to work with clients to help overcome the barrier of fear and stigma. They continued to see a growth in referrals as well as interest from local churches after work to educate the community on HIV/AIDS. The sponsor in Columbus, Georgia reported an increase in the number of clients from the surrounding counties as a result of improved partnership with District Clinical Services.

In order to address the difficulty some clients had in qualifying for services and STRMU, the sponsor in Northeast Georgia plans to expand their program to include the addition of TBRA services, a revised outreach program, revised goals for case management staff, and a new system for taking referrals from Ryan White clinics, their largest referral source. Another sponsor is seeking unrestricted housing funds to assist clients that are ineligible for assistance under HOPWA.

There are no additional actions proposed by the State in response to the barriers listed, and the State has no recommendations at this time.

One of the biggest trends reported by the State's sponsors continues to be the high unemployment rate and the increasing gap between wages and housing costs. Sponsors report that many consumers are being laid off from their jobs, and unemployment continues to impact Georgia communities with increased poverty and a lack of medical care, which are trends that have been in place for some time. Other disturbing trends are an increase in newly diagnosed clients despite numerous educational outreach programs, sponsors are seeing a large number of HIV positive grandparents caring for their grandchildren, and people living with AIDS have increasing mental health inpatient or assisted living care needs. The Athens sponsor reported seeing more young adults (18 to 24) that received some type of housing assistance, and nine (56%) of these young adults were chronically homeless. And the high deductible for Medicaid Part D and/or private insurance often result in consumers having difficulty purchasing prescriptions because of the high co-pay. And sponsors continue to report that they are seeing a trend of individuals with HIV/AIDS losing their jobs due to the economy (and unable to pay their rent, mortgage, and utilities), but they

are unable to qualify for HOPWA assistance due to the regulations requiring households experience a financial crisis as a result of issues arising from their HIV/AIDS condition.

During this reporting period, using quarterly reports submitted by sponsors, DCA conducted an analysis of funding by area along with a comparison of funding percentages to consumers served. As a result of the analysis of funding, it has been determined that 22 of the 126 counties in the state of Georgia's jurisdiction are not receiving HOPWA assistance. Furthermore, it has also been identified that the two HOPWA agencies receiving the largest amount of funding for FY 2013-2014, AIDS Athens - 18% and River Edge - 17%, are not serving the largest amount of counties, at 8 counties served and 7 counties served respectively. However, River Edge is second to Union Mission in serving the largest number of new consumers. The analysis of funding and unmet needs provided us with additional information that was beneficial during the allocation and application review for FY 2015. We will continue to conduct these analyses throughout the grant year to determine areas of unmet needs and funding to better serve the entire state of Georgia so that each area will have access to HOPWA funding.

Outside of the previous analysis, this report, and HUD's web site, the Department of Community Affairs is not aware of any evaluations, studies, or other assessments of the HOPWA Program in Georgia. Based upon the Georgia Department of Public Health 2013 HIV/AIDS Surveillance Report, there were a total of 50,436 persons living with HIV/AIDS in the State of Georgia as of December 31, 2012, and Georgia was fourth highest in the nation for the total number of new diagnosis of HIV infection in 2011. Thirty-two percent (32%) of Georgians living with HIV/AIDS reside outside of Atlanta's 28-county Metropolitan Statistical Area (MSA) and the East Central (Augusta) Health District. In rural areas, resources are scarce. People are more dispersed and therefore harder to reach with treatment and prevention efforts. Of note, statistics show that African Americans are disproportionately affected by AIDS; while African Americans make up only 30% of Georgia's population, in 2012, 55% of new diagnoses of HIV infection (and 70% of new AIDS diagnoses of AIDS) in Georgia were among people who are Black/Non-Hispanic. An encouraging finding is that the number of newly diagnosed HIV cases continues to decrease steadily since 2008, including a 7% decrease from 2011 (1,478) to 2012 (1,370). In 2012 the Georgia Department of Community Health HIV Division completed the statewide Comprehensive HIV Service Plan 2012-2015 that includes housing stability as a formal objective of the plan. Part of the plan seems to bridge Ryan White programs with HOPWA, and the inclusion of the goal of affordable, stable, and safe housing is encouraging progress. The results are available from DCH Public Health Division. For more information on HIV/AIDS in Georgia, please visit DCH's web site located at the following address: <http://dph.georgia.gov/scsn-and-comprehensive-service-plan>.

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.	273
2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance:	112
a. Tenant-Based Rental Assistance (TBRA)	
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	54
• Assistance with rental costs	
• Assistance with mortgage payments	
• Assistance with utility costs.	
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	107

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

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

End of PART 1

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging

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

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

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance	\$5,000	Grant	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	\$1,772,519	Grant, Health Care, Meds, & Transportation	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Shelter Plus Care	\$314,229	Grants (State's HOPWA juris)	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: CDBG	\$20,000	Grant	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: HUD SHP	\$18,717	Grant	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: GA Department of Community Health			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Ryan White Health Clinic (HOPE Center" Part B	\$163,999	Grant	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: Ryan White Health Clinic (HOPE Center" Part C	\$135,000	Grant	<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
Private Funding			
Grants	\$58,400	Foundation Grant	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Grants	\$35,347	Grant	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
In-kind Resources (computers, tech support, trainings, furniture, clothing donations, & office space)	\$23,899	In-kind	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: Viiv Healthcare	\$35,990	Cash	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: Individual & Event Donations	\$113,328	Cash	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support

Other Private: Volunteers	\$4,588	In-kind	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Funding			
Grantee/Project Sponsor/Subrecipient (Agency) Cash	\$36,822	Cash	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	\$60,206		
TOTAL (Sum of all Rows)	\$2,798,044		

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

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	25,945
2.	Resident Rent Payments made directly to HOPWA Program	23,563
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	49,508

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

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

Program Income and Resident Rent Payment Expended on HOPWA programs		Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	10,888
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	38,620
3.	Total Program Income Expended (Sum of Rows 1 and 2)	49,508

End of PART 2

PART 3: Accomplishment Data Planned Goal and Actual Outputs

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

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

1. HOPWA Performance Planned Goal and Actual Outputs

HOPWA Performance Planned Goal and Actual		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
HOPWA Housing Subsidy Assistance		[1] Output: Households				[2] Output: Funding	
1.	Tenant-Based Rental Assistance	120	150			623,550	551,363
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)	100	98	50	63	45,250	235,512
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served)	50	112			431,322	125,790
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)					0	0
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)					0	0
4.	Short-Term Rent, Mortgage and Utility Assistance	165	125			466,703	267,465
5.	Permanent Housing Placement Services	41	59			101,800	33,122
6.	Adjustments for duplication (subtract)		24				
7.	Total HOPWA Housing Subsidy Assistance (Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)	476	520	50	63	1,668,625	1,213,252
Housing Development (Construction and Stewardship of facility based housing)		[1] Output: Housing Units				[2] Output: Funding	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)	0	0	0	0	0	0
9.	Stewardship Units subject to 3 or 10 year use agreements	0	0				
10.	Total Housing Developed (Sum of Rows 8 & 9)	0	0	0	0	0	0
Supportive Services		[1] Output Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance	906	763			770,837	765,810
11b.	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.	0	0			0	0
12.	Adjustment for duplication (subtract)	0	0			0	0
13.	Total Supportive Services (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.)	906	763			770,837	765,810
Housing Information Services		[1] Output Households				[2] Output: Funding	
14.	Housing Information Services	60	55			20,000	20,762
15.	Total Housing Information Services	60	55			20,000	20,762

Grant Administration and Other Activities		[1] Output Households				[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources					0	0
17.	Technical Assistance (if approved in grant agreement)					0	0
18.	Grantee Administration (maximum 3% of total HOPWA grant)					58,931	48,681
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					181,545	129,232
20.	Total Grant Administration and Other Activities (Sum of Rows 17 – 20)					240,476	177,913
Total Expended						[2] Outputs: HOPWA Funds Expended	
						Budget	Actual
21.	Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)					2,699,938	2,177,737

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		
2.	Alcohol and drug abuse services	91	14,392
3.	Case management	754	664,939
4.	Child care and other child services		
5.	Education		
6.	Employment assistance and training		
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
8.	Legal services	40	8,434
9.	Life skills management (outside of case management)	50	2,500
10.	Meals/nutritional services	281	36,885
11.	Mental health services	166	9,160
12.	Outreach		
13.	Transportation	371	25,719
14.	Other Activity (if approved in grant agreement). Specify: education, glasses, ID, driver license, furniture, S+C Support	15	781
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	1,768	
16.	Adjustment for Duplication (subtract)	1,005	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	763	\$762,810

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

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

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

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

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of <u>Households</u> Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	125	\$267,465
b.	<u>Of the total STRMU reported on Row a.</u> , total who received assistance with mortgage costs ONLY.	4	\$1,886
c.	<u>Of the total STRMU reported on Row a.</u> , total who received assistance with mortgage and utility costs.	3	\$1,949
d.	<u>Of the total STRMU reported on Row a.</u> , total who received assistance with rental costs ONLY.	49	\$43,401
e.	<u>Of the total STRMU reported on Row a.</u> , total who received assistance with rental and utility costs.	39	\$48,934
f.	<u>Of the total STRMU reported on Row a.</u> , total who received assistance with utility costs ONLY.	30	\$11,190
g.	Direct program delivery costs (e.g., program operations staff time)		\$160,105*

*The State's Project Sponsors billed staff costs directly to STRMU this year. GHFA management worked with Collaborative Solutions in November of last year to provide TA to sponsors, and staff updated financial documents in order to implement a process for agencies to reimburse these costs under STRMU.

End of PART 3

Part 4: Summary of Performance Outcomes

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

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

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

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

A. Permanent Housing Subsidy Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Tenant-Based Rental Assistance	150	74	1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing	5	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	37	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	31*	
			5 Other Subsidy	1	
			6 Institution		<i>Unstable Arrangements</i>
			7 Jail/Prison		
			8 Disconnected/Unknown		
			9 Death	2	<i>Life Event</i>
Permanent Supportive Housing Facilities/ Units	98	21	1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing	11	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	15	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	33*	
			5 Other Subsidy	6	
			6 Institution	1	<i>Unstable Arrangements</i>
			7 Jail/Prison		
			8 Disconnected/Unknown	11	
			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
Transitional/ Short-Term Housing Facilities/ Units	112	31	1 Emergency Shelter/Streets	4	<i>Unstable Arrangements</i>
			2 Temporary Housing	17	<i>Temporarily Stable with Reduced Risk of Homelessness</i>
			3 Private Housing	20	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	6	
			5 Other Subsidy	24	
			6 Institution	3	<i>Unstable Arrangements</i>
			7 Jail/Prison	7	
			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	0
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Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Housing Subsidy Assistance)

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

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

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

At the bottom of the chart:

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

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

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

Assessment of Households that Received STRMU Assistance

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
125	Maintain Private Housing without subsidy <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	60	<i>Stable/Permanent Housing (PH)</i>
	Other Private Housing without subsidy <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>	16	
	Other HOPWA Housing Subsidy Assistance	9	
	Other Housing Subsidy (PH)	1	
	Institution <i>(e.g. residential and long-term care)</i>		
	Likely that additional STRMU is needed to maintain current housing arrangements	34	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	Transitional Facilities/Short-term <i>(e.g. temporary or transitional arrangement)</i>		
	Temporary/Non-Permanent Housing arrangement <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>	3	
	Emergency Shelter/street	1	<i>Unstable Arrangements</i>
	Jail/Prison		
	Disconnected		
	Death	1	<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).			17
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).			11

*During this reporting period, Central City AIDS Network closed out their HOPWA program in Macon, GA. For this agency, this program closed down (9/30/13), and the FY 2012 grant term was extended to October 2013. Clients reported by this Sponsor were served through September 2013 (3 months into this reporting period). When Central City missed one of the application deadlines, the State sought out another agency in Macon (River Edge Behavioral Health) that was eligible to apply for funds (to implement a HOPWA program). River Edge’s ability to implement the HOPWA program in Macon provided a critical service to clients that were currently being served by the other sponsor, and the result of clients moving from one sponsor to another is why the number of clients reported as exiting to “Other HOPWA Housing Stability Assistance” is so high for TBRA and Permanent Facility-based Housing.

Section 3. HOPWA Outcomes on Access to Care and Support

1a. Total Number of Households

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

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

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

Total Number of Households	
1. For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance: 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	520
b. Case Management	754
c. Adjustment for duplication (subtraction)	520
d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)	754
2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	N/A
b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance	N/A

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.

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:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	647 (85.8%)	N/A	<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)	718 (95.2%)	N/A	<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	663 (87.9%)	N/A	<i>Access to Health Care</i>
4. Accessed and maintained medical insurance/assistance	646 (85.7%)	N/A	<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income	617 (81.8%)	N/A	<i>Sources of Income</i>

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

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

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

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

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

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

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

Categories of Services Accessed	[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	56	N/A

End of PART 4

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

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

Permanent Housing Subsidy Assistance	Stable Housing (# of households remaining in program plus 3+4+5+6)	Temporary Housing (2)	Unstable Arrangements (1+7+8)	Life Event (9)
Tenant-Based Rental Assistance (TBRA)	143	5	0	2
Permanent Facility-based Housing Assistance/Units	76	11	11	0
Transitional/Short-Term Facility-based Housing Assistance/Units	84	17	11	0
Total Permanent HOPWA Housing Subsidy Assistance	303	33	22	2
Reduced Risk of Homelessness: Short-Term Assistance	Stable Housing	Temporarily Stable, with Reduced Risk of Homelessness	Unstable Arrangements	Life Event
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)	86	37	1	1
Total HOPWA Housing Subsidy Assistance	389	70	23	3

Background on HOPWA Housing Stability Codes

Stable Permanent Housing/Ongoing Participation

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

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

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

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

Temporary Housing

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

Unstable Arrangements

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

7 = Jail /prison.

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

Life Event

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

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

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

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

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

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

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

End of PART 5

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report <i>From (mm/dd/yy) To (mm/dd/yy)</i> <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 N/A – both project sponsors that completed HOPWA funded development projects (Central City AIDS Network, Inc. and Union Mission, Inc.) provided HOPWA funded housing &/or services in the facilities that received HOPWA funded development funds. Development projects were completed 14 and 15 years ago (respectively).	Date Facility Began Operations (mm/dd/yy)

2. Number of Units and Non-HOPWA Expenditures

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

3. Details of Project Site

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

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

<i>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 <i>(person who can answer questions about the report and program)</i>	Contact Phone (with area code)

End of PART 6

Part 7: Summary Overview of Grant Activities

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

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

Section 1. HOPWA-Eligible Individuals who Received HOPWA Housing Subsidy Assistance

a. Total HOPWA Eligible Individuals Living with HIV/AIDS

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

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	520

Chart b. Prior Living Situation

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

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

Category	Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1. Continuing to receive HOPWA support from the prior operating year	192
New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year	
2. Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	18
3. Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	39
4. Transitional housing for homeless persons	17
5. Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	74
6. Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	11
7. Psychiatric hospital or other psychiatric facility	2
8. Substance abuse treatment facility or detox center	3
9. Hospital (non-psychiatric facility)	4
10. Foster care home or foster care group home	1
11. Jail, prison or juvenile detention facility	6
12. Rented room, apartment, or house	142
13. House you own	10
14. Staying or living in someone else’s (family and friends) room, apartment, or house	66
15. Hotel or motel paid for without emergency shelter voucher	7
16. Other	1
17. Don’t Know or Refused	1
18. TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	520

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	17	50

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.)	520
2. Number of ALL other persons diagnosed as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	16
3. Number of ALL other persons NOT diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy	268
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)	804

b. Age and Gender

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

HOPWA Eligible Individuals (Chart a, Row 1)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18	1	0			1
2.	18 to 30 years	55	23	1		79
3.	31 to 50 years	186	131	7		324
4.	51 years and Older	71	45			116
5.	Subtotal (Sum of Rows 1-4)	313	199	8	0	520
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	93	80			173
7.	18 to 30 years	27	23			50
8.	31 to 50 years	31	11			42
9.	51 years and Older	4	15			19
10.	Subtotal (Sum of Rows 6-9)	155	129	0	0	284
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	468	328	8	0	804

c. Race and Ethnicity*

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

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a., Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a., Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native				
2.	Asian				
3.	Black/African American	404	2	231	3
4.	Native Hawaiian/Other Pacific Islander				
5.	White	98	8	43	7
6.	American Indian/Alaskan Native & White	2			
7.	Asian & White				
8.	Black/African American & White	2		3	
9.	American Indian/Alaskan Native & Black/African American	1			
10.	Other Multi-Racial	13	5	7	6
11.	Column Totals (Sum of Rows 1-10)	520	15	284	16

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 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)	336
2.	31-50% of area median income (very low)	147
3.	51-80% of area median income (low)	37
4.	Total (Sum of Rows 1-3)	520

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)

Central City AIDS Network, 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:
<input type="checkbox"/> New construction	\$ N/A	\$ N/A	Rainbow Center
<input type="checkbox"/> Rehabilitation	\$ N/A	\$ N/A	Type of Facility [Check <u>only one</u> box.] <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"/> Acquisition	\$ N/A	\$ N/A	
<input checked="" type="checkbox"/> Operating	\$39,132	\$0	
a. Purchase/lease of property:			
b. Rehabilitation/Construction Dates:			Date started: 4/1/1996 Date Completed: 4/1/2000
c. Operation dates:			Date residents began to occupy: 4/1/1996 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 7/1/1991 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 40 Total Units = 40
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			Same address
h. Is the address of the project site confidential?			<input type="checkbox"/> Yes, protect information; do not publish list <input checked="" type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	2
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: Central City AIDS Network, 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
a.	Single room occupancy dwelling					
b.	Community residence	40				
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	63	39,132
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.)	63	\$39,132

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)

Union Mission, 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:
<input type="checkbox"/> New construction	\$ N/A	\$ N/A	Phoenix Project
<input type="checkbox"/> Rehabilitation	\$ N/A	\$ N/A	
<input type="checkbox"/> Acquisition	\$ N/A	\$ N/A	
<input checked="" type="checkbox"/> Operating	\$73,406	\$0	
			Type of Facility [Check <u>only one</u> box.]
			<input checked="" type="checkbox"/> Permanent housing
			<input type="checkbox"/> Short-term Shelter or Transitional housing
			<input type="checkbox"/> Supportive services only facility
a.	Purchase/lease of property:		Date (mm/dd/yy): 4/10/1993
b.	Rehabilitation/Construction Dates:		Date started: N/A Date Completed: N/A
c.	Operation dates:		Date residents began to occupy: 4/10/1993 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 4/10/1993 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 10 Total Units = 10
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		525 East 34 th Street; Savannah, GA 31401
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input checked="" 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	10	10	10	10
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: Union Mission, 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
a.	Single room occupancy dwelling					
b.	Community residence		10			
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	20	73,406
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.)	20	73,406

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)

Comprehensive AIDS Resource Encounter, Inc.

2. Capital Development

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

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

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

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	13	0	4
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: Comprehensive AIDS Resource Encounter, Inc.

Type of housing facility operated by the project sponsor/subrecipient	Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units		13				
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		
c. Project-Based Rental Assistance (PBRA) or other leased units		
d. Other Activity (if approved in grant agreement) <u>Specify:</u> S+C Support (pesticide treatment, move-in costs, furniture for move-in, services)	15	13,252
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	15	13,252

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)

AIDS Athens, Inc.

2. Capital Development

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

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

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

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed				
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: AIDS Athens, 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	7					
b. Community residence						
c. Project-based rental assistance units or leased units		6	1		1	
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	41	67,338
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	8	27,851
d. Other Activity (if approved in grant agreement) <u>Specify:</u>		
e. Adjustment to eliminate duplication (subtract)	1	
f. TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	48	95,189

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)

Comprehensive AIDS Resource Encounter, Inc.

2. Capital Development

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

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

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

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed				
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: Comprehensive AIDS Resource Encounter, 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
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units	3				
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	3	1,443
b.	Operating Costs		
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.)	3	1,443

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)

Lowndes County Board of Health (a/k/a South Health District 8-1)

2. Capital Development

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

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

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

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed				
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: Lowndes County Board of Health (a/k/a South Health District 8-1)

Type of housing facility operated by the project sponsor/subrecipient		Total Number of <u>Units</u> 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
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units	11				
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	11	16,466
b.	Operating Costs		
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.)	11	16,466

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)

River Edge Community Service Board (a/k/a River Edge Behavioral Health)

2. Capital Development

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

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

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

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed				
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: River Edge Behavioral Health

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
a.	Single room occupancy dwelling					
b.	Community residence	31				
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	50	122,414
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.)	50	122,414