**ESTADO DE ALABAMA  
RENDIMIENTO Anuales Consolidadas e Informe EVALUACIÓN  
PROGRAMA DE AÑO 2011**

PARTE I: SITUACIÓN FINANCIERA Y LOS INFORMES NACIONALES OBJETIVO  
  
De acuerdo con el HUD Aviso CPD-11-03 [Requisitos de información para el desempeño del Estado y el Informe de Evaluación (PER)] y efectiva con el PER 2011, el Estado de Alabama presenta la situación financiera y la información objetiva nacional en la forma de la PR28 (ver páginas siguientes). Cualquiera y todos los ajustes se explican en PR28-A.  
  
Asimismo, de acuerdo con el Aviso de CPD-11-03, el Estado de Alabama sigue el formato y el método utilizado para presentar la situación financiera y los datos nacionales de informe objetivo de las subvenciones existentes anteriores, es decir, todas las subvenciones que no sean abiertas el año fiscal 2011. Información de la actividad detallada de cada subvención abierto se pueden encontrar en el Informe del Estado del Programa CDBG Resumen de la actividad (IDIS PR28) Informe sobre el Departamento de Alabama de Economía y Asuntos de la Comunidad web (www.adeca.alabama.gov/CDBG/).

**Por favor, consulte  
los archivos PDF que tengan derecho  
  
PR28  
Rendimiento y el Informe de Evaluación  
  
y  
  
PR28-A  
Explicaciones de ajuste**

|  |  |
| --- | --- |
| State | **ALABAMA** |
| Reporting Period FY | **FY10** |
| Grant Number | **B 10 DC 01 0001** |
| Data as of: | **3/31/2012** |
| **1. Financial Status** | |
| A: Total Funds |  |
| (1) Allocation | $28,171,248.00 |
| (2) Program Income | $0.00 |
| B: Amount Obligated to Recipients | $26,729,644.09 |
| C: Amount Drawn Down | $13,580,296.37 |
| D: Amount for State Administration | $663,424.00 |
| E: Technical Assistance | $281,712.00 |
| F: Section 108 Loan Guarantee Payments | $0.00 |
|  | |
| **2. National Objectives** | |
| A: Period Specified for Benefit (Fiscal Year to Fiscal Year) | **FY10 to FY10** |
| B: Amount used to: |  |
| (1) Benefit Low/Moderate Income Persons | $24,701,957.58 |
| (2) Prevent/Eliminate Slums/Blight | $0.00 |
| (3) Meet Urgent Needs | $0.00 |
| (4) Acquisition/Rehab Non-countable Dollars | $0.00 |
| (5) Local Administration | $2,027,686.51 |
| **Total** | $26,729,644.09 |

|  |  |
| --- | --- |
| State | **ALABAMA** |
| Reporting Period FY | **FY09** |
| Grant Number | **B 09 DC 01 0001** |
| Data as of: | **3/31/2012** |
| **1. Financial Status** | |
| A: Total Funds |  |
| (1) Allocation | $26,411,515.00 |
| (2) Program Income | $5,279.90 |
| B: Amount Obligated to Recipients | $25,382,716.94 |
| C: Amount Drawn Down | $26,411,515.00 |
| D: Amount for State Administration | $628,230.00 |
| E: Technical Assistance | $264,115.00 |
| F: Section 108 Loan Guarantee Payments | $5,279.90 |
|  | |
| **2. National Objectives** | |
| A: Period Specified for Benefit (Fiscal Year to Fiscal Year) | **FY09 to FY09** |
| B: Amount used to: |  |
| (1) Benefit Low/Moderate Income Persons | $22,835,177.89 |
| (2) Prevent/Eliminate Slums/Blight | $661,878.34 |
| (3) Meet Urgent Needs | $0.00 |
| (4) Acquisition/Rehab Non-countable Dollars | $0.00 |
| (5) Local Administration | $1,885,660.71 |
| **Total** | $25,382,716.94 |

|  |  |
| --- | --- |
| State | **ALABAMA** |
| Reporting Period FY | **FY08** |
| Grant Number | **B 08 DC 01 0001** |
| Data as of: | **3/31/2012** |
| **1. Financial Status** | |
| A: Total Funds |  |
| (1) Allocation | $25,983,873.00 |
| (2) Program Income | $467,854.89 |
| B: Amount Obligated to Recipients | $25,012,721.67 |
| C: Amount Drawn Down | $25,983,873.00 |
| D: Amount for State Administration | $690,180.40 |
| E: Technical Assistance | $189,334.60 |
| F: Section 108 Loan Guarantee Payments | $467,854.89 |
|  | |
| **2. National Objectives** | |
| A: Period Specified for Benefit (Fiscal Year to Fiscal Year) | **FY08 to FY08** |
| B: Amount used to: |  |
| (1) Benefit Low/Moderate Income Persons | $22,642,315.16 |
| (2) Prevent/Eliminate Slums/Blight | $411,533.11 |
| (3) Meet Urgent Needs | $0.00 |
| (4) Acquisition/Rehab Non-countable Dollars | $0.00 |
| (5) Local Administration | $1,958,873.40 |
| **Total** | $25,012,721.67 |

|  |  |
| --- | --- |
| State | **ALABAMA** |
| Reporting Period FY | **FY07** |
| Grant Number | **B 07 DC 01 0001** |
| Data as of: | **3/31/2012** |
| **1. Financial Status** | |
| A: Total Funds |  |
| (1) Allocation | $26,001,120.00 |
| (2) Program Income | $1,422,455.26 |
| B: Amount Obligated to Recipients | $24,747,633.82 |
| C: Amount Drawn Down | $26,001,120.00 |
| D: Amount for State Administration | $670,033.00 |
| E: Technical Assistance | $210,000.00 |
| F: Section 108 Loan Guarantee Payments | $1,567,409.11 |
|  | |
| **2. National Objectives** | |
| A: Period Specified for Benefit (Fiscal Year to Fiscal Year) | **FY07 to FY07** |
| B: Amount used to: |  |
| (1) Benefit Low/Moderate Income Persons | $21,200,829.85 |
| (2) Prevent/Eliminate Slums/Blight | $1,544,800.59 |
| (3) Meet Urgent Needs | $0.00 |
| (4) Acquisition/Rehab Non-countable Dollars | $0.00 |
| (5) Local Administration | $2,002,003.38 |
| **Total** | $24,747,633.82 |

**PARTE II: REQUISITOS DE NARRATIVA**

**A.** **Requisitos legales de la sección 104 (e)**

# 1) RELACIÓN DE LA UTILIZACIÓN DE LOS FONDOS A LOS OBJETIVOS DEL ESTADO

Todas las actividades financiadas en virtud del Pequeño del Estado de las Ciudades del Programa CDBG se han reunido al menos uno de los objetivos nacionales del programa y, a menudo objetivo de más de uno. Los objetivos nacionales del programa son: (1) para beneficiar a las personas principalmente de bajos y moderados ingresos, (2) para ayudar en la prevención o eliminación de los tugurios y tizón, y (3) para satisfacer otras necesidades de desarrollo de la comunidad que tiene una urgencia particular donde las condiciones existentes constituyen una amenaza grave e inmediato para la salud o el bienestar de la comunidad y otros recursos financieros no están disponibles para satisfacer esa necesidad.  
  
Casi todos los proyectos del Estado CDBG financiado hasta el momento han cumplido el primer objetivo de beneficiar principalmente a personas de bajos y moderados ingresos. Entre las pocas excepciones a esta son algunas subvenciones de planificación que fueron financiados sobre la base de "ayudar en la prevención o eliminación de los tugurios y tizón". Cuando se justifique, los proyectos fueron financiados sobre la base de la eliminación de las condiciones que plantean una "amenaza grave e inmediato para la salud o el bienestar de la comunidad". La idea central del programa se mantiene enfocada en beneficiar a las personas de bajos y medianos ingresos, a pesar de que muchos de los proyectos financiados por cumplir otros objetivos nacionales, así. Documentación que compruebe el cumplimiento de uno de los objetivos nacionales se requiere como parte del proceso de solicitud.  
  
En la página 177 del Plan de Estratégico de 3-5 en el Plan 2010 Consolidado, el Estado expuso las metas en las áreas de desarrollo económico, proyectos de agua, proyectos de alcantarillado, carreteras y obras de drenaje y la rehabilitación de viviendas. Los PY2011 metas anuales establecidas en el Plan Consolidado 2011 se alcanzaron o superaron en todas las áreas

***Creación de empleo:***

*Meta:* 10 Proyectos de Desarrollo Económico  
 *Logros:* Once (11) proyectos de desarrollo económico se han financiado, el logro del objetivo. La asistencia proporcionada a la infraestructura de 13 empresas durante PY2011 va a crear y / o mantener 736 puestos de trabajo.

Agua:

*Meta:* 10 proyectos *Logros:* Once (11) proyectos de agua se han financiado.

Alcantarilla:

*Meta:* 15 proyectos  
 *Logros:* Veintiún (21) proyectos de alcantarillado se han financiado, bien superior a la meta.

Los caminos y drenaje:  
  
Meta: 8 proyectos  
  
Logros: Ocho (8) de carreteras y obras de drenaje se han financiado.

Roads and Drainage:

Rehabilitación de Viviendas:

*Objetivo:* 2 proyectos *Logros:* Dos (2) proyectos de rehabilitación de viviendas financiadasGoal: 2 projects.

Durante el año del programa de 2011, 21 familias de bajos y medianos ingresos fueron atendidos por las actividades de rehabilitación de vivienda cuya elegibilidad está determinada por el ingreso. De estas 21 viviendas, 7 (33%) eran de muy bajos ingresos, 8 (38%) fueron de bajos ingresos, y 6 (29%) fueron moderados ingresos. Parece que el programa está funcionando bien en el servicio a todos los estratos de sus beneficiarios de bajos y moderados ingresos. Véase el Apéndice A para obtener detalles adicionales.  
  
De acuerdo con el 7 de marzo de 2006, Notificación del Registro Federal titulado "Aviso de Sistema de Medición de Resultados de rendimiento de Planificación y Desarrollo Comunitario Programas de Fórmula Grant", el Estado de Alabama está informando los objetivos individuales de subvención y los resultados en el Sistema Integrado de HUD de Desembolso y la Información (IDIS ). Estos objetivos y los resultados están disponibles en el Informe del Estado del Programa CDBG Resumen de la actividad (IDIS PR28 Informe).  
  
Durante el período que se examina, 8 proyectos de desarrollo económico se completaron ayudar a 11 empresas, la creación o conservación de 747 puestos de trabajo. Los siguientes proyectos se completaron también durante este período: 20 proyectos de alcantarillado, 16 proyectos de agua, 5 de carreteras y obras de drenaje, y 6 proyectos de planificación. Además, 5 proyectos con múltiples actividades también se completaron durante este período. Uno de estos proyectos múltiples de la actividad fue un proyecto integral que incluía la rehabilitación de vivienda como la actividad primaria. El Fondo de Mejora de la comunidad permitió la realización de 15 adicionales "otras instalaciones públicas" proyectos que incluían centros de ancianos y centros comunitarios.  
  
2) CAMBIOS EN OBJETIVOS DEL PROGRAMA  
  
Históricamente, el Estado ha cumplido con su programa de CDBG y ejecutado pocos ajustes de año en año. La propuesta de 2011 del Plan Consolidado y Plan de Acción PY2011 retenido los cambios que se iniciaron en el año del programa de 2010. Algunos de estos cambios se referían a una nueva categoría de fondos (fondo de la ciudad muy pequeña), la solicitud de calificación / sistema de puntuación, los umbrales de aplicación, y las contribuciones correspondientes.  
  
Sin embargo, las declaraciones recibidas durante el período de comentario público indicó que no todos estos cambios fueron bien recibidos por completo para un segundo año del programa. Por lo tanto, en base a los comentarios públicos, el fondo de la ciudad muy pequeña ha sido eliminado y su asignación propuesta fue redistribuido. Además, en PY2011 ciudades y condados elegibles para solicitar fondos de mejora competitiva y la Comunidad se limita a una sola solicitud de cualquiera de los dos fondos. Además, el costo / beneficio para la base de relación de todas las instalaciones públicas se redujo a $ 4.000.  
  
El proceso de clasificación / calificación para varios de los Fondos se cambió también se basa en los comentarios del público. Para los Fondos Concursables, puntos de bonificación y se eliminaron del partido local fue restituido. Con el Fondo de Mejoramiento de la Comunidad, el proceso de calificación se cambió de un proceso competitivo de 200 puntos a una "escala de 0-5" semi-competitivo proceso de calificación. Los fondos de planificación puntos de puntuación se han eliminado, eliminando así el carácter competitivo del fondo.  
  
Por último, ciudades y condados con las subvenciones abiertas (excepto para el Desarrollo Económico y Planificación del Fondo) al 31 de marzo de 2011, tuvo que sentarse a cabo el ciclo de financiamiento para el año fiscal 2011 todos los fondos excepto para el Desarrollo Económico.  
  
3) Cómo el Estado iba a cambiar su PROGRAMA  
  
Como se indicó anteriormente, el Estado consideró e hizo importantes cambios en su PY2011 Plan. El Estado sigue siendo particularmente interesados ​​en la creatividad, pero fiscalmente responsables maneras de estimular el desarrollo económico, así como más eficaces maneras de dirigir fondos adicionales para las zonas más desfavorecidas del Estado.  
  
Debido a los cambios de calificación / puntuación incorporados en el año 2008, las comunidades que antes se sentían privados de sus derechos estaban de hecho en condiciones de competir. Cambios adicionales en el proceso de calificación / puntuación en el año 2011 continuará ayudando a las comunidades para competir.  
  
El programa de 2011 eliminó el fondo de ciudades muy pequeñas; redistribuir los fondos; reintegrado del partido local, y revisó los sistemas de puntuación y clasificación de varios fondos. Estos cambios, implementadas como resultado de los comentarios del público, deben permitir a las comunidades más necesitadas y / o un rango más amplio de proyectos para competir sin demasiado sacrificio de los objetivos originales.  
  
4) Las observaciones recibidas de los ciudadanos PROGRAMA  
  
Durante la vida del programa, el Estado ha respondido a todas las observaciones recibidas y por lo general tomado medidas para ajustar las reglas del programa, cuando un número considerable de comentarios se recibieron en algún tema.  
  
La mayoría de los comentarios se reciben en o poco después de la audiencia pública anual de los planes de acción. Durante el período de comentarios públicos, el Estado recibió varios comentarios y sugerencias sobre el proyecto de Plan de Acción 2011 del Programa CDBG. En base a estos comentarios y sugerencias, el Estado modificó el Plan de Acción de CDBG y llevó a cabo otra audiencia pública y período de comentarios públicos. Comentarios y respuestas para el Plan de Acción PY2011 modificado se remite a HUD, marzo de 2011.  
  
El Estado de Alabama, consolidado anual sobre los resultados e Informe de Evaluación (CAPER) y el rendimiento de Estado de CDBG y el Informe de Evaluación (PER) para los fondos de PY2011 y años anteriores estaban hechas disponibles para su revisión y comentarios públicos en el sitio web de ADECA, www.adeca.alabama. gobierno, así como en la oficina de ADECA en Montgomery durante el período del 8 de junio de 2012, al 22 de junio de 2012. El público fue notificado de este período de comentarios a través de avisos públicos que se desarrolló en el 08 de junio 2012, los temas de El Montgomery Advertiser, The Birmingham News, The Huntsville Times, y The Mobile Register, así como un aviso publicado en el sitio web de ADECA. No hubo comentarios del público.

5) Programa de prestaciones a las personas de bajos y moderados  
  
Pequeñas Ciudades de Alabama programa CDBG es casi totalmente orientada a alcanzar el objetivo de beneficiar principalmente a personas de bajos y moderados ingresos. Hasta la fecha, casi el 89 por ciento de los fondos gastados 2011 se han ido hacia el objetivo nacional de ingresos bajos y moderados. Los beneficios generales de LMI superan con creces los requisitos del programa y un esfuerzo muy importante ha sido y continuará siendo hecho para utilizar los fondos de desarrollo económico en las zonas más pobres y menos desarrolladas del Estado cada vez que se presentan oportunidades razonables. Es particularmente cierto cuando el sistema de puntuación de los "competitivos" los programas se refiere.  
  
6) MEDIDAS ADICIONALES adoptadas por un Estado  
  
El Estado ha tomado medidas en los últimos años para hacer frente a varios de los problemas sociales derivados de la pobreza. El Estado ha dejado de responder a estas necesidades mediante la utilización de su Fondo de ED para ayudar en la creación de empleo para las personas de bajos y medianos ingresos durante los últimos años. El Estado ha utilizado su programa de origen para fomentar y mantener una vivienda asequible y para reducir la barrera principal a la vivienda asequible, que es la falta de ingresos adecuados por un gran porcentaje de la población. Estas acciones se explican con más detalle en el Informe del Programa HOME. El Estado ha trabajado para superar las deficiencias en las estructuras institucionales y fomentar la cooperación mediante la coordinación con el Departamento de Alabama de la Gestión Ambiental en todas las aplicaciones de agua y alcantarillado y por solicitar la opinión de otras agencias estatales y locales en la revisión de las solicitudes cuando sea apropiado.  
  
El Estado utiliza su programa para evaluar y reducir los riesgos de pintura a base de plomo mediante la aplicación de la siguiente política:  
  
Cualquier individuo u organización que solicita la asistencia en virtud de los programas federales con el propósito de la rehabilitación de viviendas unifamiliares o multifamiliares construidas antes de 1978 debe proporcionar la certificación de que la propiedad en cuestión está libre de peligros de pintura a base de plomo antes de que pueda ser ocupado o volvió a ocupar. La certificación debe ser realizada por un aprobado, autorizado con base de plomo compañía de pruebas de la pintura.  
  
Especialista del Estado de Rehabilitación de Viviendas proporciona una-a-uno de asistencia técnica, según sea necesario, a los beneficiarios con el fin de explicar las responsabilidades y requisitos que incumben a los beneficiarios de CDBG y otras de HUD o de los fondos federales. Además, el Departamento de Salud del Estado cuenta con un Sistema de Vigilancia de plomo para mantenerse al tanto de los niveles de plomo en la sangre que se encuentran en los niños de Alabama. El Estado seguirá trabajando diligentemente para cumplir con las regulaciones relativas a las cuestiones a base de plomo de la pintura.  
  
El Estado supervisa continuamente para asegurar el cumplimiento por los beneficiarios con todas las regulaciones aplicables, y tiene un proceso de planificación en curso para asegurar que los requisitos de HUD del Plan de Acción se cumplen. Todos los beneficiarios de los fondos del Plan de Acción son monitoreados al menos una vez durante el curso de la subvención y se controlarán de nuevo, si es necesario, para asegurar el cumplimiento con las leyes y regulaciones del programa. La información del monitoreo se mantiene en el sistema de información y se utiliza para desencadenar un seguimiento puntual y otras acciones de revisión del programa.  
  
El Estado utiliza su programa de infraestructura para ayudar a tratar la disfunción eréctil de las condiciones de pobreza en el Estado, la asignación de aproximadamente $ 4,7 millones en PY2011. En los últimos años, el Estado de Alabama ha sido muy exitoso en la atracción de los fabricantes de automóviles y sus plantas de proveedores respectivos. El programa CDBG sigue desempeñando un papel fundamental en esta iniciativa como lo demuestra la financiación de becas de desarrollo económico para los proveedores de automoción, que representan 75 de los nuevos puestos de trabajo creados a través de PY2011 financiación. La financiación de las subvenciones de desarrollo económico para PY2011 también incluye empresas tan diversas como las instalaciones de vida de alto nivel, un aserradero, una tienda de comestibles, un restaurante y una parada de camiones, entre otros. De especial interés es una subvención para el desarrollo económico de la Corporación VF ubicado en Hackleburg. Esta planta fue destruida la ropa durante un brote de tornados en abril de 2011. La Corporación VF decidió reconstruir en Hackleburg y, con la asistencia de la subvención para el desarrollo económico, será capaz de mantener 150 puestos de trabajo, así como crear otros 50 puestos de trabajo. El Estado tiene la capacidad de utilizar un fondo rotatorio de préstamos capitalizados por el Programa de CDBG o un programa de préstamos de flotador para proyectos de mayor envergadura. El Estado no ha hecho la Sección 108 préstamos debido a los problemas del pasado, pero los premios flote los préstamos cuando se asegura con las letras bancarias.  
  
7) DEL PROGRESO EN LA VIVIENDA ASEQUIBLE  
  
El Estado ha seguido avanzando en la provisión de vivienda asequible, tanto a través de la rehabilitación de CDBG y las actividades de vivienda del Programa HOME. Esto se trata en mayor profundidad en el informe de CASA.  
  
8) OTROS RECURSOS PÚBLICOS Y PRIVADOS  
  
El programa CDBG ha seguido atrayendo a otros recursos públicos y privados, como los fondos de desarrollo rural, fondos de ARC y los fondos locales del partido sobre todo en proyectos de agua y alcantarillado. El Fondo de Desarrollo Económico continúa aprovechando tanto partido para proyectos de infraestructura pública y privada del partido para los préstamos.  
  
El Alabama Housing Finance Authority tiene créditos fiscales apalancadas a través de su uso de los fondos de HOME y esto se recoge en el informe del Programa HOME.  
  
9) esfuerzos para llevar a cabo las actividades planificadas  
  
El Estado ha llevado a cabo todos los recursos indicados en el Plan de Acción, pero ha utilizado principalmente el programa para aprovechar los recursos de otros indicados anteriormente en virtud de otros recursos públicos y privados. El Estado ha firmado apagado en todas las certificaciones relativas a la coherencia con el Plan Consolidado de una manera justa e imparcial, y no ha obstaculizado la aplicación del Plan Consolidado de cualquier organización o gobierno local.  
  
10) AUTO EVALUACIÓN  
  
Por favor, vea el Apéndice C.

**B. RESUMEN DE LAS ACTIVIDADES Y RESULTADOS DE LA FINANCIACIÓN DE LA ASISTENCIA TÉCNICA**

Durante PY2011, el Estado llevó a cabo tres talleres con el dinero de asistencia técnica. Un taller de aplicación se llevó a cabo en abril de 2011 para todas las categorías de fondos CDBG. Los materiales de aplicación se distribuye y se explica en detalle. Un taller de cumplimiento para los candidatos seleccionados se llevó a cabo en noviembre de 2011. Las actualizaciones y revisiones fueron proporcionados durante el Taller, el manual de la aplicación está disponible en el sitio web de ADECA y se actualiza continuamente. Otro Taller de aplicación (por PY2012 donaciones) se celebró en febrero de 2012 para todas las categorías de fondos CDBG. Al igual que en años anteriores, los materiales de solicitud se distribuyeron y se explica en detalle. Además, los talleres especializados puede ser considerado como necesario. Otros planes incluyen la utilización continua y creciente de todos los medios de comunicación, incluyendo páginas de Internet.

**C. Cumplimiento de las leyes DERECHOS CIVILES** (antes PARTE III)

1) Información del Beneficiario

De acuerdo a los registros de ADECA, en PY2011 un total de 11 de los 61 se otorgaron a las comunidades minoritarias en el marco del programa de Alabama CDBG. Esto es aproximadamente el 18% de los condados no metropolitanos del Estado y los municipios que tienen al menos un 51% las poblaciones minoritarias identificadas por el Censo 2000 de Población y Vivienda. Otra forma de ver el desempeño en esta área es que aproximadamente el 16% de las jurisdicciones no habilitadas elegibles son en su mayoría afro-americana. El porcentaje de destinatarios que son las comunidades minoritarias ha superado esta cifra en todo menos en siete (7) años del programa del Estado.  
  
En el pasado, las subvenciones a las comunidades de minorías representaron el 14,52% de todas las subvenciones en el año 1992, 21,05% en 1993, 15,69% en 1994, 12,34% en 1995, un 16,8% en 1996, 15,74% en 1997, 18,50% en 1998, 18,05% en 1999, 26,32% en el año 2000, 22,08% en 2001, 10,00% en 2002, 14,13% en 2003, 16,87% en 2004, 36,26% en 2005 y 20,00% en 2006. Donaciones recientes a las comunidades minoritarias se reflejan en la tabla de abajo.

COMUNIDADES DE TERCEROS financiados: PY2007-2011

|  |  |  |  |
| --- | --- | --- | --- |
| año | financiado | Número de proyectos  financiado en las comunidades minoritarias | ciento de una minoría |
|  |  |  |  |
| 2007 | 81 | 17 | 20.99% |
| 2008 | 78 | 17 | 21.80% |
| 2009 | 82 | 18 | 21.69% |
| 2010 | 87 | 11 | 12.65% |
| 2011 | 61 | 11 | 18.04% |
|  |  |  |  |

Fuente: Estado de CDBG del rendimiento y el Informe de Evaluación, Alabama Departamento de Economía y Asuntos de la Comunidad, y el censo 2000 de Población y Vivienda.

De manera similar, aproximadamente el 45% de las personas asistidas en los últimos cinco (5) años en el marco del Programa CDBG del Estado han sido personas pertenecientes a minorías. El 11 de agosto de 2004, el gobernador Bob Riley, firmó una orden ejecutiva creando la Comisión de Cinturón Negro de acción para proponer y trabajar hacia soluciones de fondo que mejoren la calidad de vida en el Cinturón Negro de Alabama.  
  
   
El Cinturón Negro es una banda de doce condados en gran parte rurales que se extienden a través de la parte sur-central del estado. Desde hace tiempo se caracteriza por altos índices de pobreza, el analfabetismo de mortalidad infantil, y el estancamiento económico. ADECA propuso la creación del Fondo de Cinturón Negro Región en su Plan de Acción 2005, lo que representa a disposición de los $ 1.5 millones en fondos adicionales de fondos recuperados y otros para ayudar a los solicitantes.  
  
La siguiente tabla presenta una cuenta anual de los beneficiarios de las minorías en el Programa Estatal de CDBG.

Personas de la tercera asistencia en el marco ESTADO PROGRAMA DE CDBG:  
PY2007-PY2011

|  |  |  |  |
| --- | --- | --- | --- |
| YEAR | NUMERO  BENEFICIANADO | NUMERO  MINORIA | MINORIA  PORCIENTO |
|  |  |  |  |
| 2007 | 99,510 | 54,541 | 54.81% |
| 2008 | 47,626 | 16,881 | 35.45% |
| 2009 | 91,762 | 40,568 | 44.21% |
| 2010 | 64,782 | 25,131 | 38.80% |
| 2011 | 57,644 | 26,244 | 45.53% |
|  |  |  |  |
| TOTAL | 361,324 | 163,365 | 45.22% |

Fuente: Minority Report beneficiarios, el programa CDBG gestión de las subvenciones del sistema, Alabama Departamento de Asuntos Económicos y de la Comunidad.

2) el rendimiento de los receptores DERECHOS CIVILES  
  
De acuerdo a las regulaciones de HUD que rigen la administración del Estado del Community Development Block fondos de la subvención, a partir del diciembre de 1992, los Estados beneficiarios de las subvenciones del programa CDBG deben administrar sus programas de manera no discriminatoria. Las cinco áreas principales donde CDBG Civil el cumplimiento de los derechos es obligatoria son: (1) la provisión equitativa de servicios, beneficios, instalaciones y mejoras, (2) igualdad de oportunidades laborales, (3) igualdad de acceso a contrato de CDBG y oportunidades de negocio, (4) Sección 504 discapacitados, y el cumplimiento (5) con la legislación federal de Vivienda Justa.  
  
El Departamento de Alabama de Economía y Asuntos de la Comunidad utiliza varios métodos para verificar el cumplimiento con las leyes de derechos civiles y las órdenes ejecutivas en la administración de pequeñas ciudades de Alabama programa CDBG. En 2005, comenzó a exigir a ADECA todos los destinatarios del programa CDBG para presentar las respuestas a las preguntas detalladas en las áreas de igualdad de oportunidades laborales, los requisitos de la Sección 504 para discapacitados, y la equidad de vivienda como una condición que debe cumplirse antes de que los fondos podrían ser visitada por el destinatario. Todos los contratos suscritos por los beneficiarios de subvenciones se examinan para determinar si la acción afirmativa apropiada y las cláusulas de igualdad de oportunidades se han insertado. Además, los monitores del programa utilizan una lista de comprobación detallada para determinar el cumplimiento con las disposiciones de concesionario de los derechos civiles en la administración de sus respectivos programas. Esto incluye la supervisión de las áreas tales como los beneficios e impactos del programa, la contratación de receptor y prácticas de empleo, desplazamiento, gestión de contratos, vivienda justa, y la Sección 504 de accesibilidad para discapacitados. Por otra parte, una versión modificada del Formulario HUD 2516 se utiliza cada año para seguir la participación de las empresas calificadas propiedad de minorías y mujeres-en las oportunidades de negocio relacionadas con el programa CDBG en el ámbito local. Esta información se resume y se presenta anualmente a la oficina de HUD en Birmingham.  
  
Además, la aplicabilidad del artículo 3 oportunidades económicas para personas de bajos y muy bajos ingresos, se requiere por parte del Estado. Sección 3 de la Ley de Vivienda y Desarrollo Urbano de 1968 asegura que el empleo y otras oportunidades económicas generadas por cierta asistencia financiera de HUD será en la mayor medida de lo posible, y en consonancia con la actual federal, estatal y las leyes y reglamentos locales, se dirigió a la baja y mismas personas de bajos ingresos. Los beneficiarios de las subvenciones del Programa CDBG del PY1988 y años más tarde, que entró en los contratos después de junio 30 de 1994, están obligados a presentar informes sobre las actividades de la Sección 3 si el monto de la asistencia fue de más de $ 200,000. En el caso de los beneficiarios con el monto de la asistencia de más de $ 200.000, todos los contratistas y subcontratistas que participan con contratos superiores a $ 100.000 también debe desarrollar e implementar un programa de la Sección 3.  
  
Formulario HUD 60002 consta de tres partes que deben completarse para todos los programas incluidos en la Sección 3. La Parte I se refiere al empleo y la formación. Parte II se refiere a la contratación y la Parte III se resumen los esfuerzos de receptor para cumplir con la Sección 3. Este requisito de la Sección 3 es ahora una parte de la responsabilidad de supervisión de ADECA y se incluirán en el informe de ejecución / evaluación.  
  
En general, estos métodos de revisión se ha determinado que los beneficiarios del programa CDBG del Estado está tomando las medidas adecuadas para garantizar el cumplimiento de las leyes de derechos civiles y las disposiciones de la administración de sus programas. Además, se están haciendo progresos en el nivel local para promover afirmativamente a la igualdad de oportunidades y la no discriminación en todos los aspectos de la vida comunitaria.  
  
  
   
3) esfuerzos estatales y locales para promover afirmativamente EN FERIA  
VIVIENDA  
  
Los EE.UU. Departamento de Vivienda y Desarrollo Urbano (HUD) requiere que el Estado de Alabama, realizar un análisis para identificar los obstáculos (AI) a la elección de vivienda justa dentro del Estado. Asimismo, el Estado debe tomar las medidas adecuadas para superar los efectos de los obstáculos identificados a través de ese análisis. Durante PY2011, Alabama, revisó su nivel de AI Estado como parte de su proceso de Plan de Consolidación y encontró que la IA de estar en el cumplimiento de Equidad de Vivienda de HUD y las directrices de Igualdad de Oportunidades.  
  
ADECA exige que los beneficiarios de los fondos CDBG estatales para presentar un análisis de los impedimentos para la Elección de Vivienda Justa como una condición que debe cumplirse antes de que los fondos se puede acceder por el destinatario. Todos los beneficiarios de PY1995-PY2011 CDBG del programa han sido requerida a través de las Cartas de Compromiso condicional (LCC) que presente un análisis de Equidad de Vivienda de la Comunidad de ADECA para su revisión. A continuación se muestra un resumen de los resultados de las encuestas recibidas hasta la fecha, desarrollado por los locales de los beneficiarios del programa CDBG que recibieron PY2011 subvenciones.  
  
En el momento de la preparación del CAPER, el Estado había procesado 65 Análisis de impedimentos. Es alentador observar que 65 de las 65 jurisdicciones de presentación de informes en este momento tenía ordenanzas de vivienda justa o resoluciones de equidad de vivienda en su lugar. Los informes de esta información eran bastante reflexivo de la población del Estado. Ocho (8) de las jurisdicciones tenían menos de 5% de la población minoritaria, mientras que 13 tenían una población de minorías de más del 50%. Los restantes 44 tenían las poblaciones minoritarias que cayeron entre el 5 y el 50%. Cuarenta y seis (46) de las 65 jurisdicciones informaron de que tenían viviendas de protección oficial dentro de sus jurisdicciones y no hubo quejas de equidad de vivienda reportados durante PY2011. Los resultados también indicaron que 58 de las 65 jurisdicciones han establecido procedimientos para ayudar a las personas que tienen quejas de vivienda justa.  
De los informes de los condados, 14 cuentan con ordenanzas o resoluciones de equidad de vivienda y 10 tienen procedimientos establecidos para ayudar a las personas que tienen quejas de vivienda justa, aunque no se informó de las quejas del condado en los últimos cinco años. Todos los 14 condados reportaron algún tipo de asistencia para su vivienda dentro de sus jurisdicciones. Cuatro (4) de los 14 condados con una población minoritaria de 50% o más, 8 tenían las poblaciones minoritarias de 5-50%, y 2 de los condados tenían una población minoritaria de menos del 5%.  
Entre las ciudades pequeñas (con una población inferior a 3.000) de presentación de informes, los 22 tenía ordenanzas de vivienda justa o resoluciones, y 19 tenían procedimientos para ayudar a las personas que tenían quejas. Dieciocho (18) de las 22 jurisdicciones reportaron tener vivienda protegida en su lugar. No hubo quejas reportadas en PY2011. Cuatro (4) de estas ciudades tenían una población de minorías de 50% o más, catorce (14) tenían poblaciones minoritarias de 5-50%, y cuatro (4) tuvieron las poblaciones minoritarias de menos del 5%.  
De las grandes ciudades (población de 3.001 y más) que recibieron los fondos, los 29 no sólo tenía ordenanzas de vivienda justa o resoluciones, sino también todos los 29 tenían procedimientos para ayudar a las personas que tenían quejas. No hubo quejas reportadas durante PY2011. Cinco (5) de estas jurisdicciones tenían una población de minorías de 50% o más, veintidós (22) tenían poblaciones minoritarias de 5-50%, y dos (2) tenía una población minoritaria de menos del 5%.  
  
Para cada problema u obstáculo identificado en la encuesta, los beneficiarios se deberá elaborar un programa o calendario que enumera los cambios propuestos necesarias para corregir los problemas identificados, desarrollar un programa específico de acciones correctivas, y establecer un mecanismo de actualización de los análisis en un forma periódica. (Un resumen de los análisis de los impedimentos también se incluye como parte del Anexo B del Informe del Estado de Alabama de Vivienda Justa).  
  
  
4) acciones del Estado y los destinatarios a utilizar MINORÍAS Y  
Empresas propiedad de mujeres  
  
El Departamento de Alabama de Economía y Asuntos de la Comunidad anima a los beneficiarios de CDBG para ofrecer oportunidades de negocio siempre que sea posible a la minoría cualificada y los contratistas de las mujeres. Para ayudarle en esta tarea, ADECA ha participado en los talleres de MBE diversos en todo el Estado, ha publicado un folleto que describe cómo las empresas propiedad de minorías y mujeres, pueden aprovechar las oportunidades del programa CDBG, y responde regularmente a las consultas de las empresas interesadas minoritarios / mujer en busca de información en el programa de desarrollo comunitario. Además, el Estado proporciona a sus beneficiarios un mecanismo a través del cual los servicios del sistema informático basado en Alabama pequeños de Adquisiciones de negocios se puede utilizar para notificar a la minoría cualificada y propiedad de mujeres contratistas y otros pequeños negocios en el área del proyecto de la inminencia de las oportunidades de contratación del programa CDBG.  
  
En lo que respecta al volumen de MBE / WBE actividad, una versión modificada del Formulario HUD 2516 se utiliza para medir la cantidad en dólares de los contratos celebrados por las empresas de minorías y mujeres de propiedad en relación con el programa de Alabama CDBG. Durante el 1 de octubre de 2010 hasta el 30 de septiembre 2011 año del programa, un total de 303.285 dólares (1,2% del total) fue otorgado a los contratistas minoritarios y $ 2.455.682 (9,5% del total) se concedió a las mujeres de negocios de propiedad. Una presentación un poco más detallado en los cuadros que figuran en el Apéndice D. También se presentan en los cuadros adjuntos es la información sobre los premios Sección 3 del contrato.  
  
Con el fin de informar a las empresas MBE / WBE de las próximas actividades del proyecto, los administradores de la subvención enviar notificaciones de los servicios profesionales necesarios y los anuncios de licitación de la construcción de la oficina de ADECA de Negocios de las Minorías, a la pequeña Alabama Centro de Desarrollo de Negocios, y las empresas correspondientes que se encuentran en el Departamento de Alabama de las listas de Transporte de Desventaja empresa. Del mismo modo, los administradores de la subvención animar a los contratistas a contratar a personas de bajos y muy bajos ingresos, según sea necesario.  
  
La mayoría de los contratistas en proyectos de Alabama CDBG reportar haber llevado a cabo diversos esfuerzos para el empleo directo hacia la Sección 3 residentes (es decir, las personas de bajos y muy bajos ingresos) y / o la sección 3 empresas en las áreas del proyecto. Tales esfuerzos incluyen tratar de reclutar a residentes de bajos ingresos (a través de los medios de publicidad locales, señales de un lugar destacado en proyecto de sitio de trabajo, contratos con organizaciones comunitarias y las agencias privadas / públicas en el área del proyecto, o métodos similares), participando en otros programas de HUD o que promuevan la formación / empleo de los residentes de la Sección 3, participando en los programas de HUD o de otros que promueven la adjudicación de contratos a las preocupaciones de la Sección 3 de negocios, y / o la coordinación con los programas de YouthBuild.  
  
Si bien muchos contratistas intentan dirigir el empleo hacia los residentes de la Sección 3, algunos contratistas que se informe con todo el personal y, por tanto, no se están llevando a cabo entrevistas o contratación.  
  
  
5) La EEOC EEO-4 FORMULARIO  
  
EEOC EEO-4 los datos se mantienen en el Estado para cada agencia estatal que administra el programa.

Ciudades minoritarios financiados en PY2011

Akron Lanett

Atmore Livingston

Beatrice Mosses

Clio Tuskegee

Greensboro

Los condados de las minorías Financiado en PY2011

Hale County Sumter County

**ANEXO A  
  
  
HOGARES CON ASISTENCIA  
Community Development Block Grant PROGRAMA  
PY2011**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | RENTERS |  |  | OWNERS | TOTAL |
|  | RENTER | RENTER | RENTER | RENTER | RENTERS | OWNERS | TOTAL |
| Number of  Households  Assisted by  Income  Group | Elderly  1 & 2  Member  Households | Small  Related  (2 to 4) | Large  Related  (5 or more) | All  Other  Households | Total  Renters | Total  Existing  Homeowners | GRAND  TOTAL |
| Very Low  Income  (0–30% MFI) | 0 | 0 | 0 | 0 | 0 | 7 | 7 |
| Low  Income  (31-50% MFI) | 0 | 0 | 0 | 0 | 0 | 8 | 8 |
| Moderate  Income  (51-80% MFI) | 0 | 0 | 0 | 0 | 0 | 6 | 6 |
| Total  Low/Moderate  Income | 0 | 0 | 0 | 0 | 0 | 21 | 21 |

**ANEXO B**

**ESTADO DE ALABAMA  
PY2011 INFORME DE EQUIDAD DE VIVIENDA**

RESUMEN DEL ANÁLISIS DE LOS IMPEDIMENTOS  
  
El Estado ha desarrollado un análisis de los obstáculos para la Equidad de Vivienda como un compañero a su Plan Consolidado. Una copia se encuentra archivada en la oficina de ADECA en Montgomery. La siguiente información se ofrece un análisis actual de las barreras a la equidad de vivienda en el Estado e indica las acciones que el Estado ha adoptado o prevé adoptar durante el próximo año para hacer frente a esta área.  
  
Restricciones de Uso del Suelo  
  
Muchos de los municipios más pequeños de Alabama y la mayoría de sus ciudades más grandes restringir el uso de las propiedades dentro de sus jurisdicciones a los fines específicos a través del uso de las ordenanzas de zonificación. Con el fin de la propiedad que se utilizará para un fin distinto del que se divide en zonas, de un permiso de rezonificación se debe obtener por parte del gobierno de la ciudad. Lamentablemente, a veces sólo la evolución más caros pueden satisfacer las necesidades de algunos de zonificación de Alabama o de las leyes de uso del suelo. Además, en zona rural de Alabama, los requisitos de uso de la tierra y las barreras o impedimentos como la falta de infraestructura también afectan a la producción de viviendas asequibles. El costo de la infraestructura y la complejidad de las leyes y los reglamentos de zonificación muchas subdivisiones, son factores que hacen que los costes de desarrollo a ser altos en algunas de las zonas rurales de Alabama.  
  
Códigos de Construcción  
  
Estos códigos sirven para muchos propósitos valiosos, pero los códigos de construcción municipales y las normas mínimas de propiedad FHA a menudo se expresan en términos de especificaciones rígidas. Aun cuando las nuevas técnicas de construcción y las innovaciones arquitectónicas puede ser satisfactorio en términos de seguridad, confort, y otras normas medibles que no siempre están en cumplimiento, a menos que cumplan con las especificaciones estrictas. Además, la inconsistencia en la aplicación del código de construcción también genera gastos adicionales para los constructores en términos de retrasos en la construcción y rediseños costosos. Esto podría afectar los proyectos de construcción y rehabilitación en términos de costo para el propietario o inquilino.  
  
La ausencia de ordenamiento territorial  
  
Con la falta de regulaciones específicas de uso del suelo, usos de la tierra al azar y arbitraria a menudo se encuentran como autónomos casas móviles y casas prefabricadas que son, en muchos casos, deficiente. También hay muchos deficiente

unidades de vivienda ocupadas por inquilinos que podrían beneficiarse de programas de aplicación del código. Debido a la falta de regulación, los ocupantes de estas estructuras son la aplicación del código sin protección y permisiva, o la falta completa de los códigos, llegar a ser un desincentivo para la mejora de la vivienda asequible. Una parte importante de cualquier plan local de vivienda debe ser la eliminación de viviendas precarias que no pueden ser reparados. Mientras estas unidades deficientes siguen existiendo, algunas personas continúan residiendo en ellos.  
  
Crédito para el Medio Ambiente  
  
Opciones de préstamos se limitan a los ciudadanos de bajos y moderados ingresos de Alabama. Sigue siendo muy difícil calificar para un préstamo hipotecario sin una combinación de ingresos suficientes y una buena calificación crediticia. Los prestamistas permanecer en los cursos tradicionales. A pesar de las obligaciones de la Ley de Reinversión Comunitaria, que no es probable para satisfacer la creciente necesidad de financiación de viviendas asequibles.  
  
Temas de Equidad de Vivienda / Discriminación  
  
No hay ciudades y condados de Alabama han citado la discriminación como una barrera a la vivienda asequible. Sin embargo, la discriminación puede ser disfrazada dentro de las barreras más aceptables, tales como las altas tasas de alquiler, falta de disponibilidad de financiamiento hipotecario y / o las regulaciones restrictivas de uso del suelo. La discriminación en términos de no estar dispuesto a alquilar a familias puede ser un problema, pero el número exacto y la naturaleza de este problema es difícil de documentar.  
  
El "NIMBY" Síndrome de  
  
NIMBY (no en mi patio trasero) es una ocurrencia común a causa de una preocupación por una disminución en la percepción de valor de la propiedad. Algunas personas para ver la evolución de viviendas asequibles, tales como parques de casas móviles, apartamentos, y otros más bajos evolución de los costes previstos, como una amenaza.  
  
Patrones de propiedad de la tierra  
  
En gran parte de la Alabama rural, la tierra más adecuada es propiedad o está controlado por unos pocos propietarios o promotores. Estas personas por lo tanto, puede dictar el grado y tipo de actividad de la vivienda que se llevó a cabo en sus tierras. También pueden ser más selectivo en el tratamiento para asegurar la máxima rentabilidad, por lo general se oponen a las oportunidades de viviendas asequibles para los ciudadanos de menores ingresos. Además, los sitios de origen en la Alabama rural con frecuencia se venden en lotes de gran tamaño, lo que podría impedir que las personas con ingresos más bajos de la obtención de lotes sobre los que construir viviendas modestas. Con un menor número de nuevas viviendas que se construyen en las zonas rurales, hay un menor número de casas antiguas, pero adecuada en el mercado y disponibles para su ocupación.  
  
Costos asociados con el cumplimiento de la accesibilidad  
  
Las regulaciones gubernamentales para la vivienda de alquiler que requieren diseños de edificios que se deben modificar para dar cabida a personas con discapacidad y / o con base de plomo de pintura de cumplimiento están aumentando el costo de la rehabilitación de estructuras existentes y que afectan el mercado de la vivienda asequible.  
  
Los costos de protección contra incendios  
  
Debido a la falta de protección contra incendios en algunos condados rurales de Alabama, las tasas de seguro de propietario de vivienda son considerablemente más altos que en los municipios. Esto puede causar un aumento global en el costo de la vivienda en muchas zonas del Estado.  
  
Costos de Transporte  
  
Aunque no siempre es considerado como parte de la ecuación de la vivienda asequible, el costo y la disponibilidad de transporte para trabajar, ir de compras, y los servicios es un factor que influye en la elección de vivienda y la asequibilidad. El Estado revisa continuamente las opciones para utilizar los programas para ayudar a los costos de la dirección de transporte, tales como la financiación estratégica de mejoras de calles y caminos rurales, sistemas de tránsito, y la financiación de los estudios locales o regionales para mejorar el tránsito rural, económico.  
  
  
MEDIDAS ADOPTADAS EN 2011  
  
Durante PY2011, Alabama el Departamento de Asuntos Económicos y de la Comunidad mantuvo un enlace a la Oficina de Vivienda Justa e Igualdad de Oportunidades en su sitio web para facilitar el acceso del público a las cuestiones de FHEO. Además, a petición de ADECA, el Gobernador firmó una proclamación y emitió un comunicado de prensa la designación de abril 2011 como el Mes de Vivienda Justa. ADECA adoptó las siguientes medidas a la vivienda afirmativamente la feria: por correo y / o por correo electrónico copias de la Proclamación de Equidad de Vivienda del Gobernador Mes y versiones en inglés y en español del cartel Equitativa de Vivienda a más de 226 partes interesadas, más de 120 de los cuales eran de Alabama de Equidad de Vivienda empleados de la Autoridad; mantuvo su sitio web que incluye enlaces a la "Novedades" del sitio web de HUD.  
  
En relación con las actividades antes mencionadas, ADECA también envió un memorando sobre el tema de Equidad de Vivienda e Igualdad de Oportunidades para las mismas partes interesadas. El memorando identificado y un breve resumen de una variedad de diferentes leyes destinadas a proteger el derecho de cada individuo a la vivienda justa y de igualdad de oportunidades. Las leyes de resumen incluye el Título VIII de la Ley de Derechos Civiles de 1968 (Ley de Vivienda Justa), el Título VI de la Ley de Derechos Civiles de 1964, la Sección 504 de la Ley de Rehabilitación de 1973, la Sección 109 del Título I de la Vivienda y Desarrollo Comunitario de la Ley de 1974, la Sección 3 de la Vivienda y  
  
Ley de Desarrollo Urbano de 1968, la Ley de Discriminación por Edad de 1975, la Orden Ejecutiva 11063, la Orden Ejecutiva 11246, y los requisitos uniformes administrativos para subvenciones y acuerdos de cooperación para los gobiernos estatales y locales (Regla Común).  
  
El memorando también se incluye una lista de 10 acciones sugeridas de equidad de vivienda y actividades destinadas a prestar asistencia en el cumplimiento de los requisitos de la Ley de Vivienda Justa. Algunas de las sugerencias siguientes: emitir una proclamación de Vivienda Justa por el Mes de la ciudad, ciudad, provincia o región, proporcionar asesoría de vivienda para ayudar a las minorías encontrar una vivienda fuera de las zonas de concentración, y desarrollar un programa de asistencia para la vivienda justa.  
  
Desde 1995, el Estado ha obligado a los concesionarios para preparar análisis de Impedimentos (AI) como parte del proceso de satisfacción de la Carta de Compromiso condicional. Esto es necesario para las comunidades para completar antes de que reciban sus fondos de CDBG. Los concesionarios locales deben documentar que han llevado a cabo un Análisis de Impedimentos (AI) para identificar las acciones o estrategias para eliminar las barreras a la equidad de vivienda. Los datos apropiados son recogidos por los beneficiarios y es revisado por el Estado. Los ajustes necesarios se hacen a las estrategias o acciones necesarias para cumplir con las regulaciones estatales y federales en materia de vivienda justa.  
  
En la actualidad las acciones locales concesionario puede incluir, pero no se limitan a, los siguientes tipos de esfuerzo:  
  
1. Fomento de las juntas locales de agentes de bienes raíces para entrar en un acuerdo voluntario de comercialización afirmativa;  
  
2. El patrocinio de concursos de feria de vivienda de carteles, concursos de oratoria, escritura y concursos en la escuela durante el Mes de Vivienda Justa, y la visualización de Exposiciones de Equidad de Vivienda en los centros comerciales locales, ferias, u otros acontecimientos similares;  
  
3. Desarrollo y promoción de programas de información pública con los periódicos locales, estaciones de radio, etc, en relación con las opciones de vivienda justa en las comunidades locales;  
  
4. Promoción del uso de la consigna de Igualdad de Oportunidades de Vivienda y el logotipo en la sección de clasificados de periódicos locales;  
  
5. Aprobación de una Resolución de Equidad de Vivienda;  
  
6. Declaración del Mes de la Equidad de Vivienda;  
  
7. Exposición de Carteles de Equidad de Vivienda y / o información en los edificios públicos u otros lugares destacados.  
  
 Además, dos miembros del personal del programa CDBG asistió a una cumbre de los Derechos Civiles: Derechos de Equidad de Vivienda, Remedios y recursos patrocinados por la Oficina del Fiscal Federal para el Distrito Sur de Alabama en Mobile, Alabama, el 27 de abril de 2011. Los temas incluyeron la educación de Vivienda Justa y la ejecución, Asuntos Federales y Estatales Feria de la Vivienda y tendencias, y la perspectiva industria de la vivienda.  
  
Además, el Alabama Housing Finance Authority está documentando sus esfuerzos de marketing positiva en los procedimientos de revisión del desarrollo de viviendas multifamiliares y de préstamos como parte de su administración del Programa HOME.  
  
  
EFECTOS DE LAS MEDIDAS ADOPTADAS EN PY2011  
  
Como las partes precedentes de este informe han indicado, Alabama, está haciendo un esfuerzo consciente para asegurar las oportunidades de vivienda justa para todos sus ciudadanos. Desde la concepción y desarrollo del Estado del Plan Consolidado de Alabama, el Estado ha logrado avances sustanciales y mejoras. Se ha avanzado en el concepto de opciones para promover afirmativamente la vivienda justa en todo el Estado de Alabama. Los beneficiarios de CDBG del Estado están obligados a presentar un Análisis de Impedimentos (AI) para Elección de Vivienda Justa antes de recibir los fondos. La siguiente información se deriva de un resumen de los datos recibidos hasta ahora para el Año del Programa CDBG PY2011.  
  
En el momento de la preparación del CAPER, el Estado había procesado 65 El análisis de los impedimentos. De estos análisis, todos los 65 de estas jurisdicciones indicaron que contaban con resoluciones u ordenanzas de vivienda justa en su lugar. Los informes eran bastante representativos de la población del Estado. Ocho (8) de estas poblaciones minoritarias tenían de 5% o menos, de 44 años tenían una población minoritaria cuyo porcentaje fue de entre el 5% y 50%, y 13 tenían una población de minorías de más del 50%.  
  
Cuarenta y seis (46) de las 65 jurisdicciones informaron de que habían subvencionado la vivienda dentro de su comunidad, y no tengo quejas de equidad de vivienda se registraron en los últimos cinco años. Los resultados también indicaron que 58 de los 65 años tienen procedimientos establecidos para ayudar a las personas que tenían quejas de vivienda justa.  
  
La obtención de un fuerte apoyo y de amplia base para las acciones de equidad de vivienda es fundamental para el éxito a largo plazo de los esfuerzos del Estado para afirmativamente la vivienda justa. Los resultados de las encuestas devueltas por los beneficiarios indican que este apoyo al concepto que se está logrando.  
  
Los logros previstos en esta zona se describen en la siguiente sección.  
  
LOGROS PREVISTOS PARA PY2011  
  
El Estado de Alabama y el Departamento de Alabama de Economía y Asuntos de la Comunidad considera que la promoción y la provisión de oportunidades de vivienda para todos los ciudadanos como un objetivo que debe ser abordado con seriedad. Para promover el conocimiento de la equidad de vivienda y resolver los obstáculos a este objetivo, el Estado va a aprovechar las oportunidades que surgen, sobre todo en la administración de los programas de HUD financiados. El Estado trabajar hacia este objetivo y actuar de varias formas, como se indica en las siguientes secciones. Los enfoques y los logros previstos se enumeran a continuación.  
  
1. Legislativo - El Estado continuará trabajando con la legislatura y el HUD para ver que Alabama tiene una Ley de Vivienda Justa sustancialmente equivalentes.  
  
2. Educación - El Estado elaborará y distribuirá materiales para hacer que el público, los profesionales y los funcionarios electos más conscientes de los problemas en esta área y de maneras de abordar esos problemas, así como lo que la ley tiene que decir acerca de vivienda justa en general. Talleres y eventos del programa CDBG serán utilizados como oportunidades para impartir enseñanza sobre las oportunidades de vivienda para todas las personas.  
♣ Suministro de material de equidad de vivienda en el Taller de Cumplimiento  
♣ Suministro en la Audiencia Pública  
♣ Suministro en el Taller de Aplicación  
  
3. Relaciones Públicas - El Estado colaborará con los gobiernos locales para promover el Mes de Vivienda Justa y pedirá al gobernador a tomar medidas (cuando sea posible y adecuado) para promover el concepto, como la firma de un anuncio relativo a Mes de Vivienda Justa. El Estado, de vez en cuando, también utilizará otros foros, eventos y conferencias para promover el concepto, en particular, donde la vivienda y / o desarrollo de la comunidad están involucrados. El Estado pondrá en marcha varios procedimientos para satisfacer los requisitos del Plan de Acceso Lingüístico (LAP) para Limitado del Inglés (LEP) personas.  
♣ Publicación de los planes de acción del programa CDBG y enmiendas en español en el sitio web de ADECA  
♣ Inclusión de declaración sobre la participación de todos los anuncios publicados de los ciudadanos que los materiales están disponibles en español  
♣ La adición de los iconos de traducción al español, alemán, japonés y coreano en el sitio web de ADECA  
♣ El requisito de que todos los solicitantes o sub-beneficiarios llevar a cabo un análisis de cuatro factores antes de las audiencias públicas de publicidad para determinar la necesidad de ayuda con el idioma  
♣ El requisito de que las comunidades financiados por proporcionar una detallada LAP para la aprobación de ADECA durante Carta de la fase de compromiso condicional.  
   
4. La ejecución programática - En el ámbito de aplicación del programa, el Estado hará un seguimiento para ver las subvenciones que los beneficiarios han realizado y completado el análisis de los obstáculos a la equidad de vivienda y se han abordado las preocupaciones de equidad de vivienda.  
♣ Aproximadamente 86 visitas de supervisión a la que los esfuerzos de equidad de vivienda serán revisados.  
  
5. Asignación de Recursos - El Estado se esforzará para asignar los recursos de una manera que ofrezca oportunidades para todos los ciudadanos a elegir en la selección de la vivienda. Esto puede manifestarse en el apoyo a la vivienda dispersa el sitio, o en la prestación de asistencia para su vivienda en zonas que anteriormente no atendidas, siempre y cuando esto no se hace a expensas de zonas de extrema necesidad. La Comunidad de CDBG fondo para el aumento puede ser un vehículo útil a este respecto.  
♣ Suministro de actividades de apoyo a la vivienda en todo el Estado.  
  
6. Asignaciones Suplementarias - El Estado se ha involucrado en el Programa de Estabilización de Vecindarios (NSP), Community Development Block Grant - Recuperación (CDBG-R), y Prevención de Personas sin Hogar y el Programa de Realojamiento Rápido (HPRP). Estos programas se informará en los sistemas que varían según sea necesario por el HUD.

ANEXO C

**ESTADO DE ALABAMA  
PY2011 Autoanálisis**

Impacto sobre las necesidades  
  
El dinero recibido como resultado del programa de Community Development Block Grant, el programa de Inicio Inversiones Asociación, el programa de Refugio de Emergencia de subvención, y las Oportunidades de Vivienda para Personas con SIDA, el programa ha tenido un impacto significativo en las necesidades identificadas en el Estado de Plan Consolidado de Alabama. Community Development Block Grant fondos se han utilizado para ayudar a entre 3.000 y 8.000 personas al año adquieren agua potable y 2.000 a 5.000 personas por año obtener acceso a servicios adecuados de drenaje y alcantarillado. En algunos años, hasta dos mil personas han obtenido acceso a mejores calles o caminos a través de los programas. Además, los fondos Community Development Block Grant ayudó a proporcionar una vivienda decente, segura y sanitaria a miles durante el transcurso del programa.  
  
En algunos casos, los logros en un año determinado, palidecen en comparación con la magnitud de la necesidad o el problema en todo el Estado, pero el progreso es constante e importante. Esto es particularmente evidente en la batalla para abastecer de agua potable y vivienda digna. Se estima que decenas de miles de residentes del estado pueden todavía carecen de acceso a los sistemas públicos de agua, mientras que, como se indicó anteriormente, sólo unos pocos miles se puede ayudar en cualquier año dado. Existen disparidades similares entre las necesidades de vivienda y los recursos disponibles.  
  
El uso de los fondos de CDBG y otros fondos que se aprovechan, es de vital importancia para la salud y el bienestar de los ciudadanos del Estado. El uso de los fondos de HOME es, por supuesto, también es fundamental para la batalla para proporcionar alojamiento adecuado para los residentes del Estado. Además, es muy importante reconocer el papel desempeñado por los fondos de ESG y HOPWA para abordar de manera más completa la gama de necesidades de vivienda que existen en todo el Estado.  
  
Barreras a las estrategias  
  
Como se indicó anteriormente, los fondos del Plan consolidadas son pequeñas en comparación con las necesidades. Por lo tanto, el mayor impedimento para la aplicación de la estrategia del Estado es la falta de financiación suficiente. Para que un Estado tan pobre como Alabama, el recibo de fondos federales es esencial para abordar el desarrollo comunitario, desarrollo económico y las necesidades de vivienda. Estos fondos ayudan a atraer a otros fondos y, en el área de desarrollo económico, son de vital importancia. Como la economía del Estado crece, Alabama, será más capaz de aplicar sus propios recursos para atender las necesidades de vivienda y desarrollo comunitario de la  
ANEXO C  
  
Estado. Por lo tanto, el uso de estos fondos para fines de desarrollo económico puede tener un papel aún mayor en el futuro.  
  
Gastos oportuno de los fondos  
  
El Estado sigue trabajando duro para ver que se gastan los fondos lo más rápidamente posible. Beneficiarios de las subvenciones están obligados a presentar un detallado calendario de ejecución, como condición para recibir fondos. Esta es una parte de su Carta de Compromiso condicional que se requiere antes de los contratos de emisión. El gasto de fondos y liquidación de las subvenciones de edad son las condiciones de poder aplicar para la nueva financiación en el marco del programa de CDBG del Estado. Presentación de un calendario detallado es también una condición para recibir fondos del programa ESG. Esfuerzos como estos han mantenido el Estado en el buen camino para asegurar el gasto oportuno de los fondos del Plan de Acción.  
  
Objetivo de Logro  
  
Interacción continua con los ciudadanos, funcionarios electos y profesionales de desarrollo comunitario indica que los objetivos del Estado siguen siendo el blanco y son coherentes con las necesidades y deseos de las personas que residen en zonas no titularidad del Estado. El Estado está haciendo un esfuerzo concertado y continuo para ver que las audiencias públicas y todas las interacciones de otros programas son los vehículos en la que representantes de los gobiernos locales, organizaciones sin fines de lucro, y el público en general puedan expresar sus metas, valores y preocupaciones. Si bien los programas del Estado han evolucionado, los cambios han sido principalmente de grado y que no han sido, en general los cambios radicales de política. Los objetivos generales de los programas han sido prácticamente los mismos desde su creación en 1982, aunque el Plan de Acción PY2001 incorporado cambios diseñados para resultar en un mayor grado de focalización de las zonas más pobres, y el Plan de Acción año PY2010 incorporado cambios para facilitar las comunidades que se sentían privados de sus derechos para competir eficazmente por los fondos. Sin embargo, debido sobre todo a los comentarios del público, la mayoría de los cambios que se invirtieron en el programa PY2011. El Estado supervisa continuamente los resultados del programa para asegurar que el diseño del programa de CDBG conduce a la maximización de los beneficios del programa.

APÉNDICE D

CDBG MINORÍA / ACTIVIDAD FEMENINA DE NEGOCIOS DE LA EMPRESA  
  
(Reporte de Período 1 octubre 2010 hasta 30 septiembre 2011)

monto en dólares por ciento

Todos los contratos del programa

CDBG $25,742,846 100.0%

Contratos de las minorías $303,285 1.2%\*

Los contratos femeninos $2,455,682 9.5%\*

\* Los porcentajes que se muestran se basan en el monto en dólares de CDBG de los contratos firmados en el año fiscal de 2011, según la orientación de HUD. Anteriormente, los contratos fueron reportados como total de dólares, que incluían partido local.  
  
La información está tomada de la Forma 2516 ADECA que sean presentados por los beneficiarios del programa CDBG, con una o más becas activas durante el período que se examina sujetos (100% de los informes fueron presentados por).

Por favor, consulte  
el archivo PDF titulado  
  
SECCIÓN 3 RESUMEN - CDBG

APÉNDICE E

**ESTADO DE ALABAMA  
PY2011 BECAS para Refugios de Emergencia (ESG) PROGRAMA**

Evaluación de las metas del año de tres a cinco y Objetivos  
  
Los PY2011 Subvenciones para Refugios de Emergencia (ESG) Plan de Acción del Programa tuvo, ya que tanto una meta y un objetivo, satisfacer las necesidades de las personas sin hogar no tiene derecho. Esto se logró a través de un amplio esfuerzo de difusión. Dio lugar a catorce (14) solicitudes, cinco (5) de los cuales eran de las comunidades no-derecho. El Estado incluye la posibilidad de la renuncia a partido de $ 100.000 en el Plan de PY2011 en un esfuerzo por atraer a las comunidades más pequeñas.  
  
Las donaciones se realizaron a los once (11) beneficiarios, cinco (5) de los cuales no eran derechos.  
  
  
Continuo de la atención  
  
Programa del Estado de ESG es una parte integral del proceso continuo del estado de la atención. Los fondos asignados a través de la ayuda del Estado constituyen la columna vertebral de la asistencia a los desamparados en todo el estado. El personal del Estado asiste a las reuniones sin hogar de la coalición que satisfaga las necesidades, estrategias y fuentes de financiación adicional.  
  
  
la movilización de recursos  
  
Partido ESG proyecto específico se adjunta y se muestra la parte del partido dedicado al 31 de marzo de 2012, en todos los proyectos activos.  
  
  
Auto-evaluación  
  
Todas las solicitudes de subvención se limita a $ 200.000 por el Plan de Acción 2011 ESG. En un esfuerzo por financiar más proyectos, el importe de adjudicación de siete (7) proyectos se ha reducido de la cantidad originalmente pedida en la solicitud. Sólo cuatro (4) proyectos fueron financiados totalmente por el importe solicitado en la solicitud.  
  
  
   
  
  
Los fondos fueron otorgados en forma competitiva sobre la base de los siguientes factores:  
  
1. Identificación de Necesidades de Asistencia para personas sin hogar de 20 puntos  
2. Solicitante de la Estrategia para abordar los problemas sin hogar de 25 puntos  
3. Oportunas y gastos efectivamente 15 puntos  
4. La participación en un continuo de la atención 10 puntos  
5. Partido 10 puntos  
6. Presupuesto 20 puntos  
TOTAL DE PUNTOS 100 puntos  
  
  
El uso de los fondos ESG  
  
Una hoja de gastos de ESG se incluye como parte de esta presentación.

Por favor, consulte  
el archivo PDF titulado  
  
SECCIÓN 3 RESUMEN - ESG



**Oportunidades de Vivienda para Personas con SIDA (HOPWA)  
  
  
  
Rendimiento anual consolidada y  
Informe de Evaluación (CAPER)  
Medición de los resultados de desempeño**

**Final de Lanzamiento 12/01/12**

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

El informe de CAPER HOPWA fórmula de los concesionarios proporciona información anual sobre los logros del programa que apoya la evaluación del programa y la capacidad de medir los resultados del programa de beneficiarios en relación con: mantener la estabilidad de la vivienda, evitar que la falta de vivienda y mejorar el acceso a la atención y el apoyo. Esta información también está cubierto bajo el Plan Consolidado de Gestión de Procesos (CPMP) y el informe incluye las respuestas narrativas y gráficas de rendimiento exigidos por la normativa urbanística consolidada. La carga de información pública para la recogida de información se estima en un promedio de 42 horas a la respuesta de manual, o menos si una colección de datos automatizada y un sistema de recuperación está en uso, junto con 60 horas para el mantenimiento de registros, incluyendo el tiempo para revisar las instrucciones, la búsqueda actual fuentes de datos, recopilar y mantener los datos necesarios y completar y revisar la recopilación de la información. Los concesionarios están obligados a informar sobre las actividades llevadas a cabo únicamente por lo que puede haber componentes de estos requisitos de información que no sean de aplicación. Esta agencia no puede realizar o patrocinar, y una persona no está obligada a responder a una solicitud de información a menos que la recolección de muestra un número de control válido

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Previous editions are obsolete **form HUD-40110-D (Expiration Date: 10/31/2014)**

Descripción general. El rendimiento de Cuentas Anuales Consolidadas y el Informe de Evaluación (CAPER) proporciona información sobre el rendimiento anual de las salidas de los clientes y los resultados que permite una evaluación del desempeño concesionario en el logro de la estabilidad de la vivienda medida de resultado. El CAPER, en conjunto con el Sistema Integrado de Información de Desembolso (IDIS), cumple con los requisitos legales y reglamentarios del programa de información y ofrece el concesionario y el HUD con la información necesaria para evaluar el desempeño general del programa y los logros en contra de metas y objetivos planificados.  
HOPWA fórmula beneficiarios están obligados a presentar una cabriola, y la información completa de rendimiento anual para todas las actividades llevadas a cabo durante cada año del programa en el IDIS, lo que demuestra la coordinación con otros recursos del Plan Consolidado. HUD utiliza los datos de alcaparras y IDIS para obtener información esencial sobre las actividades de subvención, los patrocinadores del proyecto, las organizaciones sub-beneficiario, sitios de vivienda, unidades y los hogares, y los beneficiarios (que incluye los datos raciales y étnicos de los participantes del programa). El Plan de Gestión Consolidado de herramientas de proceso (CEF) ofrece una herramienta adicional para integrar la información de las actividades específicas de HOPWA con la planificación de otros y presentación de informes sobre las actividades del Plan Consolidado.  
Tabla de contenidos  
PARTE 1: Resumen Ejecutivo del beneficiario  
1. Información del Beneficiario  
2. Patrocinador del Proyecto  
3. Información Subreceptor Administrativo  
4. Programa de Información Subreceptor  
5. Beneficiario Narrativa y Evaluación del Desempeño  
  una. Los concesionarios y Comunidad General  
  b. Anual de Desempeño en el marco del Plan de Acción  
  c. Barreras o general Tendencias  
  d. Evaluación de las necesidades insatisfechas de vivienda  
PARTE 2: Fuentes del apalancamiento financiero y los ingresos del programa  
1. Fuentes de Aprovechamiento  
2. Programa de Ingresos y Pagos Residentes Renta  
PARTE 3: Realización de datos: los objetivos previstos y los productos efectivos  
PARTE 4: Resumen de los resultados de desempeño  
1. Estabilidad de Vivienda: vivienda permanente y servicios conexos  
2. Prevención de la falta de vivienda: a corto plazo los pagos por vivienda  
3. El acceso a la atención y apoyo: Asistencia Subsidio para la Vivienda con servicios de apoyo  
PARTE 5: Hoja de cálculo - Determinación de los Resultados de Estabilidad de Vivienda  
PARTE 6: Certificación anual de uso continuo para las Unidades de Manejo de HOPWA Fondo basado en (sólo)  
PARTE 7: Resumen General de Actividades Grant  
A. Información sobre los individuos, los beneficiarios y los hogares que reciben asistencia de subsidio de Vivienda de HOPWA (TBRA, STRMU, PHP, Unidades de establecimiento en base, el Maestro unidades arrendadas SOLAMENTE)  
B. Fondo para la Vivienda basado en la asistencia  
Continúa Períodos sin uso. Los beneficiarios que recibieron HOPWA financiación para la nueva construcción, adquisición o rehabilitaciones importantes están obligados a operar sus instalaciones para HOPWA-los beneficiarios elegibles para un niño de diez (10) años. Si no hay más fondos de HOPWA se usan para apoyar la instalación, en lugar de completar la sección 7B del CAPER, el concesionario deberá presentar una certificación anual de operación del proyecto se prolongó durante los períodos de uso requeridos. Esta certificación se incluye en la Parte 6 de CAPER. El período de uso requerido es de tres (3) años si la rehabilitación no es sustancial.  
  
En relación con la elaboración de normas del Departamento para Personas sin Hogar Sistemas de Información Gerencial (HMI), los elementos universales de datos están siendo recogidos para los clientes de HOPWA los proyectos financiados por asistencia a los desamparados. Estos proyectos los patrocinadores / sub-beneficiario registros que incluyen: Nombre, Número de Seguro Social, fecha de, nacimiento, etnia y raza de género, condición de veterano, condiciones de discapacidad, residencia, antes de entrar al programa, Código Postal de la Dirección Permanente pasada, Estado de Vivienda, Programa de Ingreso Fecha , Programa de fecha de salida, número de identificación personal y número de identificación de los hogares. Estos están destinados para que coincida con los elementos del HMIS. Los HOPWA a nivel de programa los elementos de datos son: Ingresos y fuentes, beneficios no monetarios, la situación del VIH / SIDA, los servicios prestados, y el estado de la vivienda o el destino al final del año de funcionamiento. Otros sugirieron, pero los elementos opcionales son: discapacidad física, discapacidad del desarrollo, enfermedad crónica, Salud Mental, Abuso de sustancias, violencia doméstica, Fecha de contacto, fecha de contratación, de asistencia financiera, Reubicación de Viviendas y Servicios de Estabilización, Empleo, Educación, Estado General de Salud ,, estado de embarazo, las razones por las que dejó la educación, la información de los Veteranos, y los niños. Otros proyectos de HOPWA patrocinadores también pueden beneficiarse de la recogida de estos elementos de datos.  
De ensamblaje final del informe. Después de que el informe completo se monta, por favor, el número de cada página de forma secuencial.  
Requisitos de presentación. Dentro de los 90 días siguientes a la finalización de cada año del programa, los beneficiarios deberán presentar su CAPER completado al Director de CPD en el Estado del concesionario o de la Oficina Local de Campo de HUD y la Oficina del Programa HOPWA: en HOPWA@hud.gov. La presentación electrónica a la oficina del Programa HOPWA se prefiere, sin embargo, si la presentación electrónica no es posible, las copias impresas se pueden enviar a: Oficina de VIH / SIDA Vivienda, Habitación 7212, EE.UU. Departamento de Vivienda y Desarrollo Urbano, 451 Seventh Street, SW, Washington , DC  
Mantenimiento de registros. Nombres e información de otra persona debe mantenerse en secreto, como es requerido por 24 CFR 574.440. Sin embargo, el HUD se reserva el derecho de revisar la información utilizada para completar este informe con fines de supervisión de las donaciones de gestión, excepto para el registro de los nombres y otra información de identificación. En el caso de que HUD debe revisar los datos de los clientes de nivel, no hay nombres de clientes o información de identificación será retenida o registrados. La información se informó en su conjunto a HUD sin identificación personal. No envíe información personal del cliente o en sistemas de datos de HUD.  
  
Definiciones  
Ajuste de la Reproducción: Permite el cálculo de los totales de salida no duplicados por la contabilidad para el número total de hogares o unidades que recibieron más de un tipo de asistencia de HOPWA en una determinada categoría, tales como asistencia de subsidio HOPWA o servicios de apoyo. Por ejemplo, si un hogar cliente recibió tanto TBRA y STRMU durante el año operativo, el informe de esa casa en la categoría de Asistencia HOPWA Subsidio para la Vivienda en la Parte 3, Tabla 1, columna [1b] de la siguiente manera:

|  |  |  |
| --- | --- | --- |
| **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 |

Costos administrativos: Los costos de administración general, supervisión, coordinación, evaluación y presentación de informes. Por ley, el concesionario los gastos administrativos se limitan a un 3% de la concesión de la subvención total, para ser invertidos durante la vigencia de la concesión. Los costos del proyecto patrocinador administrativos se limitan al 7% de la parte del importe de la subvención que reciben.  
  
Beneficiario (s): Todos los miembros de una familia que recibió asistencia de HOPWA durante el año de funcionamiento, incluyendo la individual que se clasificó el hogar para la asistencia de HOPWA, así como cualquier otro miembro de la familia (con o sin VIH) que se beneficiaron de la ayuda.  
  
Registro Central de Contratistas (CCR): La base de datos de registro principal para el Gobierno Federal de los EE.UU.. CCR recopila, valida los datos, los almacena y difunde en apoyo de las misiones de adquisición de la agencia, incluyendo contrato de agencia federal y los premios de asistencia. Registrantes federales actuales y potenciales del gobierno (los beneficiarios) están obligados a inscribirse en el CCR con el fin de que se adjudiquen los contratos por el gobierno federal. Los solicitantes de registro deben actualizar o renovar su registro por lo menos una vez al año para mantener un estado activo. Aunque los destinatarios directos de los contratos federales y la concesión de subvenciones han sido obligados a registrarse con CCR desde el año 2003, este requisito se está extendiendo ahora a los beneficiarios indirectos de los fondos federales con el paso de la ARRA (American Recovery and Reinvestment Act). Por la ARRA y FFATA (rendición de cuentas de fondos federales y la Ley de Transparencia) las regulaciones federales, todos los concesionarios y los sub-concesionarios o subcontratistas que reciben premios federales de subvenciones o contratos deben tener un DUNS (Universal Data Sistema de numeración) Número.  
  
Persona sin hogar crónicos: Un individuo o una familia que: (i) no tiene casa y vive o reside individuo o familia que: (i) no tiene casa y vive o reside en un lugar no destinado para la habitación humana, un refugio seguro, o en caso de emergencia vivienda, (ii) ha sido sin hogar y vivir en un lugar no destinado para la habitación humana, un refugio seguro, o en un refugio de emergencia de forma continua durante al menos 1 año o por lo menos en 4 ocasiones en los últimos 3 años, y (iii) tiene una cabeza de adulto de la casa (o un menor en la cabeza de familia si no hay un adulto presente en el hogar) con un trastorno por uso de sustancias diagnosticable, enfermedad mental grave, discapacidad del desarrollo (como se define en el artículo 102 de la Asistencia para Discapacidades del Desarrollo y Ley de Derechos de 2000 (42 USC 15002)), trastorno de estrés postraumático, trastornos cognitivos que resultan de una lesión cerebral o una enfermedad crónica o incapacidad física, incluyendo la co-ocurrencia de dos o más de esas condiciones. Además, la definición legal incluye como crónicamente sin hogar a una persona que vive o reside en un centro de atención institucional, incluyendo la cárcel, el abuso de sustancias o centro de tratamiento de salud mental, hospital u otro local similar, y ha residido allí durante menos de 90 días si de esas personas cumplieron los criterios de otros para personas sin hogar antes de entrar en esa instalación. (Véase 42 USC 11360 (2)) Esta cifra no incluye las situaciones de doble-up o el hacinamiento.  
  
Desactivación de Estado: evidencian un trastorno por uso de sustancias diagnosticable, enfermedad mental grave, discapacidad del desarrollo, las enfermedades físicas crónicas o discapacidad, incluyendo la co-ocurrencia de dos o más de estas condiciones. Además, una condición de discapacidad puede limitar la capacidad de una persona para trabajar o llevar a cabo una o más actividades de la vida diaria. Un diagnóstico de VIH / SIDA se considera una condición de discapacidad.  
  
Servicio basado en asistencia para la vivienda: Todos los gastos elegibles de vivienda para HOPWA o asociada a instalaciones de apoyo, incluyendo las residencias comunitarias, viviendas, instalaciones de SRO a corto plazo, las unidades basadas en proyectos de alquiler, unidades arrendadas, maestros y otras instalaciones de vivienda aprobadas por HUD.  
Organización religiosa: Las organizaciones religiosas de tres tipos: (1) congregaciones, (2) las redes nacionales, que incluyen denominaciones nacionales, los brazos de servicios sociales (por ejemplo, Catholic Charities, Lutheran Social Services), y redes de organizaciones relacionadas (por ejemplo, como YMCA y YWCA), y (3) independiente las organizaciones religiosas, que se incorporan por separado de las congregaciones y las redes nacionales.  
  
Organizaciones de Base: Una organización con sede en la comunidad local donde presta servicios; cuenta con un presupuesto de servicios sociales de 300.000 dólares al año o menos, y seis o menos empleados a tiempo completo equivalentes. Los afiliados locales de las organizaciones nacionales no se consideran "de base".  
  
HOPWA persona elegible para recibir: el uno (1) persona de bajos ingresos con el VIH / SIDA, que califica a una casa de asistencia de HOPWA. Esta persona puede ser considerado "jefe de familia." Cuando el CAPER pide información sobre las personas elegibles, el informe sobre este individuo solamente. Cuando hay más de una persona con VIH / SIDA en el hogar, la PWH adicional / A (s), sería considerado un beneficiario (s).  
  
HOPWA Servicios de Información de Vivienda: Servicios dedicados a ayudar a las personas que viven con el VIH / SIDA y sus familias para identificar, localizar y adquirir una vivienda. Esto también puede incluir consejería de vivienda justa para las personas elegibles que puedan encontrar la discriminación basada en raza, color, religión, sexo, edad, origen nacional, estado familiar o incapacidad / discapacidad. .  
  
Vivienda HOPWA Subsidio de Asistencia total: El número duplicado de los hogares que reciben subsidios de vivienda (TBRA, STRMU, permanentes servicios de colocación de vivienda y arrendamiento Maestro) o residen en las unidades de instalaciones dedicadas a las personas que viven con el VIH / SIDA y sus familias y con el apoyo de HOPWA fondos durante el año de funcionamiento.  
  
Hogares: Un solo individuo o una familia compuesta por dos o más personas para el que los ingresos familiares se utilizan para determinar la elegibilidad y para el cálculo del pago de la renta residente. El término se utiliza para recoger datos sobre los cambios en los ingresos, cambios en el acceso a los servicios, la recepción de los servicios de información de vivienda, y los resultados en el logro de la estabilidad de la vivienda. Live-In Auxiliares (véase la definición de Live-In Aide) y los no beneficiarios (por ejemplo, un arreglo de vivienda compartida con un compañero de piso) que residían en la unidad no se informó sobre el CAPER.  
  
Estabilidad de Vivienda: El grado en que los beneficiarios de los proyectos asistidos por HOPWA a permanecer en una vivienda estable durante el año operativo. Ver Parte 5: Determinación de los Resultados de Vivienda de estabilidad para las definiciones de las situaciones de vivienda estables e inestables.  
Recursos en especie apalancados: Estos involucran otros tipos de apoyo prestado a ayudar a los beneficiarios de HOPWA como los servicios de voluntarios, materiales, uso de equipo y espacio de construcción. El valor real de la ayuda puede ser la contribución de los servicios profesionales, en base a las tasas habituales para este apoyo especializado, o los costos reales aportados por otros recursos de apalancamiento. Al determinar la tasa de la contribución del trabajo voluntario y los servicios, el uso de la tasa establecida en el HUD avisos, como por ejemplo la tasa de diez dólares por hora. El valor de cualquier material donado, equipos, edificios, o contrato de arrendamiento debe basarse en el valor justo de mercado en el momento de la donación. Documentación relacionada puede ser de los últimos proyectos de ley de las ventas, los precios anunciados, tasaciones, u otra información de propiedad comparable en una situación similar.  
Fondos apalancados: La cantidad de fondos gastados durante el año de funcionamiento de la no-HOPWA federales, estatales, locales y de fuentes privadas por los beneficiarios o sus patrocinadores en la dedicación de la asistencia a esta población de pacientes. Los fondos apalancados o de otro tipo de asistencia se utilizan directamente en o en apoyo de la ejecución del programa HOPWA.  
Live-In Ayudante: Una persona que reside en el individuo HOPWA elegible y que cumpla con los siguientes criterios: (1) es esencial para el cuidado y el bienestar de la persona, (2) no está obligado por el apoyo de la persona; y (3) no estaría viviendo en la unidad con excepción de proporcionar los servicios de apoyo necesarios. Véase el Código de Reglamentos Federales Título 24, Parte 5.403 y el HOPWA Supervisión concesionario Guía de Recursos para la referencia adicional.  
Maestro de Arrendamiento: Se aplica a una agencia sin fines de lucro o públicas que alquila unidades de vivienda (de dispersión de los sitios o edificios enteros) de un propietario, y subalquila las unidades a los inquilinos sin hogar o de bajos ingresos. Al asumir la carga de la tenencia, la agencia facilita el alojamiento de los clientes que pueden no ser capaces de mantener un contrato de arrendamiento por cuenta propia, debido a mal crédito, los desalojos, o la falta de ingresos suficientes.  
  
Costos de operación: Se aplica a las instalaciones con sede en la vivienda sólo para las instalaciones que están actualmente abiertos. Los costos de operación pueden incluir el día a día la función de la vivienda y los costos de operación como los servicios públicos, mantenimiento, equipos, seguros, seguridad, mobiliario, suministros y sueldos de los gastos de personal directamente relacionado con el proyecto de vivienda, pero no los gastos de personal para la prestación de servicios.  
  
Resultado: El grado en que la familia HOPWA asistida se ha habilitado para establecer o mantener un ambiente estable en una vivienda segura, decente y sanitaria, (por las disposiciones contenidas en 24 CFR 574.310 (b)) y para reducir los riesgos de la falta de vivienda, y mejorar el acceso al tratamiento del VIH y otros servicios de salud y apoyo.  
  
Salida: El número de unidades de vivienda o de los hogares que reciben asistencia de HOPWA durante el año operativo.  
  
Colocación de una vivienda permanente: un servicio de vivienda de apoyo que ayuda a establecer la casa en la unidad de vivienda, incluyendo pero no limitado a costos razonables para los depósitos de seguridad no superior a dos meses de los gastos de alquiler.  
  
El Programa de ingresos: Los ingresos brutos generados directamente por el uso de los fondos de HOPWA, incluyendo los pagos. Vea los requisitos de la subvención de la administración de los ingresos del programa para que los gobiernos estatales y locales en 24 CFR 85.25, o sin fines de lucro en 24 CFR 84.24.  
  
Basado en Proyectos de Asistencia de Alquiler (PBRA): Un programa de subsidio de alquiler que está vinculado a las instalaciones específicas o unidades de propiedad o controladas por un patrocinador del proyecto o sub-beneficiario. Asistencia está ligado directamente a las propiedades y no es portátil ni transferible.  
  
Organizaciones patrocinador del proyecto: Cualquier organización sin fines de lucro o una agencia de vivienda gubernamental que recibe fondos en virtud de un contrato con el concesionario para proveer vivienda elegibles y otros servicios de apoyo, servicios administrativos tal como se definen en 24 CFR 574.300. Organizaciones patrocinador del proyecto están obligados a proporcionar los datos de rendimiento en los hogares atendidos y se gastan los fondos. La financiación corre a un patrocinador del proyecto de la siguiente manera:  
  
Los fondos de HUD Beneficiario Patrocinador del Proyecto  
  
Alquiler a corto plazo, hipotecarios, y la utilidad (STRMU) Asistencia: por un tiempo limitado, la asistencia subsidio de vivienda diseñado para evitar que la falta de vivienda y la estabilidad de la vivienda aumento. Los concesionarios pueden prestar asistencia a un máximo de 21 semanas en cualquier período de 52 semanas. El importe de la ayuda varía en función del cliente en función de los fondos disponibles necesidad, el inquilino y las directrices del programa.  
  
Unidades de Manejo: Las unidades desarrolladas con HOPWA, donde los fondos de HOPWA fueron utilizados para la adquisición, construcción nueva y la rehabilitación que ya no recibir subvenciones de funcionamiento de HOPWA. Reporte de la información de las unidades está sujeta al acuerdo de uso de tres años si la rehabilitación no es substancial, y con el acuerdo de uso de diez años si la rehabilitación es importante.  
  
Organización Subreceptor: Cualquier organización que recibe fondos de un patrocinador del proyecto para proporcionar vivienda elegibles y otros servicios de apoyo y / o servicios administrativos tal como se definen en 24 CFR 574.300. Si una organización sub-beneficiario proporciona vivienda y / o otros servicios de apoyo directamente a los clientes, la organización sub-beneficiario debe proporcionar los datos de rendimiento en el hogar sirve y se gastan los fondos. Financiación fluye a subreceptores como sigue:  
  
Los fondos de HUD Proyecto Beneficiario Patrocinador Subreceptor  
  
Programa de asistencia de Alquiler (TBRA): TBRA es un programa de subsidio de alquiler similar al programa de Vales de Elección de que los beneficiarios pueden proporcionar para ayudar a familias de bajos ingresos acceder a una vivienda asequible. El bono TBRA no está vinculado a una unidad específica, por lo que los inquilinos se puede mover a una unidad diferente sin perder su asistencia, con sujeción a las normas particulares de cada programa. El importe de la subvención se determina en parte basado en los ingresos del hogar y los costos asociados con el contrato de arrendamiento de alquiler del inquilino.  
  
Transgénero: transexuales se define como una persona que se identifica con, o se presenta como un género que es diferente de su / su sexo al nacer.  
  
Veterano: Un veterano es alguien que ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos. Esto no incluye las reservas militares inactivos o en la Guardia Nacional a menos que la persona que fue llamado al servicio activo.

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| **Oportunidades de Vivienda para Personas con SIDA (HOPWA) Rendimiento Anuales Consolidadas e Informe de Evaluación - Medición de los resultados de desempeño** |

**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**

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| **HUD Grant Number** | | | **Operating Year for this report**  ***From (mm/dd/yy)*** 04/01/11 ***To (mm/dd/yy)***  03/31/12 | | | | |
| **Grantee Name**  State of Alabama- ADECA | | | | | | | |
| **Business Address** | 401 Adams Avenue | | | | | | |
| **City, County, State, Zip** | Montgomery | | Montgomery | | | AL | 36104 |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 636000619 | | | | | | |
| **DUN & Bradstreet Number (DUNs):** | 062620604 | | | **Central Contractor Registration (CCR):**  **Is the grantee’s CCR status currently active?**  **Yes**  **No**  **If yes, provide CCR Number:**  Not listed | | | |
| **\*Congressional District of Grantee’s Business Address** | Statewide Alabama | | | | | | |
| **\*Congressional District of Primary Service Area(s)** | Statewide Alabama | | | | | | |
| **\*City(ies) and County(ies) of Primary Service Area(s)** | **Cities:** Statewide Alabama | | | | **Counties:** Statewide Alabama | | |
| **Organization’s Website Address**  www.adeca.alabama.gov | | **Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area?**  Yes  No  **If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.** | | | | | |

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

**2. Project Sponsor Information**

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

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| **Project Sponsor Agency Name**  AIDS Alabama | | **Parent Company Name*, if applicable***  N/A | | | | | | |
| **Name and Title of Contact at Project Sponsor Agency** | Kevin Finney, Director Of Operations – Financial Questions  Amanda Shipp, Administrative Director of Programs – Program Questions | | | | | | | |
| **Email Address** | finney@aidsalabama.org  amanda@aidsalabama.org | | | | | | | |
| **Business Address** | 3521 7TH Avenue South | | | | | | | |
| **City, County, State, Zip,** | Birmingham | | | Jefferson | AL | | | 35222 |
| **Phone Number *(with area code*)** | (205) 324-9822 | | | | | **Fax Number (with area code)**  (205) 324-9311 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 581727755 | | | | | **DUN & Bradstreet Number (DUNs) *if applicable***  834432999 | | |
| **Congressional District of Business Location of Sponsor** | 7 | | | | | | | |
| **Congressional District(s) of Primary Service Area(s)** | 7, 6 | | | | | | | |
| **Zip Code(s) of Primary Service Area(s)** | 35201, 35202, 335204, 35205, 35206, 35207, 35208, 35209, 35210, 35211, 35212, 35213, 35214, 35215, 35216, 35217, 35218, 35219, 35220, 35221, 35222, 35223, 35225, 35226, 35228, 35230 ,35231, 35232, 35233, 35234, 35235, 35236, 35237, 35238, 35240, 35242, 35243, 35244, 35245, 35246, 35249, 35253, 35254, 35255, 35256, 35259, 35260 ,35261, 35263, 35266, 35275, 35277, 35278,, 35279, 35280, 35281, 35282, 35283, 35285, 35286, 35287, 35288, 35289, 35290, 35291, 35292, 35293, 35294, 35295, 35296, 35297, 35298, 35299, 35094, 35501, 35121 | | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Birmingham, Hoover, Jasper, Oneonta, Leeds | | | | | | Jefferson, Shelby, St. Clair, Blount, Walker | |
| **Total HOPWA contract amount for this Organization** | **$ 1,359,978.00** | | | | | | | |
| **Organization’s Website Address**  www.aidsalabama.org | | | **Does your organization maintain a waiting list?**  Yes  No | | | | | |
| **Is the sponsor a nonprofit organization?**   **Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | | |

*\*\* There is no CCR information listed on this form, however, AIDS Alabama is active in the CCR.*

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| **Project Sponsor Agency Name**  AIDS Action Coalition of Huntsville | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Mary Elizabeth Marr  Executive Director | | | | | | |
| **Email Address** | memarr@aidsactioncoalition.org | | | | | | |
| **Business Address** | 600 St. Clair Avenue Suite 12 | | | | | | |
| **City, County, State, Zip,** | Huntsville | | Madison | | AL | | 35801 |
| **Phone Number** *(with area code)* | Phone: (256) 536-4700 | | | | **Fax Number** *(with area code)*  Fax: (256) 536-4117 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 57-0889447 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  938035946 | | | |
| **Congressional District of Location** | 5 | | | | | | |
| **Congressional District of Primary Service Area** | 5 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 35801,35804,35976,35639,35902,.35611,35650,36201,35967,35646;35630,35901 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Huntsville, Florence, Athens, Guntersville, Gadsden | | | | | Madison Lawrence Limestone | |
| **Total HOPWA Contract Amount** | **$ 28,127.50** | | | | | | |
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| **Organization’s Website Address**  www.aidsactioncoalition.org | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, AIDS Action Coalition is active in the CCR.*

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| **Project Sponsor Agency Name**  Unity Wellness Center | | | | **Parent Company (if applicable)**  EAMC | | | |
| **Name and Title of Contact at Subrecipient** | Ms. Marilyn A. Swyers  Executive Director | | | | | | |
| **Email Address** | marilyn.swyers@eamc.org | | | | | | |
| **Business Address** | 665 Opelika Road | | | | | | |
| **City, County, State, Zip,** | Auburn | | Lee | | AL | | 36830 |
| **Phone Number** *(with area code)* | Phone: (334) 887-5244 | | | | **Fax Number** *(with area code)*  Fax: (334) 826-2111 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 63-1905476 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  066459843 | | | |
| **Congressional District of Location** | 3 | | | | | | |
| **Congressional District of Primary Service Area** | 3 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 36830, 36551, 36786 ,36801,36904 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Auburn, Opelika, Dadeville | | | | | Lee, Chambers, Tallapoosa | |
| **Total HOPWA Contract Amount** | **$ 54,300.00** | | | | | | |
| **Organization’s Website Address**  www.aidsoutreacheamc.org | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, Unity Wellness is active in the CCR.*

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| **Project Sponsor Agency Name**  South Alabama Cares, Inc. | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Tyloria Crenshaw  Executive Director | | | | | | |
| **Email Address** | dlittle@southalabamacares.org | | | | | | |
| **Business Address** | 2054 Dauphin Street | | | | | | |
| **City, County, State, Zip,** | Mobile | | Mobile | | AL | | 36640 |
| **Phone Number** *(with area code)* | Phone: (251) 471-5277 | | | | **Fax Number** *(with area code)*  Fax: (251) 471-5294 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 58-1989250 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  785542564 | | | |
| **Congressional District of Location** | 1 | | | | | | |
| **Congressional District of Primary Service Area** | 1 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 36600 - 36695 36503 36507 36600 36600 - 36695 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Mobile, Loxley, Marion | | | | | Mobile, Baldwin, Perry | |
| **Total HOPWA Contract Amount** | **$ 77,244.70** | | | | | | |
| **Organization’s Website Address**  www.masshelps.org | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, South Alabama CARES is active in the CCR.*

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| **Project Sponsor Agency Name**  Montgomery AIDS Outreach | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Mrs. Michelle Vilamaa  Executive Director | | | | | | |
| **Email Address** | mvilamaa@maoi.org | | | | | | |
| **Business Address** | 2900 McGehee Road | | | | | | |
| **City, County, State, Zip,** | Montgomery | | Montgomery | | AL | | 36111 |
| **Phone Number** *(with area code)* | Phone: (334) 280-3349 | | | | **Fax Number** *(with area code)*  Fax (Clinic): (334) 281-1970  Fax: (Business) (334) 280-3315 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 63-0959627 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  081155926 | | | |
| **Congressional District of Location** | 3 | | | | | | |
| **Congressional District of Primary Service Area** | 2, 3 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 36105, 36302, 36442 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Montgomery, Dothan, Clanton | | | | | Montgomery, Autauga, Barbour | |
| **Total HOPWA Contract Amount** | **$ 47,500.00** | | | | | | |
| **Organization’s Website Address**  www.maoi.org | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, Montgomery AIDS Outreach is active in the CCR.*

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| **Project Sponsor Agency Name**  West Alabama AIDS Outreach | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Mr. Billy Kirkpatrick  Executive Director | | | | | | |
| **Email Address** | billy@waao.info | | | | | | |
| **Business Address** | P.O. Box 2947 | | | | | | |
| **City, County, State, Zip,** | Tuscaloosa | | Tuscaloosa | | AL | | 35403 |
| **Phone Number** *(with area code)* | Phone: (205) 759-8470 | | | | **Fax Number** *(with area code)*  Fax: (205) 366-9001 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 63-0995963 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  037623191 | | | |
| **Congressional District of Location** | 6 | | | | | | |
| **Congressional District of Primary Service Area** | 4, 6, 7 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 36640,35481,35474 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Tuscaloosa, Greenville, Reform | | | | | Tuscaloosa, Pickens, Hale | |
| **Total HOPWA Contract Amount** | **$ 30,600.00** | | | | | | |
| **Organization’s Website Address**  www.waao.info | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, West Alabama AIDS Outreach is active in the CCR.*

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| **Project Sponsor Agency Name**  Birmingham AIDS Outreach | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Ms. Karen Musgrove  Executive Director | | | | | | |
| **Email Address** | karen@birminghamaidsoutreach.org | | | | | | |
| **Business Address** | P.O. Box 550070 | | | | | | |
| **City, County, State, Zip,** | Birmingham | | Jefferson | | AL | | 35233 |
| **Phone Number** *(with area code)* | Phone: (205) 322-4197 | | | | **Fax Number** *(with area code)*  Fax: (205) 322-2131 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 63-0948495 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  087623191 | | | |
| **Congressional District of Location** | 7 | | | | | | |
| **Congressional District of Primary Service Area** | 6, 7 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 35255 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Birmingham, Hoover | | | | | Jefferson, Shelby | |
| **Total HOPWA Contract Amount** | **$ 21,600.00** | | | | | | |
| **Organization’s Website Address**  [www.birminghamaidsoutreach.org](http://www.birminghamaidsoutreach.org) | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, Birmingham AIDS Outreach is active in the CCR.*

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| **Project Sponsor Agency Name**  Selma AIDS Information and Referral (AIR) | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Ms. Mel Prince  Executive Director | | | | | | |
| **Email Address** | mel\_prince@hotmail.com | | | | | | |
| **Business Address** | 1432 Broad St | | | | | | |
| **City, County, State, Zip,** | Selma | | Dallas | | AL | | 36701 |
| **Phone Number** *(with area code)* | Phone: (334) 872-6795 | | | | **Fax Number** *(with area code)*  Fax: (334) 872-3632 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 63-1133272 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  959884743 | | | |
| **Congressional District of Location** | 7 | | | | | | |
| **Congressional District of Primary Service Area** | 7 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 36701 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Selma | | | | | Dallas | |
| **Total HOPWA Contract Amount** | **$ 20,000.00** | | | | | | |
| **Organization’s Website Address**  N/A | | **Does your organization maintain a waiting list?**  Yes  No  **If yes, explain in the narrative section how this list is administered.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, Selma AIR is active in the CCR.*

**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.*

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

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

**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.*

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| El CDC estima que hay cerca de 1,2 millones de personas que viven con el VIH / SIDA en los Estados Unidos, y que más de 50.000 personas se infectan cada año. El año pasado, los expertos en sida de vivienda estiman que alrededor del 13% de estas personas - aproximadamente 140.000 hogares - se encuentran actualmente en necesidad de algún tipo de ayuda para la vivienda (NAHC, 2012). A partir del 31 de marzo 2012 un total combinado de 15.729 casos VIH / SIDA han sido reportados al Departamento de Salud Pública de Alabama (ADPH). Estos totales no incluyen a las personas probadas en otros estados que se han trasladado a Alabama o personas que no son conscientes de su condición de VIH. Los afroamericanos representan el 26% de la población del estado, sin embargo, el 65% (10.223) del total de casos reportados se encuentran en este grupo. La investigación ha demostrado que la vivienda es sin duda la salud de la población VIH-positiva. Los recientes hallazgos añaden a la evidencia creciente de que la vivienda propia de manera independiente reduce el riesgo de infección por el VIH y mejora la salud de las personas que viven con el VIH. Según el Instituto Nacional de VIH / SIDA Estrategia para los Estados Unidos, publicado 13 de julio 2010: • El acceso a la vivienda es un importante precursor para conseguir a muchas personas a un régimen de tratamiento estable; • La recepción de ayuda para la vivienda [tiene] un efecto directo sobre la atención médica mejorada, y • Las personas que viven con el VIH que carecen de vivienda estable son más propensos a retrasar la atención del VIH, tienen peor acceso a la atención regular, tienen menos probabilidades de recibir terapia antirretroviral óptima, y ​​son menos propensos a adherirse a la terapia. Estos y otros hallazgos recientes suman a la evidencia creciente de que la vivienda propia de manera independiente reduce el riesgo de infección por el VIH y mejora la salud de las personas que viven con el VIH. Discrepancias sociales y económicas, junto con poco sólido y la infraestructura compatible, nos han llevado a nuestra situación actual en el Estado. SIDA Alabama, continúa trabajando diligentemente para aumentar el parque de viviendas asequibles para las personas con VIH y sus familias en todo el Alabama. La Agencia atiende a la comunidad en general a través de la educación del VIH y los esfuerzos de prevención, y colabora con las agencias gubernamentales y organizaciones de caridad en todo el estado para garantizar la prestación de servicios esenciales para la población con VIH / SIDA. El Departamento de Alabama de Economía y Asuntos de la Comunidad (ADECA) sirven como concesionario en este proyecto y el nombre del SIDA Alabama, el patrocinador del proyecto principal. En virtud de esa autoridad, el SIDA Alabama lanza una petición formal de la propuesta a cada uno de Organizaciones con Servicio en SIDA en todo el estado. Receptores Sub-agencias son escogidos a través de este proceso competitivo. SIDA Alabama supervisa rutinariamente sus sub-receptores para asegurar el cumplimiento fiscal y programático. A lo largo del año del programa, el SIDA Alabama ayuda a los organismos sub-receptores en la recopilación de datos. Estos datos son luego utilizados por el SIDA Alabama, para completar el informe anual, que es el presentado a ADECA. SIDA Alabama, utiliza fondos de HOPWA para asistencia de alquiler, servicios de apoyo, incluyendo el manejo de casos y el transporte, y el funcionamiento de las viviendas existentes en todo el Estado. La colaboración entre la Red de Servicios sobre el SIDA de Alabama (Asona) permite que los servicios lleguen a todos los 67 condados. Además, el SIDA Alabama, sostiene una relación de trabajo con el área de personas sin hogar continuo de la atención, el mismo techo, así como el Balance de la Continuidad del Estado, la Coalición de Alabama rural para las Personas sin Hogar. Estas asociaciones permiten el SIDA Alabama, trabajar en red con otros proveedores de vivienda en todo el Estado, así como para tener una voz en la discusión con respecto a la vivienda asequible. SIDA Alabama y Patrocinadores de su Proyecto de HOPWA proporciona servicios de apoyo a más de 4.659 personas no duplicadas que viven con el VIH la enfermedad entre 01 de abril 2011 y 31 de marzo de 2012. Servicios a los Desamparados de prevención se proporcionaron en forma de corto plazo de la hipoteca, alquiler y asistencia de utilidades (STRMU), programa de asistencia de Alquiler (TBRA), basado en proyectos de Asistencia de Alquiler (PBRA) a 135 hogares no duplicados. SIDA Alabama, ofrece un espectro de una vivienda digna, segura y asequible para personas de bajos ingresos que viven con la enfermedad del VIH. Rangos de vivienda de vivienda de transición, que proporciona vivienda a corto plazo y la gestión intensiva de casos, a un centro de servicio de vivienda enriquecido permanente que está disponible para las personas con diagnóstico dual que viven con el VIH y una enfermedad mental grave. A continuación se detallan los programas de vivienda del SIDA Alabama:  1. VIVIR EN EL PROGRAMA DE LA ADICCIÓN EQUILIBRIO QUÍMICO (libcap) ofrece servicios de tratamiento y de recuperación para los adultos que son VIH + y tiene un problema de adicción química. Libcap opera como un Programa Ambulatorio Intensivo. Los programas cuyos residentes participar en la PIO LIB son los siguientes: El PROGRAMA DE LIB Rectoría, como la entrada continuo LIB, cuenta con 12 camas. LIB Rectoría es un programa bien estructurado y se encuentra en la propiedad del campo del SIDA de Alabama. Objetivos de consumo de finalización van desde 30 a 45 días sobre la base de los logros individuales. PROGRAMA DE LIB NEXTSTEP es el programa de la intensidad de nivel medio donde la transición de los consumidores cuando los objetivos del programa se llevan a cabo Rectoría. LIB NextStep cuenta con 18 camas disponibles. Este programa se centra en la abstención continuo de uso de productos químicos, más capacitación para la vida profesional, la educación, habilidades e independiente. LIB programa de reingreso, el tercer programa de la PIO LIB participar, se encuentra en el Programa de Vivienda de transición actual que se encuentra en diez apartamentos alquilados. En LIB Re-Entry, los consumidores aplicar el plan de re-entrada se desarrollaron en NextStep y modificarlo si es necesario. Objetivos de consumo de finalización son para mover a una vivienda permanente, con un plan de vivienda sólido, plan de gestión de ingresos, y el plan de estabilidad de 90 a 150 días. Las transiciones LIB Aftercare PROGRAMA consumidores a vivir en sus propias colocaciones de vivienda permanente y presta apoyo, manejo de casos y grupos semanales Aftercare para aumentar la estabilidad de vivienda y para prevenir una recaída. 2. VIVIENDA DE TRANSICIÓN NEXTSTEP ofrece diez apartamentos en el área de Birmingham para las personas con VIH y familias sin hogar. 3. VIVIENDA PERMANENTE incluye Agape House, una de 18 unidades de un dormitorio complejo de apartamentos, Agape II, una de 12 unidades de uno, dos y tres dormitorios instalaciones para personas y familias, lugares familiares, cinco casas de propiedad por el SIDA Alabama para las familias sin hogar, la Crestwood propiedad, una casa de dos dormitorios, apartamentos Woodlawn, seis unidades de vida independiente, y la semilla de mostaza, tres unidades de vivienda permanente de apoyo. 4. SERVICIO DE VIVIENDA ENRIQUECIDO está destinada a personas con VIH y un diagnóstico doble de enfermedad mental que no pueden vivir de forma independiente. Certificado por el estado de Alabama, Jasper House cuenta con 14 habitaciones privadas para las personas que necesitan asistencia las 24 horas por día. 5. OPORTUNIDADES DE VIVIENDA PARA PERSONAS CON SIDA (HOPWA) ofrece alquiler a corto plazo, hipotecarios, y la asistencia de utilidad para evitar que la falta de vivienda. A corto plazo HOPWA es un "basado en las necesidades", los clientes del programa significado debe demostrar una situación de emergencia haciéndolos incapaces de hacer los pagos del alquiler o la hipoteca. A largo plazo Inquilino Alquiler de asistencia basada en ayuda a mantener a los consumidores vivienda estable, ayudando con la renta mensual. 6. Shelter Plus Care es un programa de vivienda bono permanente que se dirige a las personas sin hogar con discapacidades. El condado de Jefferson Autoridad de Vivienda, un proveedor de servicios médicos, o agencia de servicio social debe referir a las personas a la Shelter Plus Care Program. 7. PREVENCIÓN DE PERSONAS SIN HOGAR Y Realojamiento Rápido (HPRP) es un programa estatal operado por el SIDA Alabama, en asociación con otras siete organizaciones de servicios sobre el SIDA (OSS) en todo el estado. HPRP ofrece una fuente de financiamiento para personas de bajos ingresos con VIH a los consumidores que están en necesidad de asistencia financiera para asegurar y estabilizar sus viviendas. SIDA Alabama, junto con los OSS de otro modo, proporcionar una gestión intensiva de casos y planificación del tratamiento para todos los participantes. 8. VIVIENDA EN TODO EL ESTADO incluye Magnolia Place, un complejo de apartamentos de 15 en Mobile, Alabama, Alabama rural AIDS Project, nueve unidades de vivienda distribuidos en las zonas rurales a través de Alabama, y ​​el Estudio rural en el Condado de Lee, tres apartamentos individuales y dos apartamentos para mujeres y niños. |

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.

Durante este año del programa, un total de 116 consumidores que viven con el VIH y 41 otros miembros del hogar recibieron asistencia directa de vivienda a través de esta financiación, lo que incluye dos hogares atendidos a través de la unidad maestra-arrendado en Mobile, AL. HOPWA asistido 38 casas con el Proyecto de Ayuda de alquiler basada (PBRA), incluyendo 13 viviendas permanentes y 25 hogares de transición. Esto superó la meta propuesta de 35 hogares. La salida importante es el resultado de una dedicación personal de la vivienda de transición para la promoción de los participantes a través del programa y en la vivienda más permanente. SIDA Alabama, también se utilizan estos fondos para evitar que la falta de vivienda de 49 personas VIH-positivas a través de los hogares a corto plazo de alquiler, hipoteca, y la utilidad de Asistencia (STRMU). Esto superó la meta propuesta de proporcionar esta ayuda para la vivienda de emergencia para 35 hogares no duplicados. HOPWA siempre basada en inquilinos de Asistencia de Alquiler (TBRA) a 48 hogares no duplicados. Este llegó a la meta propuesta en sólo el 69%, como resultado de la falta de financiación para apoyar el uso de tan alto de este programa. El objetivo ha sido modificado para reflejar una meta alcanzable en el Plan de Acción 2012.  
Más de 16.491 piernas de transporte se presta a más de 116 hogares no duplicados, lo que es más que la meta propuesta de 12.500 transportes de los clientes. HOPWA financiamiento proporcionado servicios de apoyo para 4,695 hogares no duplicados en todo el Estado. Los contratos con siete organizaciones de servicios adicionales de SIDA (OSS) la asistencia del SIDA Alabama, en el cumplimiento de este objetivo. Los esfuerzos de difusión específica para el VIH la vivienda y la información sobre los recursos tuvieron éxito durante este año del programa, más de 6.298 hogares no duplicados se alcanzaron.  
Los fondos de HOPWA se utilizaron para financiar el coste de funcionamiento de 80 unidades de vivienda en todo el estado, así como las operaciones de un centro comunitario en Birmingham. Estas unidades incluyen 12 camas de vivienda de transición y 68 unidades de vivienda permanentes repartidos por todo el Estado de Alabama. Este apoyo también incluye los salarios de un Director de Vivienda y casi una persona de mantenimiento FTE para asegurarse de que el SIDA Alabama es una vivienda segura, asequible y decente.  
SIDA Alabama, está dedicado a un sistema estatal de responder a las necesidades de bajos ingresos, personas VIH-positivas de Alabama. El Servicio de la Red SIDA Organización de Alabama (Asona), un cuerpo único formado por el liderazgo de cada uno de los diez Organizaciones con Servicio en SIDA, permite una cobertura completa de todo el Estado. Como principal organismo de vivienda específica para el VIH, el SIDA Alabama, coordina un esfuerzo de colaboración para proporcionar asistencia de vivienda y servicios de apoyo a cada uno de los 67 condados. La financiación estatal se asigna a través de un proceso competitivo entre las OSS de cada período de concesión, con el compromiso de recursos equitativos para todas las inscripciones elegibles las personas VIH positivas.  
Lista de espera:  
A través de su red de organizaciones asociadas en todo el Estado, el SIDA Alabama mantiene una lista de espera para cada uno de sus programas de vivienda. A través de un sistema de referencia, OSS conectar a los clientes elegibles con los programas de vivienda existentes. Si no hay vacantes, el cliente se añade a una lista de espera hasta que la unidad, o una unidad comparable, se encuentra disponible. SIDA Alabama también mantiene una lista estatal de espera para HOPWA programa de asistencia de alquiler. Históricamente ha habido una congelación de la adición de clientes adicionales a este programa. Esta decisión, resuelto por Asona, surgió de la demanda y el gasto del programa, y ​​la determinación de mantener la asistencia de las personas inscritas previamente. Sin embargo, durante este ciclo de subvenciones se tomó la decisión de permitir a cada promotor del proyecto un bono de TBRA adicional. Los patrocinadores del proyecto también se les dio la flexibilidad necesaria para volver a utilizar un vale de descuento cuando un cliente se muda a otra vivienda permanente, subvencionados o no subvencionados o fallece. Esta decisión no lo hizo, sin embargo, a aliviar la lista de espera. La lista de espera TBRA, así como todos los fondos HOPWA, se seguirá un seguimiento mensual.

**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.

Objetivo 1: Apoyar un programa estatal de asistencia de alquiler a través de Organizaciones con Servicio en SIDA calificados  
Objetivo  
Proporcionar 35 hogares con urgencia a corto plazo de alquiler / hipoteca y servicios públicos (STRMU) la asistencia del 1 de abril de 2011, y 31 de marzo de 2012.  
Resultados del informe:  
SIDA Alabama, siempre y 49 hogares en el área de derecho, con asistencia de corto plazo de alquiler entre 01 de abril 2011 y 31 de marzo de 2012. De los asistidos, se considera que el 90% siguen siendo vivienda estable sin ayuda adicional.  
Resultado de la evaluación:  
Estos fondos se mantienen a los consumidores se queden sin hogar alojadas a causa de una situación de emergencia temporal. Alcanzado el 140% de la meta de:  
• Vivienda de la estabilidad  
• Reducir los riesgos de la falta de vivienda  
Objetivo  
Proporcionar 70 hogares a largo plazo, basada en inquilinos de Asistencia de Alquiler (TBRA) del 1 de abril de 2011, y 31 de marzo de 2012.  
Resultados del informe:  
SIDA Alabama, siempre y 48 casas, el 69% de la meta, con TBRA entre el 01 de abril 2011 y 31 de marzo de 2012.  
Resultado de la evaluación:  
Estos fondos permiten a los consumidores a obtener y permanecer en la vivienda asequible arrendado. Los participantes en este programa de acceso a la programación mensual. Como resultado de la falta de financiación para apoyar el costo de proveer este programa a un nivel tan alto, este objetivo no se cumplió. El objetivo ha sido modificado para reflejar una meta alcanzable en el Plan de Acción 2012. Alcanzado el 69% de la meta de:  
• Vivienda de la estabilidad  
• Reducir los riesgos de la falta de vivienda  
Objetivo  
Proporcionar 31 hogares con el proyecto basado en la ayuda de alquiler del 1 de abril de 2011, y 31 de marzo de 2012.  
Resultados del informe:  
SIDA Alabama, siempre y 38 casas con el Proyecto de Ayuda de alquiler basada (PBRA) entre el 01 de septiembre 2011 y 31 de octubre de 2011, el SIDA Alabama tomó la decisión de trasladar este dinero para otros artículos de la línea de subsidios de vivienda a fin de satisfacer la necesidad más grande en todo el Estado . El objetivo del Proyecto Ayuda de alquiler basada fue trasladado a conceder el derecho HOPWA a través de la ciudad de Birmingham.  
Resultado de la evaluación:  
Estos fondos permiten a los consumidores a obtener y permanecer en la vivienda asequible arrendado. Logró más de 100% de la meta de:  
• Vivienda de la estabilidad  
• Reducir los riesgos de la falta de vivienda  
Objetivo 2: Proporcionar programas de vivienda existentes en el Estado con servicios de apoyo  
Objetivo  
Proporcionar 12.500 piernas de transporte para los servicios sociales y las citas médicas, entre abril 1, 2011, y 31 de marzo de 2012.  
Resultados del informe:  
SIDA Alabama proporcionado 16.662 piernas de transporte para servicios sociales y de citas médicas entre el 01 de abril 2011 y 31 de marzo de 2012.  
   
Resultado de la evaluación:  
Esta conexión a los servicios de apoyo a los principales consumidores promueve la sana y más conectados socialmente que pueden vivir de forma independiente y permanecer en una vivienda estable. Como acciones el SIDA Alabama vivienda siguió aumentando la Agencia reconoció la necesidad de servicios de transporte más. SIDA Alabama, cuenta ahora con cinco furgonetas disponibles para proporcionar el transporte básico a nuestros clientes. Alcanzado el 133% de la meta de:  
• Vivienda de la estabilidad  
• Reducir los riesgos de la falta de vivienda  
• Mejorar el acceso a la atención  
Objetivo  
Proveer manejo de casos y servicios de apoyo a 5.000 consumidores en todo el estado entre el 01 de abril 2011, y 31 de marzo de 2012.  
Resultados del informe:  
La gestión de casos y servicios de apoyo se proporciona a los aproximadamente 4.659 hogares no duplicados, o el 93% de la meta, entre el 01 de abril 2011 y 31 de marzo de 2012. Los fondos también apoyó los salarios de los 23 administradores de casos de HOPWA y más de un FTE conductor de la furgoneta en Organizaciones con Servicio en todo el Estado. Cada organización ofrece servicios de manejo de casos para atender las necesidades de su comunidad.  
Resultado de la evaluación:  
Los consumidores están vinculados a los recursos principales que les dan la capacidad de permanecer en una vivienda estable y vivir de forma independiente. Alcanzado el 93% de la meta de:  
• Vivienda de la estabilidad  
• Reducir los riesgos de la falta de vivienda  
• Mejorar el acceso a la atención  
Objetivo 3: Los gastos de apoyo operativo de la vivienda actual.  
Objetivo  
Suplemento el costo de operación de 116 unidades de vivienda en todo el estado entre abril 1, 2011, y 31 de marzo de 2012.  
Resultados del informe:  
Los fondos de HOPWA fueron para apoyar a los costos de operación de 80 unidades en todo el estado entre el 01 de abril 2011 y 31 de marzo de 2012; Esto equivalía a 116 hogares atendidos. A medida que envejecen las propiedades, el costo de mantenimiento crece. SIDA Alabama, seguirá haciendo todo lo posible para centrar la financiación en los sectores más necesitados de propiedades. Este objetivo se volverá a evaluar en el Plan de Acción 2013.  
Resultado de la evaluación:  
Todos los actuales residentes de personas VIH-positivas recibieron una opción de vivienda segura y adecuada. Alcanzado el 69% de la meta de:  
• Vivienda de la estabilidad  
• Reducir los riesgos de la falta de vivienda  
• Mejorar el acceso a la atención  
   
Objetivo 4: Apoyar los esfuerzos locales para llenar los vacíos de la vivienda y aprender habilidades de gestión de la vivienda.  
Objetivo  
Proporcionar fondos para el costo de una unidad de dos dormitorios en el móvil de Alabama del Sur Cares para ser utilizado como vivienda de transición para sus consumidores. Esta unidad proporcionará el alojamiento de los consumidores intermedios, mientras que el encargado del caso que vincula a las opciones de vivienda permanente y les ayuda a evitar el desamparo.  
Resultados del informe:  
A través de Maestro de Arrendamiento, el SIDA Alabama, complementó el costo de una unidad de dos dormitorios, esta unidad proporciona vivienda de transición para dos familias durante el período que se examina. Esta unidad ha sido utilizada como vivienda de transición por el sur de Alabama CARES.  
Resultado de la evaluación:  
Sur de Alabama CARES experiencia adquirida en el funcionamiento de la vivienda en sus respectivas áreas para cumplir con las lagunas de la vivienda.  
Los residentes recibieron una opción de vivienda segura y adecuada. Alcanzado el 100% de la meta de:  
• Vivienda de la estabilidad  
• Reducir los riesgos de la falta de vivienda  
Objetivo 5: Apoyar los esfuerzos de identificación de los recursos.  
Objetivo  
Atención al 100% de la atención del VIH / SIDA, la vivienda y conferencias sin hogar entre abril 1, 2011, y 31 de marzo de 2012.  
Resultados del informe:  
Los fondos fueron utilizados para pagar gastos de viaje y para enviar el SIDA del personal de Alabama a todas las reuniones de carácter nacional y estatal sobre los individuos de vivienda con el VIH / SIDA entre abril 1 de 2011 y 31 de marzo de 2012 Además, este financiamiento apoya la colaboración entre el SIDA Alabama, Soluciones de Colaboración , Inc., la Corporación para el Apoyo a la Vivienda, y otros socios comunitarios que permitieron a la agencia para desarrollar un plan para aumentar la vivienda asequible en las zonas rurales.  
Resultado de la evaluación:  
Los miembros del personal de SIDA Alabama ampliaron sus conocimientos sobre las opciones de vivienda de bajos ingresos a las personas y familias que viven con el VIH. Alcanzado el 100% de la meta para obtener información que ayude a nuestros consumidores en:  
• Vivienda de la estabilidad  
• Reducir los riesgos de la falta de vivienda  
• Mejorar el acceso a la atención  
Objetivo 6: Apoyar los actuales esfuerzos de información de vivienda en el Estado.  
Objetivo  
Proporcionar 10.000 personas con información sobre la vivienda del VIH / SIDA en una variedad de lugares, incluyendo ferias de salud, eventos comerciales diarias, eventos de sensibilización sobre el VIH, las iglesias, no tradicionales, clínicas, clubes comunitarios, refugios, programas de abuso de sustancias, salones de belleza, las cárceles, las cárceles, las escuelas, ya través de otros proveedores de servicios comunitarios en todo el estado entre abril 1, 2011, y 31 de marzo de 2012.  
Resultados del informe:  
Exactamente 7.662 personas recibieron educación sobre el VIH y se les suministra información sobre la vivienda entre el 01 de abril 2011 y 31 de marzo de 2012.  
Resultado de la evaluación:  
Exactamente 7.662 de Alabama, incluyendo las personas con VIH y poblaciones de alto riesgo, ahora tienen una comprensión de las opciones de vivienda de bajos ingresos en todo el Estado. Este objetivo será reevaluado en el Plan de Acción 2013. Alcanzado el 77% de la meta por información que conduzca a:  
• Vivienda de la estabilidad  
• Reducir los riesgos de la falta de vivienda  
• Mejorar el acceso a la atención  
Objetivo 7: Proporcionar capacitación de asistencia técnica en torno al desarrollo de la vivienda en Alabama.  
Objetivo  
SIDA Alabama proporcionar por lo menos dos consultas y sesiones de asistencia técnica a las agencias miembros Asona que se dedican a proyectos específicos calificados.  
Resultados del informe:  
SIDA Alabama, siempre y sesiones de consulta y asistencia técnica con el Sur de Alabama CARES y Selma Información sobre el SIDA y referencia en materia de vivienda asequible en el aumento efectivo de sus zonas de influencia. La capacitación técnica se llevó a cabo con el SIDA del personal de Alabama que navegaba regulaciones de HUD, fuentes potenciales de financiamiento, y el uso adecuado de asistencia de alquiler para los residentes de viviendas en todo el Estado. Los fondos fueron utilizados para pagar el sueldo y el kilometraje del personal de la agencia para coordinar el desarrollo de esta vivienda SIDA.  
 Resultado de la evaluación:  
Más de viviendas se pondrán a disposición en todo el Estado, llenando algunas de las lagunas de este tipo de viviendas en las zonas rurales. Alcanzado el 100% de la meta por información que conduzca a:  
• Vivienda de la estabilidad  
• Reducir los riesgos de la falta de vivienda  
• Mejorar el acceso a la atención  
3. Coordinación. Informe sobre la coordinación de programas de vivienda con otros principales y los recursos de servicios de apoyo, incluyendo el uso de cometido el aprovechamiento de otras fuentes públicas y privadas que ayudaron a atender las necesidades de las personas elegibles identificados en el Plan Consolidado / Plan Estratégico.  
  
SIDA Alabama, coordina con las siguientes organizaciones:  
  
• La ciudad de Birmingham de Desarrollo Comunitario;  
• Alcance de Birmingham el SIDA;  
• West Alabama SIDA Extensión;  
• Centro de Salud la Unidad;  
• Coalición de Acción para el SIDA;  
• Centro de Servicios de Salud;  
• Sur de Alabama CARES;  
• Selma AIRE;  
• Alcance de Montgomery el SIDA;  
• Ayuda a las Minorías;  
• Un techo;  
• Alabama rural Coalición para los Desamparados;  
• Ryan White de Consorcio;  
• Clínica de Familia de la UAB;  
• 1917 la Clínica de la UAB;  
• Clínica San Jorge en el Hospital Cooper Green;  
• Condado de Jefferson del Departamento de Salud;  
• JBS Salud Mental / Autoridad de Retraso Mental;  
• Alabama Departamento de Economía y Asuntos de la Comunidad (ADECA);  
• Servicios sobre el SIDA Organización Red de Alabama (Asona), y  
• Otras agencias estatales y locales de servicios sociales, según sea necesario.  
  
A continuación se describe la forma federal, estatal y local los recursos público / privado se utilizarán para atender las necesidades de los consumidores identificados.  
• Los fondos de ayuda social HOPWA se proporcionan a través del Estado de Alabama y la Ciudad de Birmingham y frente a los servicios de vivienda y de apoyo las necesidades de la población con VIH / SIDA mediante programas de financiación para la ayuda para el alquiler, los servicios de apoyo tales como el manejo de casos y el transporte, la identificación de la vivienda, y operaciones.  
• HOPWA subvenciones competitivas a nivel estatal financiar el VIH / SIDA de la vivienda en las zonas rurales del Estado, más el funcionamiento de un centro de servicio enriquecido para los consumidores con diagnóstico dual con una enfermedad mental y el VIH.  
• Los fondos de apoyo del Programa de Vivienda proporcionará viviendas de transición, viviendas permanentes para las familias, y servicios de apoyo para las personas sin hogar que viven con el VIH.  
• El Programa de Cuidado de Refugio-Plus, administrado por la Autoridad de Vivienda, ofrece vales de vivienda permanente.  
• La Sección 811 de vivienda ofrece vivienda permanente y un subsidio de alquiler para personas con discapacidad calificadas.  
• Título II de Ryan White de financiación proporciona asistencia financiera de emergencia, la continuación de seguros, y servicios de manejo de casos de personas que viven con la enfermedad del VIH.  
• El Estado de Alabama ofrece servicios tales como ayuda para el alquiler y servicios públicos, asistencia jurídica y gestión de casos para las personas sin hogar y sin techo inminente el VIH / SIDA de la población a través de la Prevención de Personas sin Hogar y de Realojamiento Rápido (HPRP).  
• Los Centros para el Control de Enfermedades (CDC) y el Departamento de Alabama de la educación pública de apoyo de la Salud, las pruebas y posteriores a la prueba los servicios de educación.  
• El Estado de Alabama y el Condado de Jefferson, la administración de Emergencia Soluciones de subvenciones.  
• La ciudad de Birmingham proporciona fondos para el SIDA de Alabama para apoyar el VIH / SIDA.  
• La Fundación de la Comunidad de Birmingham proporciona fondos para apoyar el VIH / SIDA.  
• El SIDA Alabama ha hecho un esfuerzo concertado y ha tenido éxito en la obtención de fondos de otras empresas privadas y fundaciones. La Agencia también ha tenido éxito en aumentar significativamente la cantidad de servicios en especie de los voluntarios y las donaciones de empresas y particulares.  
• Las compañías farmacéuticas han sido de apoyo de los servicios educativos y basada en eventos.  
• Colaboración con la Escuela de la Universidad de Auburn de Arquitectura y Diseño como resultado el desarrollo de dos centros de estudio rural en el Condado de Lee.

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

|  |
| --- |
| SIDA Alabama se beneficiarán de la formación de IDIS. |

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.

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

SIDA Alabama, continúa luchando con las altas demandas de vivienda y servicios de apoyo, junto con reducción de fondos y un aumento en las jurisdicciones. La falta de vivienda decente, segura y asequible es también un problema constante para las personas que viven con el VIH en el Estado de Alabama. Por lo general, las unidades asequibles para una familia de ingresos muy bajos no están en un barrio que desea y no puede ser considerado digno o seguro. Según la Coalición de Viviendas de Bajos Ingresos de Alabama, el Estado tiene un déficit estimado de más de 44.000 unidades de vivienda asequible. Esto es por qué los programas de suplemento al alquiler y los desarrollos de viviendas asequiblesson tan vitales. En la población VIH-positiva, al igual que con otros los grupos vulnerables, la vivienda es a menudo el catalizador para el cuidado de salud estable, disminución de conductas de riesgo, y los resultados exitosos a largo plazo. Además, la disponibilidad de servicios de apoyo es un factor crucial a la hora de determinar los resultados de éxito de personas que viven con la enfermedad del VIH. Dado que la financiación sigue a cambiar a distancia de servicios de apoyo, vemos grandes diferencias en la proporción de administrador de clientes por caso, dejando menos tiempo para centrarse en las cuestiones de los clientes subyacentes. Como resultado, las necesidades de esta población a ser recurrente y permanente, el agotamiento de los recursos ya limitados.

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.

SIDA Alabama ha visto una tendencia reciente de disminución de la financiación de los servicios de apoyo. Estos servicios vitales proveer a los residentes en la vivienda ya los servicios necesarios para permanecer alojados y en la atención médica. Sin servicios de apoyo, nos encontramos con un gran número de programas de clientes que salen sin los conocimientos necesarios para mantener una vivienda independiente. Con el fin de aumentar la tasa de éxito de estos individuos y familias, debemos proporcionarles las habilidades básicas de vida que aumentarán su capacidad de permanecer estable e independiente.  
El desplazamiento de la enfermedad del VIH en Estados Unidos es otra de las tendencias alarmantes que afectan al necesita esta población. El impacto desigual del VIH / SIDA en la región sur de los Estados Unidos ha creado una situación de emergencia que debe ser abordado, sobre todo entre las poblaciones minoritarias. El rostro del VIH es cada vez más minoritarios, rurales y pobres. El Sur representa un poco más de un tercio de la población de los EE.UU. (36,4%), sin embargo ahora representa el 60% de los estados con las mayores tasas de nuevos diagnósticos de VIH (sur de Estados Manifiesto, 2008). Además, once de los veinte principales estados con los más altos del SIDA (no VIH) son los casos en el sur (sur de Estados Manifiesto, 2008). New York no es una excepción a estas tendencias alarmantes. A la luz de esta información, uno podría imaginar que la financiación del Sur ha seguido la epidemia, pero lamentablemente ello no es el caso. El Sur sigue recibiendo las asignaciones financieras desproporcionadas que a menudo se calcula sobre la base de fórmulas caducas e injustas.

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

En 2010, el SIDA Alabama, completó su cuarta Encuesta Estatal de Evaluación de Necesidades. Con la ayuda de sus Organizaciones con Servicio en SIDA hermanas en todo el estado, el SIDA Alabama encuestó a 537 personas con VIH, o el 53% del total de VIH / SIDA de la población en Alabama. Este estudio es único en que que el SIDA Alabama, ha reunido a los mismos datos a través de cada encuesta anterior. Esto permite la oportunidad de evaluar las tendencias que se han desarrollado durante la última década, los temas evaluados varió de los ingresos, la religión y las relaciones a la terapia antirretroviral, los factores de salud mental y consumo de sustancias.

**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. | 4,340 |
| 2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance:   1. Tenant-Based Rental Assistance (TBRA) 2. Short-Term Rent, Mortgage and Utility payments (STRMU)  * Assistance with rental costs * Assistance with mortgage payments * Assistance with utility costs.  1. Housing Facilities, such as community residences, SRO dwellings, other housing facilities | 1,297  2,213  1,770  443  n/a  830 |

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

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

**End of PART 1**

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

1. **Sources of Leveraging**

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

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

A. Source of Leveraging Chart

|  |  |  |  |
| --- | --- | --- | --- |
| **[1] Source of Leveraging** | **[2] Amount of Leveraged Funds** | **[3] Type of Contribution** | **[4] Housing Subsidy Assistance or Other Support** |
| Public Funding |  |  |  |
| Ryan White-Housing Assistance |  |  | Housing Subsidy Assistance  Other Support |
| Ryan White-Other | 7,651.11 | Case Management | Housing Subsidy Assistance  Other Support |
| Housing Choice Voucher Program |  |  | Housing Subsidy Assistance  Other Support |
| Low Income Housing Tax Credit |  |  | Housing Subsidy Assistance  Other Support |
| HOME |  |  | Housing Subsidy Assistance  Other Support |
| Shelter Plus Care |  |  | Housing Subsidy Assistance  Other Support |
| Emergency Solutions Grant |  |  | Housing Subsidy Assistance  Other Support |
| Other Public: Medicaid Targeted Case Management | 3,713.87 | Case Management | Housing Subsidy Assistance  Other Support |
| Other Public: Refunds | 267.36 | Utility Refunds | Housing Subsidy Assistance  Other Support |
| Other Public: |  |  | Housing Subsidy Assistance  Other Support |
| Other Public: |  |  | Housing Subsidy Assistance  Other Support |
| Other Public: |  |  | Housing Subsidy Assistance  Other Support |
| Private Funding |  |  |  |
| Grants |  |  | Housing Subsidy Assistance  Other Support |
| In-kind Resources |  |  | Housing Subsidy Assistance  Other Support |
| Other Private: |  |  | Housing Subsidy Assistance  Other Support |
| Other Private: |  |  | Housing Subsidy Assistance  Other Support |
| Other Funding |  |  |  |  |
| Grantee/Project Sponsor/Subrecipient (Agency) Cash |  |  | Housing Subsidy Assistance  Other Support |  |
| Resident Rent Payments by Client to Private Landlord |  |  |  |  |
| **TOTAL (Sum of all Rows)** | **11,632.34** |  |  |  |

1. **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)** |
|  | Program income (e.g. repayments) | $11,632.34 |
|  | Resident Rent Payments made directly to HOPWA Program | $11,394.00 |
|  | **Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)** | $23,026.34 |

**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 | 23,026.34 |
| 2. | Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs |  |
| **3.** | **Total Program Income Expended (Sum of Rows 1 and 2)** | 23,026.34 |

**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 |  | 70 | 48 |  |  | $180,000.00 | $179,816.30 | |
| 2a. | **Permanent Housing Facilities:**  Received Operating Subsidies/Leased units (Households Served) |  | 86 | 89 |  |  | $290,000.00 | $254,647.42 | |
| 2b. | **Transitional/Short-term Facilities:**  Received Operating Subsidies/Leased units (Households Served)  (Households Served) |  | 30 | 27 |  |  | $290,000.00 | $241,248.93 | |
| 3a. | **Permanent Housing Facilities**:  Capital Development Projects placed in service during the operating year  (Households Served) |  |  |  |  |  |  |  | |
| 3b. | **Transitional/Short-term Facilities:**  Capital Development Projects placed in service during the operating year  (Households Served) |  |  |  |  |  |  |  | |
| 4. | Short-Term Rent, Mortgage and Utility Assistance |  | 35 | 49 |  |  | $56,239.00 | $52,251.56 | |
| 5. | Permanent Housing Placement Services |  |  |  |  |  |  |  | |
| 6. | Adjustments for duplication (subtract) |  |  |  |  |  |  |  | |
| 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)** |  | 221 | 213 |  |  | $816,239.00 | $727,964.21 | |
|  | **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 |  |  |  | $200.00 | $0 | |
| 9. | Stewardship Units subject to 3 or 10 year use agreements |  |  |  |  |  |  |  | |
| 10. | **Total Housing Developed**  **(Sum of Rows 78 & 9)** |  | 0 |  |  |  | $200.00 | $0 | |
|  | **Supportive Services** |  | **[1] Output Households** | | | | **[2] Output: Funding** | | |
| 11a. | Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance | 1 | 17,500 | 16,662 |  |  | $399,000.00 | $364,485.73 | |
| 11b. | Supportive Services provided by project sponsors/subrecipient that only provided supportive services. |  |  |  |  |  |  |  | |
| 12. | Adjustment for duplication (subtract) |  |  |  |  |  |  |  | |
| 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.)** |  | 17,500 | 16,662 |  |  | $399,000.00 | $364,485.73 | |
|  | **Housing Information Services** |  | **[1] Output Households** | | | | **[2] Output: Funding** | | |
| 14. | Housing Information Services |  | 10,000 | 7,662 |  |  | $10,000.00 | $13,508.26 | |
| 15. | **Total Housing Information Services** |  | 10,000 | 7,662 |  |  | $10,000.00 | $13,508.26 | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Grant Administration and Other Activities** |  | **[1] Output Households** | | | | **[2] Output: Funding** | |
| 16. | Resource Identification to establish, coordinate and develop housing assistance resources |  |  |  |  |  | $34,396.00 | $27,438.39 |
| 17. | Technical Assistance  (if approved in grant agreement) |  |  |  |  |  | $2,000.00 | $1,387.12 |
| 18. | Grantee Administration  (maximum 3% of total HOPWA grant) |  |  |  |  |  |  |  |
| 19. | Project Sponsor Administration  (maximum 7% of portion of HOPWA grant awarded) |  |  |  |  |  | $98,143.00 | $95,967.96 |
| 20. | **Total Grant Administration and Other Activities**  **(Sum of Rows 17 – 20)** |  |  |  |  |  | $134,539.00 | $124,793.47 |
|  | | | | | | | | |
|  | **Total Expended** |  |  | | | | **[2] Outputs: HOPWA Funds Expended** | |
|  |  |  |  |  | **Budget** | **Actual** |
| 21. | **Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)** |  |  |  |  | $1,359,978.00 | $1,230,751.67 |

**2. Listing of Supportive Services**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA Funds Expended** |
| 1. | Adult day care and personal assistance |  |  |
| 2. | Alcohol and drug abuse services |  |  |
| 3. | Case management | 4,659 | $360,967.62 |
| 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 |  |  |
| 9. | Life skills management (outside of case management) |  |  |
| 10. | Meals/nutritional services |  |  |
| 11. | Mental health services |  |  |
| 12. | Outreach |  |  |
| 13. | Transportation | 16,662 | $3,518.11 |
| 14. | Other Activity (if approved in grant agreement). **Specify**: |  |  |
| 15. | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** |  |  |
| 16. | **Adjustment for Duplication (subtract)** | 4,659 |  |
| 17. | **TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 16,662 | $364,485.73 |

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Subsidy Assistance Categories (STRMU)** | | **[1] Output: Number of Households Served** | **[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year** |
| a. | Total Short-term mortgage, rent and/or utility (STRMU) assistance | 49 | $52,251.56 |
| b**.** | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY. | 10 | $10,450.31 |
| c. | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. | 0 |  |
| d. | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY. | 39 | $41,801.25 |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs. | 0 |  |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY. | 0 |  |
| g. | Direct program delivery costs (e.g., program operations staff time) |  |  |

**End of PART 3**

**Part 4: Summary of Performance Outcomes**

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

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

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

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

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

A. Permanent Housing Subsidy Assistance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **[1] Output: Total Number of Households Served** | **[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year** | **[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting** | | **[4] HOPWA Client Outcomes** |
| **Tenant-Based Rental Assistance** | 48 | 44 | 1 Emergency Shelter/Streets |  | *Unstable Arrangements* |
| 2 Temporary Housing |  | *Temporarily Stable, with Reduced Risk of Homelessness* |
| 3 Private Housing | 1 | *Stable/Permanent Housing (PH)* |
| 4 Other HOPWA |  |
| 5 Other Subsidy |  |
| 6 Institution |  |
| 7 Jail/Prison |  | *Unstable Arrangements* |
| 8 Disconnected/Unknown | 1 |
| 9 Death | 2 | *Life Event* |
| **Permanent Supportive Housing Facilities/ Units** | 89 | 60 | 1 Emergency Shelter/Streets | 1 | *Unstable Arrangements* |
| 2 Temporary Housing | 2 | *Temporarily Stable, with Reduced Risk of Homelessness* |
| 3 Private Housing | 13 | *Stable/Permanent Housing (PH)* |
| 4 Other HOPWA |  |
| 5 Other Subsidy | 1 |
| 6 Institution | 2 |
| 7 Jail/Prison | 1 | *Unstable Arrangements* |
| 8 Disconnected/Unknown | 7 |
| 9 Death | 2 | *Life Event* |

**B. Transitional Housing Assistance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **[1] Output: Total Number of Households Served** | **[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year** | **[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting** | | **[4] HOPWA Client Outcomes** |
| **Transitional/ Short-Term Housing Facilities/ Units** | 27 | 1 | 1 Emergency Shelter/Streets |  | *Unstable Arrangements* |
| 2 Temporary Housing | 22 | *Temporarily Stable with Reduced Risk of Homelessness* |
| 3 Private Housing | 1 | *Stable/Permanent Housing (PH)* |
| 4 Other HOPWA |  |
| 5 Other Subsidy | 1 |
| 6 Institution |  |
| 7 Jail/Prison |  | *Unstable Arrangements* |
| 8 Disconnected/unknown | 2 |
| 9 Death |  | *Life Event* |
| B1:Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months | | | 0 | | |

**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** | |
| 49 | **Maintain Private Housing without subsidy**  (*e.g. Assistance provided/completed and client is stable, not likely to seek additional support*) | 45 | *Stable/Permanent Housing (PH)* | |
| **Other Private Housing without subsidy**  (e.g. client switched housing units and is now stable, not likely to seek additional support) |  |
| Other HOPWA Housing Subsidy Assistance |  |
| Other Housing Subsidy (PH) |  |
| **Institution**  (*e.g. residential and long-term care*) |  |
|  | |  | |
| Likely that additional STRMU is needed to maintain current housing arrangements | 4 | *Temporarily Stable, with Reduced Risk of Homelessness* | |
| **Transitional Facilities/Short-term**  (e.g. *temporary or transitional arrangement*) |  |
| **Temporary/Non-Permanent Housing arrangement**  (*e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days*) |  |
|  | |  | |
| Emergency Shelter/street |  | *Unstable Arrangements* | |
| Jail/Prison |  |
| Disconnected |  |
|  | |  | |
| Death |  | *Life Event* | |
| 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). | | | | 9 |
| 1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years). | | | | 1 |

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

# **1a. Total Number of Households**

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

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

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

|  |  |
| --- | --- |
| **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: | |
| * 1. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing. | 213 |
| * 1. Case Management | 4,659 |
| * 1. Adjustment for duplication (subtraction) | 213 |
| * 1. **Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)** | 4,659 |
| 1. **For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance:** Identify the total number of households that received the following HOPWA-funded service: | |
| * 1. HOPWA Case Management |  |
| * 1. **Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance** |  |

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

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | 4,659 |  | *Support for Stable Housing* |
| 2. Had contact with case manager/benefits counselor consistent with the schedule specified in client’s individual service plan  (may include leveraged services such as Ryan White Medical Case Management) | 4,659 |  | *Access to Support* |
| 3. Had contact with a primary health care provider consistent with the schedule specified in client’s individual service plan | 4,612 |  | *Access to Health Care* |
| 4. Accessed and maintained medical insurance/assistance | 4,612 |  | *Access to Health Care* |
| 5. Successfully accessed or maintained qualification for sources of income | 3,494 |  | *Sources of Income* |

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

|  |  |  |
| --- | --- | --- |
| * MEDICAID Health Insurance Program, or use local program   name   * MEDICARE Health Insurance Program, or use local program name | * Veterans Affairs Medical Services * AIDS Drug Assistance Program (ADAP) * State Children’s Health Insurance Program (SCHIP), or use local program name | * Ryan White-funded Medical or Dental Assistance |

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

|  |  |  |
| --- | --- | --- |
| * Earned Income * Veteran’s Pension * Unemployment Insurance * Pension from Former Job * Supplemental Security Income (SSI) | * Child Support * Social Security Disability Income (SSDI) * Alimony or other Spousal Support * Veteran’s Disability Payment * Retirement Income from Social Security * Worker’s Compensation | * General Assistance (GA), or use local program name * Private Disability Insurance * Temporary Assistance for Needy Families (TANF) * Other Income Sources |

**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 | 141 |  |

**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) | 1 |  | | 1 | 2 |
| Permanent Facility-based Housing Assistance/Units | 16 | 2 | | 9 | 2 |
| Transitional/Short-Term Facility-based Housing Assistance/Units | 2 | 22 | | 2 |  |
| **Total Permanent HOPWA Housing Subsidy Assistance** | 19 | 24 | | 11 | 4 |
|  |  |  |  |  |  |
| **Reduced Risk of Homelessness: Short-Term Assistance** | **Stable/Permanent Housing** | **Temporarily Stable, with Reduced Risk of Homelessness** | | **Unstable Arrangements** | **Life Events** |
| Short-Term Rent, Mortgage, and Utility Assistance (STRMU) | 45 | 4 | |  |  |
| **Total HOPWA Housing Subsidy Assistance** | 64 | 28 | | 11 | 4 |

**Background on HOPWA Housing Stability Codes**

**Stable Permanent Housing/Ongoing Participation**

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

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

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

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

**Temporary Housing**

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

**Unstable Arrangements**

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

7 = Jail /prison.

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

Life Event

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

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

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

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

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

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

**End of PART 5**

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

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

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

***Note:*** *See definition of Stewardship Units.*

**1. General information**

|  |  |
| --- | --- |
| HUD Grant Number(s) | Operating Year for this report  *From (mm/dd/yy) To (mm/dd/yy)*  Final Yr  Yr 1;  Yr 2;  Yr 3;  Yr 4;  Yr 5;  Yr 6;  Yr 7;  Yr 8;  Yr 9;  Yr 10; |
| Grantee Name | Date Facility Began Operations *(mm/dd/yy)* |

**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? | *Yes, protect information; do not list*  *Not confidential; information can be made available to the public* |
| **If the site is not confidential:**  Please provide the contact information, phone, email address/location, if business address is different from facility address |  |

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

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

**End of PART 6**

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

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

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

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

**a. Total HOPWA Eligible Individuals Living with HIV/AIDS**

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

|  |  |
| --- | --- |
| **Individuals Served with Housing Subsidy Assistance** | **Total** |
| Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance. | 213 |

**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 | 120 |
| **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) | 5 |
| 3. | Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher) | 4 |
| 4. | Transitional housing for homeless persons | 18 |
| 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)** | 27 |
| 6. | Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab) | 2 |
| 7. | Psychiatric hospital or other psychiatric facility | 1 |
| 8. | Substance abuse treatment facility or detox center | 1 |
| 9. | Hospital (non-psychiatric facility) | 0 |
| 10. | Foster care home or foster care group home | 0 |
| 11. | Jail, prison or juvenile detention facility | 1 |
| 12. | Rented room, apartment, or house | 47 |
| 13. | House you own | 7 |
| 14. | Staying or living in someone else’s (family and friends) room, apartment, or house | 7 |
| 15. | Hotel or motel paid for without emergency shelter voucher | 0 |
| 16. | Other |  |
| 17. | Don’t Know or Refused |  |
| **18.** | **TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)** | 213 |

**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** | 2 | 10 |

**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.) | 213 |
| 2. Number of ALL other persons **diagnosed** asHIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance | 3 |
| 3. Number of ALL other persons **NOT diagnosed** as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy | 118 |
| **4.** **TOTAL number of ALL beneficiaries served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)** | 334 |

**b. Age and Gender**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HOPWA Eligible Individuals (Chart a, Row 1)** | | | | | | |
|  | | **A.** | **B.** | **C.** | **D.** | **E.** |
| **Male** | **Female** | **Transgender M to F** | **Transgender F to M** | **TOTAL (Sum of Columns A-D)** |
| 1. | Under 18 |  |  |  |  |  |
| 2. | 18 to 30 years | 15 | 12 |  |  | 27 |
| 3. | 31 to 50 years | 68 | 51 |  |  | 119 |
| 4. | 51 years and Older | 41 | 26 |  |  | 67 |
| **5.** | **Subtotal (Sum of Rows 1-4)** | 124 | 89 |  |  | 213 |
| **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 | 46 | 44 |  |  | 90 |
| 7. | 18 to 30 years | 7 | 10 |  |  | 17 |
| 8. | 31 to 50 years | 11 | 1 |  |  | 12 |
| 9. | 51 years and Older | 2 |  |  |  | 2 |
| **10.** | **Subtotal (Sum of Rows 6-9)** | 66 | 55 |  |  | 121 |
| **Total Beneficiaries (Chart a, Row 4)** | | | | | | |
| **11.** | **TOTAL (Sum of Rows 5 & 10)** | 190 | 144 |  |  | 334 |

**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 | 146 |  | 70 |  |
| 4. | Native Hawaiian/Other Pacific Islander |  |  |  |  |
| 5. | White | 67 | 1 | 51 | 1 |
| 6. | American Indian/Alaskan Native & White |  |  |  |  |
| 7. | Asian & White |  |  |  |  |
| 8. | Black/African American & White |  |  |  |  |
| 9. | American Indian/Alaskan Native & Black/African American |  |  |  |  |
| 10. | Other Multi-Racial |  |  |  |  |
| 11. | Column Totals (Sum of Rows 1-10) | 213 | 1 | 121 | 1 |
| ***Data Check:*** *Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a., Row 4.* | | | | | |

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

**Section 3. Households**

**Household Area Median Income**

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

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

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

|  |  |  |
| --- | --- | --- |
| Percentage of Area Median Income | | **Households Served with HOPWA Housing Subsidy Assistance** |
| 1. | 0-30% of area median income (extremely low) | 187 |
| 2. | 31-50% of area median income (very low) | 19 |
| 3. | 51-80% of area median income (low) | 7 |
| **4.** | **Total (Sum of Rows 1-3)** | 213 |

**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 Alabama |

**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:**  Rectory |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**6,578.26 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 06/01/93 |
| b. | Rehabilitation/Construction Dates: **N/A** | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 04/01/1997  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 04/01/1997  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 12 Total Units = 12 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 2112 A Avenue H Ensley Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *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 |  | 12 |  |  |
| 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 12 |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**4. Households and Housing Expenditures**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Assistance Category: Facility Based Housing** | | **Output: Number of Households** | **Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient** |
| a. | Leasing Costs |  |  |
| b. | Operating Costs | 25 | 6,578.26 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units | 25 | 232,838.53 |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** | 25 |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 25 | 239,416.79 |

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

|  |
| --- |
| AIDS Alabama |

**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:**  Mustard Seed |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**28,890.90 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 12/01/06 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 12/01/2008  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 12/01/2008  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 3 Total Units = 3 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 809 21st Street Ensley Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *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 |  |  |  | 3 |
| 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 3 |  |  |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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 | 3 | 28,890.90 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 3 | 28,890.90 |

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

|  |
| --- |
| AIDS Alabama |

**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:**  Alabama Rural AIDS Project |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**90.27 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 04/27/01 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 06/21/01  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 06/21/01  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 14 Total Units = 14 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | \* Opelika, AL; Moulton, AL; Sylacauga, AL; Anniston, AL; Summerdale, AL; Loxely, AL |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

**\*Expenditure total is for total program; not broken down by property**

**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 |  |  |  | 5 |
| 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 3 | 2 | 9 |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**4. Households and Housing Expenditures**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Assistance Category: Facility Based Housing** | | **Output: Number of Households** | **Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient** |
| a. | Leasing Costs |  |  |
| b. | Operating Costs | 11 | 90.27 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 11 | 90.27 |

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

|  |
| --- |
| AIDS Alabama |

**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:**  Agape House |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**18,515.84 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 06/01/93 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 04/27/99  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 04/27/99  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 18 Total Units = 18 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 2100 Avenue H Ensley Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *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 |  |  |  | 18 |
| 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 18 |  |  |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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 | 26 | 18,515.84 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 26 | 18,515.84 |

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

|  |
| --- |
| AIDS Alabama |

**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:**  Agape 2 |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**2,120.00 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 10/01/97 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 12/01/99  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 12/01/99  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 12 Total Units = 12 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 2117 Avenue H Ensley Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *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 |  |  |  | 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:** AIDS Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 7 | 3 | 2 |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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 | 13 | 2.120.00 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 13 | 2.120.00 |

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

|  |
| --- |
| AIDS Alabama |

**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:**  Magnolia Place |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**68,915.05 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 06/01/07 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 06/01/07  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 06/01/07  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 15 Total Units = 15 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 124 North Ann Street Mobile, AL 36604 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *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 |
| 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 1 | 14 |  |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**4. Households and Housing Expenditures**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Assistance Category: Facility Based Housing** | | **Output: Number of Households** | **Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient** |
| a. | Leasing Costs |  |  |
| b. | Operating Costs | 17 | 68,915.05 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 17 | 68,915.05 |

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

|  |
| --- |
| AIDS Alabama |

**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:**  East Lake |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**339.62 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 07/01/07 |
| b. | Rehabilitation/Construction Dates: **N/A** | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 04/01/2008  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 04/01/2008  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 6 Total Units = 6 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 7701 7th Avenue South Birmingham, AL 35206 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

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

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

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

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

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

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

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

**3a. Check one only**

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

**3b. Type of Facility**

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  | 6 |  |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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 | 3 | 339.62 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 3 | 339.62 |

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

|  |
| --- |
| AIDS Alabama |

**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:**  Campus Activity Center |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility  OTHER- Community Center |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**1,774.12 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 06/01/93 |
| b. | Rehabilitation/Construction Dates: | | | Date started: 01/01/04 Date Completed: 01/01/10 |
| c. | Operation dates: | | | Date residents began to occupy: 01/01/10  Not yet occupied |
| d. | Date supportive services began: | | | Date started:  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units =       Total Units = |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* |
| g. | What is the address of the facility (if different from business address)? | | | 2105 Ave H Ensley, Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list*  *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 |  |  |  | 1 |
| 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  OTHER |

**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:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |
| d. | Other housing facility  **Specify: Community Center** |  |  |  |  |  |  |

**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 | 0 | 1,774.12 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 0 | 1,774.12 |

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

|  |
| --- |
| AIDS Alabama |

**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:**  JASPER House |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$** | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): Land was gifted to AIDS Alabama in 08/24/98 |
| b. | Rehabilitation/Construction Dates: | | | Date started: 12/18/2000 Date Completed: 3/24/02 |
| c. | Operation dates: | | | Date residents began to occupy: 04/24/2002  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 04/24/2002  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 14 Total Units = 14 |
| f. | Is a waiting list maintained for the facility? | | | 🗷Yes  No *If yes, number of participants on the list at the end of operating year* 4 |
| g. | What is the address of the facility (if different from business address)? | | | 2112-B Avenue H Ensley, Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | **🗷** *Yes, protect information; do not publish list.*  *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 |  |  |  | 11 |
| 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 11 |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**4. Households and Housing Expenditures**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Assistance Category: Facility Based Housing** | | **Output: Number of Households** | **Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient** |
| a. | Leasing Costs |  |  |
| b. | Operating Costs |  |  |
| c. | Project-Based Rental Assistance (PBRA) or other leased units | 11 | 87,900.50 |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 11 | 87,900.50 |

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

|  |
| --- |
| AIDS Alabama |

**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:**  South Alabama CARES Master Leased Unit |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$** | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 05/01/05 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 05/01/05  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 05/01/05  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 1 Total Units = 1 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 3800 Michael Blvd Mobile, AL 36609 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

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

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

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

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

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

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

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

**3a. Check one only**

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

**3b. Type of Facility**

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

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

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

**4. Households and Housing Expenditures**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Assistance Category: Facility Based Housing** | | **Output: Number of Households** | **Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient** |
| a. | Leasing Costs |  |  |
| b. | Operating Costs |  |  |
| c. | Project-Based Rental Assistance (PBRA) or other leased units | 2 | 1,832.14 |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 2 | 1,832.14 |





**Oportunidades de Vivienda para Personas con SIDA (HOPWA)  
  
  
  
Informe de Progreso Anual (APR)  
Medición de los resultados de desempeño  
  
  
  
  
Final de Lanzamiento 12/01/12**

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

El informe de abril para los beneficiarios seleccionados en forma competitiva HOPWA proporciona información anual sobre los logros del programa que apoya la evaluación del programa y la capacidad de medir los resultados del programa los beneficiarios relacionados con: mantener la estabilidad de la vivienda, evitar que la falta de vivienda y mejorar el acceso a la atención y el apoyo. La carga de información pública para la recogida de información se estima en un promedio de 56 horas por respuesta manual, o menos si una colección de datos automatizada y un sistema de recuperación está en uso, junto con 60 horas para el mantenimiento de registros, incluyendo el tiempo para revisar las instrucciones, la búsqueda actual fuentes de datos, recopilar y mantener los datos necesarios y completar y revisar la recopilación de la información. Los concesionarios están obligados a informar sobre las actividades llevadas a cabo únicamente por lo que puede haber componentes de estos requisitos de información que no sean de aplicación. Esta agencia no puede realizar o patrocinar, y una persona no está obligada a responder a una solicitud de información a menos que la recolección de muestra un número de control válido.

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Previous editions are obsolete **form** **HUD-40110-C (Expiration Date: 10/31/2014)**

**Overview.** The Annual Progress Report (APR) provides annual performance reporting on clients outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The APR fulfills statutory reporting requirements and provides the grantee and HUD with the necessary information to assess the overall performance and accomplishment of the grantee’s program activities under the approved goals and objectives.

HOPWA competitive grantees are required to submit an APR for each operating year in which HOPWA grant funds were expended. Information on each competitive grant is to be reported in a separate APR. Grantees must complete Parts 1-5 on standard reporting elements. Grantees approved for “Other Activities”, as detailed in their grant agreement, are requested to adapt the APR to report on their unique program accomplishments.

In addition, grantees are requested to comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282), which requires grant recipients to provide general information for all entities (including contractors and sub-contractors) receiving $25,000+ in federal funding.

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E. Annual Certification of Continued Use for HOPWA Facility-Based Stewardship Units

**PART 6. Worksheet - Determining HOPWA Outcomes and Connections with HMIS**

**Continued Use Periods**. Grantees that received HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA-eligible beneficiaries for a ten (10) year period. If no further HOPWA funds are used to support the facility, in place of filing the APR, the grantee must submit an Annual Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 5E Annual Certification of Continued Use for HOPWA Facility-Based Stewardship in this APR. The required use period is three years if rehabilitation is non-substantial.

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

In connection with the development of the Department’s standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor or 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.

**Operating Year.** The information contained in this APR should reflect the grantee’s operating year determined at the time the grant agreement is signed. Project sponsor/subrecipient accomplishment information must coincide with this operating year period. Any change requires the approval of HUD by amendment, such as an extension for one additional year of operation. A renewal grant start date would be coordinated with the close out of the existing grant.

Grantees with an approved extension period of less than 6-months should submit the APR for the third year of the grant term at the end of the approved extension period and incorporate data from the additional months. Grantees with an approved extension period of 6-months or more should turn in an APR at the end of the operating year and submit a separate extension APR at the end of the extension period.

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

**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 3C, Chart 1, Column [1] 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, or 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.

**Extension APR:** In addition to the standard three-year (3) grant term, grantees that requested and received an extension of their grant term from the HUD field office may be required to submit an *Extension APR*. Grantees with an approved extension period of less than 6-months should submit the APR for the third year of the grant term at the end of the approved extension period and incorporate data from the additional months. Grantees with an approved extension period of 6-months or more should turn in an APR at the end of the operating year and submit a separate extension APR at the end of the extension period.

**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 APR 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 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 below) and non-beneficiaries (e.g. a shared housing arrangement with a roommate) who resided in the unit are not reported on in the APR.

**Housing Stability:** The degree to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year. See *Worksheet - Determining HOPWA Outcomes and Connections with HMIS* 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 or services. *See 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 better maintain a stable living environment in housing that is safe, decent, and sanitary, (per the regulations at 24 CFR 574.310(b)) and to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support.

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

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

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

**Project-Based Rental Assistance (PBRA):**  Arental subsidy program that is tied to specific facilities or units owned or controlled by a project sponsor/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 Persons with AIDS (HOPWA)**

**Annual Progress Report – Measuring Performance Outcomes**

**PART 1:** **Grantee Summary**

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

Please use Charts 1 and 2 in this section 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 requests Subrecipient Information. Complete only the charts applicable to the HOPWA project detailed in the report. When completing the charts, provide a response for every question using “N/A” to indicate if a particular question is not applicable to the Grantee or Subrecipient. Do not leave any sections blank.

***Note***:  *Report all general information pertaining to project sponsors and subrecipients that perform housing and supportive services in Part 5A: Summary of Project Sponsor/Subrecipient Information.*

**1. Grantee Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HUD Grant Number**  HOPWA 11001 | | **Operating Year for this report**  ***From (mm/dd/yy)*** 04/01/11 ***To (mm/dd/yy)***  03/31/12  Yr 1;  Yr 2;  Yr 3;  ExtYr | | | | | |
| **Grantee Name**  State of Alabama- ADECA | | **Parent Company *if applicable*** | | | | | |
| **Type of HOPWA Grant**  Competitive  Formula | | | | | | | |
| **Business Address** | 401 Adams Avenue | | | | | | |
| **City, State, Zip, County** | Montgomery | AL | | | 36104 | Montgomery | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 636000619 | | | | | | |
| **DUN & Bradstreet Number (DUNs)** | 062620604 | | | **Central Contractor Registration (CCR):**  **Is the grantee’s CCR status currently active?**  **Yes**  **No**  **If yes, provide CCR Number:**  Not listed | | | |
| **Congressional District of Grantee’s Business Address** | Statewide Alabama | | | | | | |
| **\*Congressional District(s) of Primary Service Area** | Statewide Alabama | | | | | | |
| **\*City(ies) and County(ies) of Primary Service Area** | **Cities:** Statewide Alabama | | | | | | **Counties:** Statewide Alabama |
| **Organization’s Website Address**  www.adeca.alabama.gov | | | **Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area?  Yes  No**  **If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.** | | | | |
| **Is the grantee a nonprofit organization?**   **Yes**  **No**  *Please check if yes and a faith-based organization?*  *Please check if yes and a grassroots organization?* | | | | | | | |

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

|  |  |
| --- | --- |
| *I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and**accurate.* **Warning:** HUD will refer for prosecution false claims and statements. Conviction may result in criminal and/orcivil penalties.(18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802) | |
| **Name and Title of Authorized Official** | **Signature & Date (mm/dd/yy)** |
| **Name and Title of Contact at Grantee Agency** *(person who can answer questions about the report and program)* | **Email Address** |
| **Phone Number (include area code)** | **Fax Number (include area code)** |

**2.**  **Administrative Subrecipient Information**

Provide information on each Subrecipient organization with a contract/agreement of $25,000 or greater to assist the project sponsor with evaluations or other 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. These elements address requirements in the Federal Financial Accountability and Transparency Act of 2006 (Public Law 109-282).

***Note:*** *This chart does not apply to organizations that provide direct services to clients, defined by CFR 574.3, in providing housing and other support to beneficiaries.*  *Subrecipients who provide direct services should complete the Subrecipient Chart in Part 5A: Summary of Project Sponsor/Subrecipient Information. Additionally, if the grantee undertakes service delivery activities directly, complete the respective performance sections (Part 5A-5E) for all activities conducted by the grantee*

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

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

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

**Part 2: Grantee Narrative and Performance Assessment**

Use the Grantee Narrative and Performance Assessment (items A through D) to succinctly describe in a one to three page narrative how activities enabled client households to improve housing stability, increased access to care and support, and reduced their risk of homelessness. Describe the organization of the HOPWA Program and how the program interacts with other housing and supportive service programs in the community and/or state. The narrative should detail program accomplishments, barriers to achieving stated performance goals, technical assistance needs and innovative outreach and support strategies utilized by project sponsors or partner organizations to achieve program goals. In addition, provide information on any evaluations of the project’s accomplishments conducted during the operating year. This narrative will be used for public information, including posting on HUD’s web page.

**\*\*Narrative can be found in CAPER**

**A. Outputs Reported.** Describe program accomplishments including the number of housing units supported and the number households assisted with HOPWA funds during this operating year. Include a comparison between proposed (as approved in the grant agreement) and actual accomplishments, as demonstrated in Part 3: Overview of Grant Activities. In the narrative, describe how the different types of housing assistance are coordinated to serve clients. If your organization has a waiting list, please explain how it is administered.

**B. 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.

**C. Barriers and Recommendations.** 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, as well as recommendations for program improvement. You may select more than one from the following list. Specify a barrier for each explanation or description.

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

**D. Technical Assistance.** Describe any technical assistance needs and how they will benefit program beneficiaries.

**E. Unmet Housing Need: Assessment of Unmet Housing Needs for HOPWA eligible Households.**

In Chart 1, please identify your service area. If your service area operates within an area also served by HOPWA formula funds, check the box in Row a. If your service area is **not** also served by HOPWA formula funds, check the box in Row b.

**Note:** For help determining whether or not a formula HOPWA programs operates within your service area, go to [http://portal.hud.gov/hudportal/HUD?src=/program\_offices/comm\_planning/aidshousing/programs/formula].

1. Service Area

|  |  |
| --- | --- |
| a. Program operates within an area also served with HOPWA formula funds  [Completing Chart 2, Planning Estimate for Area’s Unmet Needs for HOPWA-eligible households is optional for this group of competitive grantees] |  |
| 1. Program operates in an area that is not eligible for HOPWA formula funds   [This group of competitive grantees must complete Chart 2] |  |

2. Planning Estimate of Area’s Unmet Needs for HOPWA-eligible Households

In Chart 2 Row 1, provide an assessment of the total number of HOPWA-eligible households that require housing subsidy assistance, but are not served by any HOPWA-funded housing subsidy assistance programs in this service area. In Rows a. through c. enter the total number of HOPWA-eligible households by type of housing subsidy assistance needed. Do not include clients who are already receiving HOPWA-funded housing subsidy assistance.

Refer to Chart 3, 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.

|  |  |
| --- | --- |
| 1. Total number of households that have unmet housing subsidy assistance need. | 4,340 |
| 2. From the total reported in #1, identify the number of households with unmet housing needs by type of housing subsidy assistance:   1. Tenant-Based Rental Assistance (TBRA)   b. Short-Term Rent, Mortgage and Utility payments (STRMU)   * Assistance with rental costs * Assistance with mortgage payments * Assistance with utility costs   c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities | 1,297  1,770  443  n/a  830 |

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

|  |
| --- |
| **=** Data as reported in the area Consolidated Plan, e.g. in Table 1B, CPMP charts, and related narratives |
| = Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care |
| = Data from client information provided in Homeless Management Information Systems (HMIS) |
| ✓ = Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on needs |
| = Data from prisons or jails in the community 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 related care assessments, e.g. local health department or CDC surveillance data |

**End of Part 2**

**Part 3: 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. Do not count Supportive Services in this section)**

***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 3C, Chart 1, Row 7 (e.g., do not include households that received HOPWA supportive services ONLY).*

**Section 1. Individuals**

**a. Total HOPWA eligible individuals\*receiving HOPWA Housing Subsidy Assistance**

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 housing subsidy assistance but NOT all HIV positive individuals in the household.

|  |  |
| --- | --- |
| **Individuals Served with HOPWA Housing Subsidy Assistance** | **Total Number** |
| Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance | 213 |

*\*See definition section for clarification on HOPWA eligible individuals*

**b. Prior Living Situation**

In chart b., Indicate the prior living arrangements for all the 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 HOPWA housing subsidy assistance reported in Chart a. above.*

|  |  |  |
| --- | --- | --- |
| **Category** | | **Total HOPWA Eligible Individuals Receiving HOPWA Housing Subsidy Assistance** |
| 1. | Continuing to receive HOPWA housing subsidy assistance from the prior operating year | 120 |
| **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) | 5 |
| 3. | Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher) | 4 |
| 4. | Transitional housing for homeless persons | 18 |
| 5. | **Total number new individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)** | 27 |
| 6. | Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab) | 2 |
| 7. | Psychiatric hospital or other psychiatric facility | 1 |
| 8. | Substance abuse treatment facility or detox center | 1 |
| 9. | Hospital (non-psychiatric facility) | 0 |
| 10. | Foster care home or foster care group home | 0 |
| 11. | Jail, prison or juvenile detention facility | 1 |
| 12. | Rented room, apartment, or house | 47 |
| 13. | House you own | 7 |
| 14. | Staying or living in someone else’s (family and friends) room, apartment, or house | 7 |
| 15.. | Hotel or motel paid for by individual | 0 |
| 16. | Other |  |
| 17. | Don’t Know or Refused |  |
| **18.** | **TOTAL of HOPWA Eligible Individuals( Sum of Rows 1 and 5-17)** | 213 |

**c. Homeless Individuals Summary**

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

|  |  |  |
| --- | --- | --- |
| **Category** | **Homeless Veteran(s)** | **Chronically Homeless** |
| **HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance** | 2 | 10 |

**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 3A, 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 EligibleIndividual.*

***Note:*** *See definition of Beneficiaries.*

***Note:*** *See definition of Transgender.*

***Note:*** *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 below 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. 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.) | 213 |
| 1. 2. Number of ALL other persons **diagnosed** asHIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance | 3 |
| 1. 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 | 118 |
| **4.** **TOTAL number of ALL beneficiaries served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)** | 334 |

**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 Chart a., Row 4.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **HOPWA Eligible Individuals (Chart a, Row 1)** | | | | | | |
|  | | **A.** | **B.** | **C.** | **D.** | **E.** |
| **Male** | **Female** | **Transgender M to F** | **Transgender F to M** | **TOTAL (Sum of Columns A-D)** |
| 1. | Under 18 |  |  |  |  |  |
| 2. | 18 to 30 years | 15 | 12 |  |  | 27 |
| 3. | 31 to 50 years | 68 | 51 |  |  | 119 |
| 4. | 51 years and Older | 41 | 26 |  |  | 67 |
| **5.** | **Subtotal (Sum of Rows 1-4)** | 124 | 89 |  |  | 213 |
| **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 | 46 | 44 |  |  | 90 |
| 7. | 18 to 30 years | 7 | 10 |  |  | 17 |
| 8. | 31 to 50 years | 11 | 1 |  |  | 12 |
| 9. | 51 years and Older | 2 |  |  |  | 2 |
| **10.** | **Subtotal (Sum of Rows 6-9)** | 66 | 55 |  |  | 121 |
| **Total Beneficiaries (Chart a, Row 4)** | | | | | | |
| **11.** | **TOTAL (Sum of Rows 5 & 10)** | 190 | 144 |  |  | 334 |

**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 ALL

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 | 146 |  | 70 |  |
| 4. | Native Hawaiian/Other Pacific Islander |  |  |  |  |
| 5. | White | 67 | 1 | 51 | 1 |
| 6. | American Indian/Alaskan Native & White |  |  |  |  |
| 7. | Asian & White |  |  |  |  |
| 8. | Black/African American & White |  |  |  |  |
| 9. | American Indian/Alaskan Native & Black/African American |  |  |  |  |
| 10. | Other Multi-Racial |  |  |  |  |
| 11. | Column Totals (Sum of Rows 1-10) | 213 | 1 | 121 | 1 |
| ***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 [1] and Part 3A, Section 1, Chart a. (Total HOPWA Eligible Individuals Served with HOPWA Housing Subsidy Assistance).*

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

|  |  |  |
| --- | --- | --- |
| **Percentage of Area Median Income** | | **Households Served with HOPWA Housing Subsidy Assistance** |
| 1. | 0-30% of area median income (extremely low) | 187 |
| 2. | 31-50% of area median income (very low) | 19 |
| 3. | 51-80% of area median income (low) | 7 |
| **4.** | **Total (Sum of Rows 1-3)** | 213 |

**Part 3: Summary Overview of Grant Activities**

**B. 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, or grant proposal/renewal application 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.

**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 |  |  | Housing Subsidy Assistance  Other Support |
| Ryan White-Other | 7,651.11 | Case Management | Housing Subsidy Assistance  Other Support |
| Housing Choice Voucher Program |  |  | Housing Subsidy Assistance  Other Support |
| Low Income Housing Tax Credit |  |  | Housing Subsidy Assistance  Other Support |
| HOME |  |  | Housing Subsidy Assistance  Other Support |
| Shelter Plus Care |  |  | Housing Subsidy Assistance  Other Support |
| Emergency Solutions Grant |  |  | Housing Subsidy Assistance  Other Support |
| Other Public: Medicaid Targeted Case Management | 3,713.87 | Case Management | Housing Subsidy Assistance  Other Support |
| Other Public: Refunds | 267.36 | Utility Refunds | Housing Subsidy Assistance  Other Support |
| Other Public |  |  | Housing Subsidy Assistance  Other Support |
| Other Public: |  |  | Housing Subsidy Assistance  Other Support |
| Other Public: |  |  | Housing Subsidy Assistance  Other Support |
| Private Funding |  |  |  |
| Grants |  |  | Housing Subsidy Assistance  Other Support |
| In-kind Resources |  |  | Housing Subsidy Assistance  Other Support |
| Other Private: |  |  | Housing Subsidy Assistance  Other Support |
| Other Private: |  |  | Housing Subsidy Assistance  Other Support |
| Other Funding |  |  |  |  |
| Grantee/Project Sponsor/Subrecipient (Agency) Cash |  |  | Housing Subsidy Assistance  Other Support |  |
| Resident Rent Payments by Client to Private Landlord |  |  |  |  |
| **TOTAL (Sum of all Rows)** | **11,632.34** |  |  |  |

1. **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) | $11,632.34 |
| 2. | Resident Rent Payments made directly to HOPWA Program | $11,394.00 |
| **3.** | **Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)** | $23,026.34 |

**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 | 23,026.34 |
| 2. | Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs |  |
| **3.** | **Total Program Income Expended (Sum of Rows 1 and 2)** | 23,026.34 |

**Part 3: Summary Overview of Grant Activities**

**C. Performance and Expenditure Information**

Report the total number of households that received HOPWA assistance and the amount of HOPWA funds expended for each program activity provided. In each activity section, the total Row must contain an **unduplicated** total number of households assisted. An adjustment for duplication Row is provided in each section to ensure that the total is correct.

***Note:*** *See definition section for more information about Adjustment for Duplication.*

***Data Check:*** *Data in this section is summarized from all project sponsors/subrecipients PART 5A-E submissions and therefore should match the combined total for those submissions. HOPWA housing subsidy assistance, supportive services, and housing placement activities are measured in households served while housing development activities are measured in units developed.*

**1. Performance and Expenditure Information by Activity Type**

|  |  |  |  |
| --- | --- | --- | --- |
| **HOPWA Housing Subsidy Assistance** | | **[1] Outputs: Number of Households** | **[2] Outputs: Amount of HOPWA Funds Expended** |
| 1. | Tenant-Based Rental Assistance | 48 | $179,816.30 |
| 2a. | **Permanent Housing Facilities:**  Received Operating Subsidies/Leased units | 89 | $254,647.42 |
| 2b. | **Transitional/Short-term Facilities:**  Received Operating Subsidies/Leased units | 27 | $241,248.93 |
| 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 | 49 | $52,251.56 |
| 5. | Permanent Housing Placement Services |  |  |
| 6. | Adjustment for duplication (subtract) |  |  |
| **7.** | **TOTAL HOPWA Housing Subsidy Assistance (Column 1 equals sum of Rows 1-5 minus Row 6; Column 2 equals the sum of Rows 1-5)** | 213 | $727,964.21 |
|  | | | |
| **Housing Development**  **(Construction and Stewardship of Facility-Based Housing)** | | **[1] Outputs: Number of Housing Units** | **[2] Outputs: Amount of HOPWA Funds Expended** |
| 8. | Facility-Based Units;  Capital Development Projects not yet opened | 0 | $0 |
| 9. | Stewardship units subject to 3- or 10- year use periods |  |  |
| **10.** | **TOTAL Housing Development (Sum of Rows 8 and 9)** | 0 | $0 |
|  | | | |
| **Supportive Services** | | **[1] Outputs: Number of Households** | **[2] Outputs: Amount of HOPWA Funds Expended** |
| 11a. | Supportive Services provided by project sponsors/subrecipients that also delivered HOPWA housing assistance *(as reported in Part 5D, 1a.)* | 16,662 | $364,485.73 |
| 11b. | Supportive Services provided by project sponsors/subrecipients that only provided supportive services  *(as reported in Part 5, D, 1b.)* |  |  |
| 12. | Adjustment for duplication (subtract) |  |  |
| 13. | **TOTAL Supportive Services (Column 1 equals Sum of Rows 11a. & 11b. minus Row 12;Column 2 equals Sum of Row 11a. & 11b.)** | 16,662 | $364,485.73 |
|  | | | |
| **Housing Information Services** | | **[1] Outputs: Number of Households** | **[2] Outputs: Amount of HOPWA Funds Expended** |
| 14. | Housing Information Services | 7,662 | $13,508.26 |
| **15.** | **TOTAL Housing Information Services** | 7,662 | $13,508.26 |
|  | | | |
| **Grant Administration and Other Activities** | | **[1] Outputs: Number of Households** | **[2] Outputs: Amount of HOPWA Funds Expended** |
| 16. | Resource Identification to establish, coordinate and develop housing assistance resources |  | $27,438.39 |
| 17. | Technical Assistance (if approved in grant agreement) |  | $1,387.12 |
| 18. | Project Outcomes/Program Evaluation (if approved in grant agreement) |  |  |
| 19. | Grantee Administration (maximum 3% of total of HOPWA grant) |  |  |
| 20. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) |  | $95,967.96 |
| 21. | Other Activity (if approved in grant agreement). Specify: |  |  |
| **22.** | **TOTAL Grant Administration and Other Activities (Sum of Rows 16-21)** |  | $124,793.47 |
|  | | | |
| **TOTAL Expended** | |  | **[2] Amount of HOPWA Funds Expended** |
| **23.** | **TOTAL Expenditures (Sum of Rows 7, 10, 13, 15 & 22)** |  | $1,230,751.67 |

**End of Part 3**

**Part 4: Summary of Performance Outcomes**

**Housing Stability, Prevention of Homelessness, and Access to Care**

In Column [1], report by type the total number of households that received HOPWA housing subsidy assistance. In Column [2], enter the number of households continuing to access each type of HOPWA housing subsidy assistance into the following year. In Column [3], report the housing status of all households that exited the program. Note: Refer to the destination codes that appear in Part 6: Appendix: Worksheet on Determining HOPWA Outcomes and Connections with HMIS.

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

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

1. Permanent 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** |
| **Tenant-Based Rental Assistance** | 48 | 44 | 1 Emergency Shelter/Streets |  | *Unstable Arrangements* |
| 2 Temporary Housing |  | *Temporarily Stable, with Reduced Risk of Homelessness* |
| 3 Private Housing | 1 | *Stable/Permanent Housing (PH)* |
| 4 Other HOPWA |  |
| 5 Other Subsidy |  |
| 6 Institution |  |
| 7 Jail/Prison |  | *Unstable Arrangements* |
| 8 Disconnected/Unknown | 1 |
| 9 Death | 2 | *Life Event* |
| **Permanent Supportive Housing Facilities/ Units** | 89 | 60 | 1 Emergency Shelter/Streets | 1 | *Unstable Arrangements* |
| 2 Temporary Housing | 2 | *Temporarily Stable, with Reduced Risk of Homelessness* |
| 3 Private Housing | 13 | *Stable/Permanent Housing (PH)* |
| 4 Other HOPWA |  |
| 5 Other Subsidy | 1 |
| 6 Institution | 2 |
| 7 Jail/Prison | 1 | *Unstable Arrangements* |
| 8 Disconnected/Unknown | 7 |
| 9 Death | 2 | *Life Event* |

**B. Transitional Housing Assistance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **[1] Output: Total Number of Households Served** | **[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year** | **[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting** | | **[4] HOPWA Client Outcomes** |
| **Transitional/ Short-Term Housing Facilities/ Units** | 27 | 1 | 1 Emergency Shelter/Streets |  | *Unstable Arrangements* |
| 2 Temporary Housing | 22 | *Temporarily Stable with Reduced Risk of Homelessness* |
| 3 Private Housing | 1 | *Stable/Permanent Housing (PH)* |
| 4 Other HOPWA |  |
| 5 Other Subsidy | 1 |
| 6 Institution |  |
| 7 Jail/Prison |  | *Unstable Arrangements* |
| 8 Disconnected/unknown | 2 |
| 9 Death |  | *Life Event* |
| B1:Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months | | | 0 | | |

**Section 2. Prevention of Homelessness:** **Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Rent, Mortgage, and Utility 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.

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 3C, Chart 1, Row 4, Column [1].

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** |
| 49 | **Maintain Private Housing without subsidy**  (*e.g. Assistance provided/completed and client is stable, not likely to seek additional support*) | 45 | | *Stable/Permanent Housing (PH)* |
| **Other Private Housing without subsidy**  (e.g. client switched housing units and is now stable, not likely to seek additional support) |  | |
| Other HOPWA Housing Subsidy Assistance |  | |
| Other Housing Subsidy (PH) |  | |
| **Institution**  (*e.g. residential and long-term care*) |  | |
|  | | |  |
| Likely that additional STRMU is needed to maintain current housing arrangements | 4 | | *Temporarily Stable, with Reduced Risk of Homelessness* |
| **Transitional Facilities/Short-term**  (e.g. *temporary or transitional arrangement*) |  | |
| **Temporary/Non-Permanent Housing arrangement**  (*e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days*) |  | |
|  | | |  |
| Emergency Shelter/street |  | | *Unstable Arrangements* |
| Jail/Prison |  | |
| Disconnected |  | |
|  | | |  |
| Death |  | | *Life Event* |
| 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). | | | 9 | |
| 1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years). | | | 1 | |

**Section 3. Access to Care and Support: Assessment of Client 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-funded housing subsidy assistance (TBRA, STRMU, Facility-Based, Permanent Housing Placement Services 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: | |
| * 1. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing. | 213 |
| * 1. Case Management | 4,659 |
| * 1. Adjustment for duplication (subtraction) | 213 |
| * 1. **Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)** | 4,659 |
| 1. **For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance:** Identify the total number of households that received the following HOPWA-funded service: | |
| * 1. HOPWA Case Management |  |
| * 1. **Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance** |  |

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

Column [1]: Of the households identified as receiving services from project sponsors/subrecipients that provide 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. 1. Has a housing plan for maintaining or establishing stable on-going housing | 4,659 |  | *Support for Stable Housing* |
| 2. Had contact with case manager/benefits counselor consistent with the schedule specified in client’s individual service plan  (may include leveraged services such as Ryan White Medical Case Management) | 4,659 |  | *Access to Support* |
| 3. Had contact with a primary health care provider consistent with the schedule specified in client’s individual service plan | 4,612 |  | *Access to Health Care* |
| 4. Accessed and maintained medical insurance/assistance | 4,612 |  | *Access to Health Care* |
| 5. Successfully accessed or maintained qualification for sources of income | 3,494 |  | *Sources of Income* |

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

|  |  |  |
| --- | --- | --- |
| * MEDICAID Health Insurance Program, or use local program   name   * MEDICARE Health Insurance Program, or use local program name | * Veterans Affairs Medical Services * AIDS Drug Assistance Program (ADAP) * State Children’s Health Insurance Program (SCHIP), or use local program name | * Ryan White-funded Medical or Dental Assistance |

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

|  |  |  |
| --- | --- | --- |
| * Earned Income * Veteran’s Pension * Unemployment Insurance * Pension from Former Job * Supplemental Security Income (SSI) | * Child Support * Social Security Disability Income (SSDI) * Alimony or other Spousal Support * Veteran’s Disability Payment * Retirement Income from Social Security * Worker’s Compensation | * General Assistance (GA), or use local program name * Private Disability Insurance * Temporary Assistance for Needy Families (TANF) * Other Income Sources |

# **1c. Households that Obtained Employment**

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

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

Note: This includes jobs created by project sponsors or obtained from an outside 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:** |
| 1. Total number of households that obtained an income-producing job | 141 |  |

**End of Part 4**

**Part 5A: Summary of Each Project Sponsor/Subrecipient Information**

For each project sponsor or subrecipient, please complete the entirety of Parts 5A-E. Order the report as Part 5A-E for Project Sponsor/Subrecipient 1, then Part 5A-E for Project Sponsor/Subrecipient 2, etc.

***Note:*** *If the grantee undertakes service delivery activities directly, complete the respective performance sections (Parts 5A-E) for all activities conducted by the grantee.*

In Chart 1, provide the following information for organizations designated or selected to serve as a project sponsors, 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:*** *Subrecipient data is reported in Chart 2 (see definitions for more information regarding the distinction between a sub-recipient and a project sponsor).*

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

**1. Project Sponsor Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Sponsor Agency Name**  AIDS Alabama | | **Parent Company Name*, if applicable***  N/A | | | | | |
| **Name and Title of Contact at Project Sponsor Agency** | Kevin Finney, Director Of Operations – Financial Questions  Amanda Shipp, Administrative Director of Programs – Program Questions | | | | | | |
| **Email Address** | finney@aidsalabama.org  amanda@aidsalabama.org | | | | | | |
| **Business Address** | 3521 7TH Avenue South | | | | | | |
| **City, County, State, Zip,** | Birmingham | | | Jefferson | | AL | 35222 |
| **Phone Number *(with area code*)** | (205) 324-9822 | | | | **Fax Number (with area code)**  (205) 324-9311 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 581727755 | | | | **DUN & Bradstreet Number (DUNs) *if applicable***  834432999 | | |
| **Congressional District of Business Location of Sponsor** | 7 | | | | | | |
| **Congressional District(s) of Primary Service Area(s)** | 7, 6 | | | | | | |
| **Zip Code(s) of Primary Service Area(s)** | 35201, 35202, 335204, 35205, 35206, 35207, 35208, 35209, 35210, 35211, 35212, 35213, 35214, 35215, 35216, 35217, 35218, 35219, 35220, 35221, 35222, 35223, 35225, 35226, 35228, 35230 ,35231, 35232, 35233, 35234, 35235, 35236, 35237, 35238, 35240, 35242, 35243, 35244, 35245, 35246, 35249, 35253, 35254, 35255, 35256, 35259, 35260 ,35261, 35263, 35266, 35275, 35277, 35278,, 35279, 35280, 35281, 35282, 35283, 35285, 35286, 35287, 35288, 35289, 35290, 35291, 35292, 35293, 35294, 35295, 35296, 35297, 35298, 35299, 35094, 35501, 35121 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Birmingham, Hoover, Jasper, Oneonta, Leeds | | | | | Jefferson, Shelby, St. Clair, Blount, Walker | |
| **Total HOPWA contract amount for this Organization** | **$ 1,359,978.00** | | | | | | |
| **Organization’s Website Address**  www.aidsalabama.org | | | **Does your organization maintain a waiting list?**  Yes  No | | | | |
| **Is the sponsor a nonprofit organization?**   **Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | | |

*\*\* There is no CCR information listed on this form, however, AIDS Alabama is active in the CCR.*

**2. 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 complete Part 5, Sections A-E of the APR.

***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***  N/A | | |
| **Name and Title of Contact at Contractor/**  **Sub-contractor Agency** | N/A | | | | | |
| **Email Address** | N/A | | | | | |
| **Business Address** | N/A | | | | | |
| **City, County, State, Zip** | N/A | | N/A | | N/A | N/A |
| **Phone Number (included area code)** | N/A | | | **Fax Number (include area code)**  N/A | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | N/A | | | | | |
| **DUN & Bradstreet Number (DUNs)** | N/A | | | | | |
| **North American Industry Classification System (NAICS) Code** | N/A | | | | | |
| **Congressional District of the Sub-recipient’s Business Address** | N/A | | | | | |
| **Congressional District(s) of Primary Service Area** | N/A | | | | | |
| **City(ies) and County(ies) of Primary Service Area** | **Cities:** N/A | | | **Counties**: N/A | | |
| **Total HOPWA Subcontract Amount of this Organization for the operating year** | N/A | | | | | |
| **Organization’s Website Address**  N/A | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |
| **Is the sponsor a nonprofit organization?**  **Yes  No**  **Please check if yes and a faith-based organization**  **Please check if yes and a grassroots organization** | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**B. Rental Assistance, Short-Term Rent, Mortgage and Utility Assistance Programs and Permanent Housing Placement Assistance**

**1. Rental Assistance (RA)**

Enter the total number of households served in Column [1] and the amount of HOPWA funds expended Column [2] by the project sponsor/subrecipient on RA.

|  |  |  |  |
| --- | --- | --- | --- |
| **HOPWA Housing Subsidy Assistance Category: RA** | | **[1] Output: Number of Households Served** | **[2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/Subrecipient** |
| a. | Tenant-based rental assistance (TBRA) | 48 | 179,816.30 |
| b. | Other Rental Assistance (RA) Programs (if approved in grant agreement) | 38 | 87,900.50 |
| **c.** | Direct program delivery costs (e.g., program staff time) |  | 407,992.85 |
| **d.** | **TOTAL Rental Housing Assistance (For Column [1] sum of Row a. & Row b., for Column [2] sum of rows a. – c.)** | 86 | 675,709.65 |

**1. Short-Term Rent, Mortgage and Utility Assistance (STRMU)**

In Row a., enter the total number of households served and the amount of HOPWA funds expended by each project sponsor or subrecipient on Short Term Rent, Mortgage, and Utility assistance (STRMU).

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 by the project sponsor/subrecipient 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 by the project sponsor 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 by the project sponsor/subrecipient 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 by the project sponsor/subrecipient 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 by the project sponsor/subrecipient 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 3C, Chart 1, Row 4.*

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Subsidy Assistance Categories (STRMU)** | | **[1] Output: Number of Households Served** | **[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year** |
| a. | Total Short-term mortgage, rent and/or utility (STRMU) assistance | 49 | $52,251.56 |
| b**.** | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY. | 10 | $10,450.31 |
| c. | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. | 0 |  |
| d. | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY. | 39 | $41,801.25 |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs. | 0 |  |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY. | 0 |  |
| g. | Direct program delivery costs (e.g., program operations staff time) |  |  |

**3. Permanent Housing Placement Services**

In Row a., Column [1] report the households served with HOPWA-funded Permanent Housing Placement Assistance and in Row a, Column [2] report the HOPWA funds expended on Permanent Housing Placement Services. Use Row b. to report on direct program delivery costs used to operate the Permanent Housing Placement Program. Use Row c., to report household and expenditure totals for Permanent Housing Placement Services.

|  |  |  |  |
| --- | --- | --- | --- |
| **HOPWA Housing Subsidy Assistance Category: Permanent Housing Placement Assistance** | | **[1] Output: Number of Households Served** | **[2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/Subrecipient** |
| a. | Permanent Housing Placement Services |  |  |
| b. | Direct program delivery costs (e.g., program staff time) |  |  |
| **c.** | **TOTAL Permanent Housing Placement Services (sum of Rows a. and b.)** |  |  |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**C. Facility-based Housing Assistance**

Complete one Part 5C for each facility developed and/or supported through HOPWA funds.

**Do not complete this Chart 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/subrecipient should complete Section 5E: Annual Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 1a., Project Site Information, and 1b., Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, butcontinued to receive HOPWA operating dollars this reporting year.

**1a. Project Site Information for HOPWA Capital Development of Projects Only (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:**  Rectory |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**6,578.26 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 06/01/93 |
| b. | Rehabilitation/Construction Dates: **N/A** | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 04/01/1997  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 04/01/1997  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 12 Total Units = 12 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 2112 A Avenue H Ensley Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

**1b. 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** | 1. **Number Energy-Star Compliant** | **Number 504 Accessible** |
| Rental units constructed (new) and/or acquired with or without rehab |  | 12 |  |  |
| Rental units rehabbed |  |  |  |  |
| Homeownership units constructed (if approved) |  |  |  |  |

**2. 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.**

**2a. Check one only**

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

**2b. 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 12 |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**3. 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 | 25 | 6,578.26 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units | 25 | 232,838.53 |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** | 25 |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 25 | 239,416.79 |

**1a. 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:**  Mustard Seed |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**28,890.90 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 12/01/06 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 12/01/2008  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 12/01/2008  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 3 Total Units = 3 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 809 21st Street Ensley Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

**1b. 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** | 1. **Number Energy-Star Compliant** | **Number 504 Accessible** |
| Rental units constructed (new) and/or acquired with or without rehab |  |  |  | 3 |
| Rental units rehabbed |  |  |  |  |
| Homeownership units constructed (if approved) |  |  |  |  |

**2. 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.**

**2a. Check one only**

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

**2b. 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 3 |  |  |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**3. 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 | 3 | 28,890.90 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 3 | 28,890.90 |

**1a. 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:**  Alabama Rural AIDS Project |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**90.27 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 04/27/01 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 06/21/01  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 06/21/01  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 14 Total Units = 14 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | \* Opelika, AL; Moulton, AL; Sylacauga, AL; Anniston, AL; Summerdale, AL; Loxely, AL |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

**\*Expenditure total is for total program; not broken down by property**

**1b. 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** | 1. **Number Energy-Star Compliant** | **Number 504 Accessible** |
| Rental units constructed (new) and/or acquired with or without rehab |  |  |  | 5 |
| Rental units rehabbed |  |  |  |  |
| Homeownership units constructed (if approved) |  |  |  |  |

**2. 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.**

**2a. Check one only**

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

**2b. 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 3 | 2 | 9 |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**3. Households and Housing Expenditures**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Assistance Category: Facility Based Housing** | | **Output: Number of Households** | **Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient** |
| a. | Leasing Costs |  |  |
| b. | Operating Costs | 11 | 90.27 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 11 | 90.27 |

**1a. 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:**  Agape House |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**18,515.84 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 06/01/93 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 04/27/99  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 04/27/99  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 18 Total Units = 18 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 2100 Avenue H Ensley Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

**1b. 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** | 1. **Number Energy-Star Compliant** | **Number 504 Accessible** |
| Rental units constructed (new) and/or acquired with or without rehab |  |  |  | 18 |
| Rental units rehabbed |  |  |  |  |
| Homeownership units constructed (if approved) |  |  |  |  |

**2. 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.**

**2a. Check one only**

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

**2b. 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 18 |  |  |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**3. 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 | 26 | 18,515.84 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 26 | 18,515.84 |

**1a. 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:**  Agape 2 |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**2,120.00 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 10/01/97 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 12/01/99  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 12/01/99  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 12 Total Units = 12 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 2117 Avenue H Ensley Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

**1b. 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** | 1. **Number Energy-Star Compliant** | **Number 504 Accessible** |
| Rental units constructed (new) and/or acquired with or without rehab |  |  |  | 2 |
| Rental units rehabbed |  |  |  |  |
| Homeownership units constructed (if approved) |  |  |  |  |

**2. 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.**

**2a. Check one only**

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

**2b. 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 7 | 3 | 2 |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**3. 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 | 13 | 2.120.00 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 13 | 2.120.00 |

**1a. 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:**  Magnolia Place |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**68,915.05 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 06/01/07 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 06/01/07  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 06/01/07  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 15 Total Units = 15 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 124 North Ann Street Mobile, AL 36604 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

**1b. 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** | 1. **Number Energy-Star Compliant** | **Number 504 Accessible** |
| Rental units constructed (new) and/or acquired with or without rehab |  |  |  | 10 |
| Rental units rehabbed |  |  |  |  |
| Homeownership units constructed (if approved) |  |  |  |  |

**2. 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.**

**2a. Check one only**

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

**2b. 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 1 | 14 |  |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**3. Households and Housing Expenditures**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Assistance Category: Facility Based Housing** | | **Output: Number of Households** | **Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient** |
| a. | Leasing Costs |  |  |
| b. | Operating Costs | 17 | 68,915.05 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 17 | 68,915.05 |

**1a. 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:**  East Lake |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**339.62 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 07/01/07 |
| b. | Rehabilitation/Construction Dates: **N/A** | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 04/01/2008  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 04/01/2008  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 6 Total Units = 6 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 7701 7th Avenue South Birmingham, AL 35206 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

**1b. 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** | 1. **Number Energy-Star Compliant** | **Number 504 Accessible** |
| Rental units constructed (new) and/or acquired with or without rehab |  |  |  |  |
| Rental units rehabbed |  |  |  |  |
| Homeownership units constructed (if approved) |  |  |  |  |

**2. 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.**

**2a. Check one only**

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

**2b. 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:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  | 6 |  |  |  |
| c. | Project-based rental assistance units or leased units |  |  |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**3. 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 | 3 | 339.62 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 3 | 339.62 |

**1a. 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:**  Campus Activity Center |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility  OTHER- Community Center |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$**1,774.12 | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 06/01/93 |
| b. | Rehabilitation/Construction Dates: | | | Date started: 01/01/04 Date Completed: 01/01/10 |
| c. | Operation dates: | | | Date residents began to occupy: 01/01/10  Not yet occupied |
| d. | Date supportive services began: | | | Date started:  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units =       Total Units = |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* |
| g. | What is the address of the facility (if different from business address)? | | | 2105 Ave H Ensley, Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list*  *No, can be made available to the public* |

**1b. 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** | 1. **Number Energy-Star Compliant** | **Number 504 Accessible** |
| Rental units constructed (new) and/or acquired with or without rehab |  |  |  | 1 |
| Rental units rehabbed |  |  |  |  |
| Homeownership units constructed (if approved) |  |  |  |  |

**2. 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.**

**2a. Check one only**

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

**2b. 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:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |
| d. | Other housing facility  **Specify: Community Center** |  |  |  |  |  |  |

**3. 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 | 0 | 1,774.12 |
| c. | Project-Based Rental Assistance (PBRA) or other leased units |  |  |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 0 | 1,774.12 |

**1a. 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:**  JASPER House |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$** | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): Land was gifted to AIDS Alabama in 08/24/98 |
| b. | Rehabilitation/Construction Dates: | | | Date started: 12/18/2000 Date Completed: 3/24/02 |
| c. | Operation dates: | | | Date residents began to occupy: 04/24/2002  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 04/24/2002  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 14 Total Units = 14 |
| f. | Is a waiting list maintained for the facility? | | | 🗷Yes  No *If yes, number of participants on the list at the end of operating year* 4 |
| g. | What is the address of the facility (if different from business address)? | | | 2112-B Avenue H Ensley, Birmingham, AL 35218 |
| h. | Is the address of the project site confidential? | | | **🗷** *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

**1b. 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** | 1. **Number Energy-Star Compliant** | **Number 504 Accessible** |
| Rental units constructed (new) and/or acquired with or without rehab |  |  |  | 11 |
| Rental units rehabbed |  |  |  |  |
| Homeownership units constructed (if approved) |  |  |  |  |

**2. 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.**

**2a. Check one only**

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

**2b. 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 Alabama

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | 11 |  |  |  |  |
| d. | Other housing facility  **Specify:** |  |  |  |  |  |  |

**3. 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 | 11 | 87,900.50 |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 11 | 87,900.50 |

**1a. 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:**  South Alabama CARES Master Leased Unit |
| New construction | | **$** | **$** | **Type of Facility [Check only one box.]**  Permanent housing  Short-term Shelter or Transitional housing  Supportive services only facility |
| Rehabilitation | | **$** | **$** |
| Acquisition | | **$** | **$** |
| Operating | | **$** | **$** |
| a. | Purchase/lease of property: | | | Date (mm/dd/yy): 05/01/05 |
| b. | Rehabilitation/Construction Dates: | | | Date started:       Date Completed: |
| c. | Operation dates: | | | Date residents began to occupy: 05/01/05  Not yet occupied |
| d. | Date supportive services began: | | | Date started: 05/01/05  Not yet providing services |
| e. | Number of units in the facility: | | | HOPWA-funded units = 1 Total Units = 1 |
| f. | Is a waiting list maintained for the facility? | | | Yes  No *If yes, number of participants on the list at the end of operating year* 0 |
| g. | What is the address of the facility (if different from business address)? | | | 3800 Michael Blvd Mobile, AL 36609 |
| h. | Is the address of the project site confidential? | | | *Yes, protect information; do not publish list.*  *No, can be made available to the public.* |

**1b. 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** | 1. **Number Energy-Star Compliant** | **Number 504 Accessible** |
| Rental units constructed (new) and/or acquired with or without rehab |  |  |  |  |
| Rental units rehabbed |  |  |  |  |
| Homeownership units constructed (if approved) |  |  |  |  |

**2. 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.**

**2a. Check one only**

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

**2b. 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:**

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

**3. 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 | 2 | 1,832.14 |
| d. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| e. | **Adjustment to eliminate duplication (subtract)** |  |  |
| **f.** | **TOTAL Facility-Based Housing Assistance**  **(Sum Rows a. through d. minus Row e.)** | 2 | 1,832.14 |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**D. Supportive Services and Other Activities**

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor/subrecipient provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor/subrecipient provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor/subrecipient did not provide any HOPWA funded supportive services, check Box 1c.

**1. Type of Project Sponsor (Check one only)**

|  |  |
| --- | --- |
| a. Supportive Services are provided by project sponsor/subrecipient that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| b. Supportive Services provided by project sponsor/subrecipient who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| c. Project sponsor/subrecipient does not provide HOPWA supportive services (complete only Chart 3 only) |  |

**2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor/Subrecipient Agency**

In Chart 2, project sponsors/subrecipients who provided HOPWA supportive services during the operating year (checked off Box 1a. or 1b. in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors/subrecipients who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

***Note:*** *Every project sponsor/subrecipient who checked off Box 1a. or 1b. above should report households served and funds expended by supportive service type in Chart 2 below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA Funds Expended** |
| 1. | Adult day care and personal assistance |  |  |
| 2. | Alcohol and drug abuse services |  |  |
| 3. | Case management | 28 | 360,.967.62 |
| 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 |  |  |
| 9. | Life skills management (outside of case management) |  |  |
| 10. | Meals/nutritional services |  |  |
| 11. | Mental health services |  |  |
| 12. | Outreach |  |  |
| 13. | Transportation | 116 | 3,518.11 |
| 14. | Other Activity (if approved in grant agreement). **Specify:** |  |  |
| 15 | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** | 28 |  |
| 16. | **Adjustment for Duplication (subtract)** |  |  |
| 17. | **TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 116 | 364,485.73 |

**3. Listing of** **Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds**

In Chart 3, all project sponsors/subrecipients should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

*Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Information Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 18. | Housing Information Services | 7,662 | 13,508.26 |
| 19. | **TOTAL Housing Information Services** | 7,662 | 13,508.26 |
| **Grant Administration and Other Activities** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources |  | 27,438.39 |
| 21. | Technical Assistance to Community Residences |  | 1,387.12 |
| 22. | Project Outcomes/Program Evaluation (if approved) |  |  |
| 23. | Project Sponsor Administration  (maximum 7% of portion of HOPWA grant awarded) |  | 95,967.96 |
| 24. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| **25.** | **TOTAL Grant Administration and Other Activities** |  | 124,793.47 |
| **26.** | **TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 20 and 25)** |  | 502,787.46 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Sponsor Agency Name**  AIDS Action Coalition of Huntsville | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Mary Elizabeth Marr  Executive Director | | | | | | |
| **Email Address** | memarr@aidsactioncoalition.org | | | | | | |
| **Business Address** | 600 St. Clair Avenue Suite 12 | | | | | | |
| **City, County, State, Zip,** | Huntsville | | Madison | | AL | | 35801 |
| **Phone Number** *(with area code)* | Phone: (256) 536-4700 | | | | **Fax Number** *(with area code)*  Fax: (256) 536-4117 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 57-0889447 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  938035946 | | | |
| **Congressional District of Location** | 5 | | | | | | |
| **Congressional District of Primary Service Area** | 5 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 35801,35804,35976,35639,35902,.35611,35650,36201,35967,35646;35630,35901 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Huntsville, Florence, Athens, Guntersville, Gadsden | | | | | Madison Lawrence Limestone | |
| **Total HOPWA Contract Amount** | **$ 28,127.50** | | | | | | |
|  |  | | | | |  | |
| **Organization’s Website Address**  www.aidsactioncoalition.org | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, AIDS Action Coalition is active in the CCR.*

**2. 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 complete Part 5, Sections A-E of the APR.

***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***  N/A | | |
| **Name and Title of Contact at Contractor/**  **Sub-contractor Agency** | N/A | | | | | |
| **Email Address** | N/A | | | | | |
| **Business Address** | N/A | | | | | |
| **City, County, State, Zip** | N/A | | N/A | | N/A | N/A |
| **Phone Number (included area code)** | N/A | | | **Fax Number (include area code)**  N/A | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | N/A | | | | | |
| **DUN & Bradstreet Number (DUNs)** | N/A | | | | | |
| **North American Industry Classification System (NAICS) Code** | N/A | | | | | |
| **Congressional District of the Sub-recipient’s Business Address** | N/A | | | | | |
| **Congressional District(s) of Primary Service Area** | N/A | | | | | |
| **City(ies) and County(ies) of Primary Service Area** | **Cities:** N/A | | | **Counties**: N/A | | |
| **Total HOPWA Subcontract Amount of this Organization for the operating year** | N/A | | | | | |
| **Organization’s Website Address**  N/A | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |
| **Is the sponsor a nonprofit organization?**  **Yes  No**  **Please check if yes and a faith-based organization**  **Please check if yes and a grassroots organization** | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**D. Supportive Services and Other Activities**

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor/subrecipient provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor/subrecipient provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor/subrecipient did not provide any HOPWA funded supportive services, check Box 1c.

**1. Type of Project Sponsor (Check one only)**

|  |  |
| --- | --- |
| a. Supportive Services are provided by project sponsor/subrecipient that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| b. Supportive Services provided by project sponsor/subrecipient who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| c. Project sponsor/subrecipient does not provide HOPWA supportive services (complete only Chart 3 only) |  |

**2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor/Subrecipient Agency**

In Chart 2, project sponsors/subrecipients who provided HOPWA supportive services during the operating year (checked off Box 1a. or 1b. in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors/subrecipients who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

***Note:*** *Every project sponsor/subrecipient who checked off Box 1a. or 1b. above should report households served and funds expended by supportive service type in Chart 2 below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA Funds Expended** |
| 1. | Adult day care and personal assistance |  |  |
| 2. | Alcohol and drug abuse services |  |  |
| 3. | Case management | 253 | 26,367.73 |
| 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 |  |  |
| 9. | Life skills management (outside of case management) |  |  |
| 10. | Meals/nutritional services |  |  |
| 11. | Mental health services |  |  |
| 12. | Outreach |  |  |
| 13. | Transportation |  |  |
| 14. | Other Activity (if approved in grant agreement). **Specify:** |  |  |
| 15 | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** | 253 |  |
| 16. | **Adjustment for Duplication (subtract)** |  |  |
| 17. | **TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 253 | 26,367.73 |

**3. Listing of** **Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds**

In Chart 3, all project sponsors/subrecipients should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

*Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Information Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 18. | Housing Information Services |  |  |
| 19. | **TOTAL Housing Information Services** |  |  |
| **Grant Administration and Other Activities** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources |  |  |
| 21. | Technical Assistance to Community Residences |  |  |
| 22. | Project Outcomes/Program Evaluation (if approved) |  |  |
| 23. | Project Sponsor Administration  (maximum 7% of portion of HOPWA grant awarded) |  |  |
| 24. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| **25.** | **TOTAL Grant Administration and Other Activities** |  |  |
| **26.** | **TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 20 and 25)** |  | 26,367.73 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Sponsor Agency Name**  Unity Wellness Center | | | | **Parent Company (if applicable)**  EAMC | | |
| **Name and Title of Contact at Subrecipient** | Ms. Marilyn A. Swyers  Executive Director | | | | | |
| **Email Address** | marilyn.swyers@eamc.org | | | | | |
| **Business Address** | 665 Opelika Road | | | | | |
| **City, County, State, Zip,** | Auburn | | Lee | | AL   |  | | --- | | 36830 | | |
| **Phone Number** *(with area code)* | Phone: (334) 887-5244 | | | | **Fax Number** *(with area code)*  Fax: (334) 826-2111 | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 63-1905476 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  066459843 | | |
| **Congressional District of Location** | 3 | | | | | |
| **Congressional District of Primary Service Area** | 3 | | | | | |
| **Zip Code of Primary Service Area(s)** | 36830, 36551, 36786 ,36801,36904 | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Auburn, Opelika, Dadeville | | | | | Lee, Chambers, Tallapoosa |
| **Total HOPWA Contract Amount** | **$ 54,300.00** | | | | | |
| **Organization’s Website Address**  www.aidsoutreacheamc.org | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, Unity Wellness is active in the CCR.*

**2. 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 complete Part 5, Sections A-E of the APR.

***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***  N/A | | |
| **Name and Title of Contact at Contractor/**  **Sub-contractor Agency** | N/A | | | | | |
| **Email Address** | N/A | | | | | |
| **Business Address** | N/A | | | | | |
| **City, County, State, Zip** | N/A | | N/A | | N/A | N/A |
| **Phone Number (included area code)** | N/A | | | **Fax Number (include area code)**  N/A | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | N/A | | | | | |
| **DUN & Bradstreet Number (DUNs)** | N/A | | | | | |
| **North American Industry Classification System (NAICS) Code** | N/A | | | | | |
| **Congressional District of the Sub-recipient’s Business Address** | N/A | | | | | |
| **Congressional District(s) of Primary Service Area** | N/A | | | | | |
| **City(ies) and County(ies) of Primary Service Area** | **Cities:** N/A | | | **Counties**: N/A | | |
| **Total HOPWA Subcontract Amount of this Organization for the operating year** | N/A | | | | | |
| **Organization’s Website Address**  N/A | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |
| **Is the sponsor a nonprofit organization?**  **Yes  No**  **Please check if yes and a faith-based organization**  **Please check if yes and a grassroots organization** | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**D. Supportive Services and Other Activities**

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor/subrecipient provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor/subrecipient provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor/subrecipient did not provide any HOPWA funded supportive services, check Box 1c.

**1. Type of Project Sponsor (Check one only)**

|  |  |
| --- | --- |
| a. Supportive Services are provided by project sponsor/subrecipient that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| b. Supportive Services provided by project sponsor/subrecipient who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| c. Project sponsor/subrecipient does not provide HOPWA supportive services (complete only Chart 3 only) |  |

**2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor/Subrecipient Agency**

In Chart 2, project sponsors/subrecipients who provided HOPWA supportive services during the operating year (checked off Box 1a. or 1b. in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors/subrecipients who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

***Note:*** *Every project sponsor/subrecipient who checked off Box 1a. or 1b. above should report households served and funds expended by supportive service type in Chart 2 below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA Funds Expended** |
| 1. | Adult day care and personal assistance |  |  |
| 2. | Alcohol and drug abuse services |  |  |
| 3. | Case management | 1,568 | 43,091.88 |
| 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 |  |  |
| 9. | Life skills management (outside of case management) |  |  |
| 10. | Meals/nutritional services |  |  |
| 11. | Mental health services |  |  |
| 12. | Outreach |  |  |
| 13. | Transportation |  |  |
| 14. | Other Activity (if approved in grant agreement). **Specify:** |  |  |
| 15 | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** | 1,568 |  |
| 16. | **Adjustment for Duplication (subtract)** |  |  |
| 17. | **TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 1,568 | 43,091.88 |

**3. Listing of** **Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds**

In Chart 3, all project sponsors/subrecipients should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

*Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Information Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 18. | Housing Information Services |  |  |
| 19. | **TOTAL Housing Information Services** |  |  |
| **Grant Administration and Other Activities** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources |  |  |
| 21. | Technical Assistance to Community Residences |  |  |
| 22. | Project Outcomes/Program Evaluation (if approved) |  |  |
| 23. | Project Sponsor Administration  (maximum 7% of portion of HOPWA grant awarded) |  |  |
| 24. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| **25.** | **TOTAL Grant Administration and Other Activities** |  |  |
| **26.** | **TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 20 and 25)** |  | 43,091.88 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project Sponsor Agency Name**  South Alabama Cares, Inc. | | | | **Parent Company (if applicable)**  NA | | |
| **Name and Title of Contact at Subrecipient** | Tyloria Crenshaw  Executive Director | | | | | |
| **Email Address** | dlittle@southalabamacares.org | | | | | |
| **Business Address** | 2054 Dauphin Street | | | | | |
| **City, County, State, Zip,** | Mobile | | Mobile | | AL   |  | | --- | | 36640 | | |
| **Phone Number** *(with area code)* | Phone: (251) 471-5277 | | | | **Fax Number** *(with area code)*  Fax: (251) 471-5294 | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 58-1989250 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  785542564 | | |
| **Congressional District of Location** | 1 | | | | | |
| **Congressional District of Primary Service Area** | 1 | | | | | |
| **Zip Code of Primary Service Area(s)** | 36600 - 36695 36503 36507 36600 36600 - 36695 | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Mobile, Loxley, Marion | | | | | Mobile, Baldwin, Perry |
| **Total HOPWA Contract Amount** | **$ 77,244.70** | | | | | |
| **Organization’s Website Address**  www.masshelps.org | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, South Alabama CARES is active in the CCR.*

**2. 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 complete Part 5, Sections A-E of the APR.

***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***  N/A | | |
| **Name and Title of Contact at Contractor/**  **Sub-contractor Agency** | N/A | | | | | |
| **Email Address** | N/A | | | | | |
| **Business Address** | N/A | | | | | |
| **City, County, State, Zip** | N/A | | N/A | | N/A | N/A |
| **Phone Number (included area code)** | N/A | | | **Fax Number (include area code)**  N/A | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | N/A | | | | | |
| **DUN & Bradstreet Number (DUNs)** | N/A | | | | | |
| **North American Industry Classification System (NAICS) Code** | N/A | | | | | |
| **Congressional District of the Sub-recipient’s Business Address** | N/A | | | | | |
| **Congressional District(s) of Primary Service Area** | N/A | | | | | |
| **City(ies) and County(ies) of Primary Service Area** | **Cities:** N/A | | | **Counties**: N/A | | |
| **Total HOPWA Subcontract Amount of this Organization for the operating year** | N/A | | | | | |
| **Organization’s Website Address**  N/A | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |
| **Is the sponsor a nonprofit organization?**  **Yes  No**  **Please check if yes and a faith-based organization**  **Please check if yes and a grassroots organization** | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**D. Supportive Services and Other Activities**

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor/subrecipient provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor/subrecipient provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor/subrecipient did not provide any HOPWA funded supportive services, check Box 1c.

**1. Type of Project Sponsor (Check one only)**

|  |  |
| --- | --- |
| a. Supportive Services are provided by project sponsor/subrecipient that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| b. Supportive Services provided by project sponsor/subrecipient who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| c. Project sponsor/subrecipient does not provide HOPWA supportive services (complete only Chart 3 only) |  |

**2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor/Subrecipient Agency**

In Chart 2, project sponsors/subrecipients who provided HOPWA supportive services during the operating year (checked off Box 1a. or 1b. in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors/subrecipients who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

***Note:*** *Every project sponsor/subrecipient who checked off Box 1a. or 1b. above should report households served and funds expended by supportive service type in Chart 2 below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA Funds Expended** |
| 1. | Adult day care and personal assistance |  |  |
| 2. | Alcohol and drug abuse services |  |  |
| 3. | Case management | 1,111 | 65,096.51 |
| 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 |  |  |
| 9. | Life skills management (outside of case management) |  |  |
| 10. | Meals/nutritional services |  |  |
| 11. | Mental health services |  |  |
| 12. | Outreach |  |  |
| 13. | Transportation |  |  |
| 14. | Other Activity (if approved in grant agreement). **Specify:** |  |  |
| 15 | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** | 1,111 |  |
| 16. | **Adjustment for Duplication (subtract)** |  |  |
| 17. | **TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 1,111 | 65,096.51 |

**3. Listing of** **Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds**

In Chart 3, all project sponsors/subrecipients should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

*Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Information Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 18. | Housing Information Services |  |  |
| 19. | **TOTAL Housing Information Services** |  |  |
| **Grant Administration and Other Activities** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources |  |  |
| 21. | Technical Assistance to Community Residences |  |  |
| 22. | Project Outcomes/Program Evaluation (if approved) |  |  |
| 23. | Project Sponsor Administration  (maximum 7% of portion of HOPWA grant awarded) |  |  |
| 24. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| **25.** | **TOTAL Grant Administration and Other Activities** |  |  |
| **26.** | **TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 20 and 25)** |  | 65,096.51 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Sponsor Agency Name**  Montgomery AIDS Outreach | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Mrs. Michelle Vilamaa  Executive Director | | | | | | |
| **Email Address** | mvilamaa@maoi.org | | | | | | |
| **Business Address** | 2900 McGehee Road | | | | | | |
| **City, County, State, Zip,** | Montgomery | | Montgomery | | AL | | 36111 |
| **Phone Number** *(with area code)* | Phone: (334) 280-3349 | | | | **Fax Number** *(with area code)*  Fax (Clinic): (334) 281-1970  Fax: (Business) (334) 280-3315 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 63-0959627 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  081155926 | | | |
| **Congressional District of Location** | 3 | | | | | | |
| **Congressional District of Primary Service Area** | 2, 3 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 36105, 36302, 36442 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Montgomery, Dothan, Clanton | | | | | Montgomery, Autauga, Barbour | |
| **Total HOPWA Contract Amount** | **$ 47,500.00** | | | | | | |
| **Organization’s Website Address**  www.maoi.org | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, Montgomery AIDS Outreach is active in the CCR.*

**2. 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 complete Part 5, Sections A-E of the APR.

***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***  N/A | | |
| **Name and Title of Contact at Contractor/**  **Sub-contractor Agency** | N/A | | | | | |
| **Email Address** | N/A | | | | | |
| **Business Address** | N/A | | | | | |
| **City, County, State, Zip** | N/A | | N/A | | N/A | N/A |
| **Phone Number (included area code)** | N/A | | | **Fax Number (include area code)**  N/A | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | N/A | | | | | |
| **DUN & Bradstreet Number (DUNs)** | N/A | | | | | |
| **North American Industry Classification System (NAICS) Code** | N/A | | | | | |
| **Congressional District of the Sub-recipient’s Business Address** | N/A | | | | | |
| **Congressional District(s) of Primary Service Area** | N/A | | | | | |
| **City(ies) and County(ies) of Primary Service Area** | **Cities:** N/A | | | **Counties**: N/A | | |
| **Total HOPWA Subcontract Amount of this Organization for the operating year** | N/A | | | | | |
| **Organization’s Website Address**  N/A | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |
| **Is the sponsor a nonprofit organization?**  **Yes  No**  **Please check if yes and a faith-based organization**  **Please check if yes and a grassroots organization** | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**D. Supportive Services and Other Activities**

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor/subrecipient provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor/subrecipient provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor/subrecipient did not provide any HOPWA funded supportive services, check Box 1c.

**1. Type of Project Sponsor (Check one only)**

|  |  |
| --- | --- |
| a. Supportive Services are provided by project sponsor/subrecipient that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| b. Supportive Services provided by project sponsor/subrecipient who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| c. Project sponsor/subrecipient does not provide HOPWA supportive services (complete only Chart 3 only) |  |

**2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor/Subrecipient Agency**

In Chart 2, project sponsors/subrecipients who provided HOPWA supportive services during the operating year (checked off Box 1a. or 1b. in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors/subrecipients who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

***Note:*** *Every project sponsor/subrecipient who checked off Box 1a. or 1b. above should report households served and funds expended by supportive service type in Chart 2 below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA Funds Expended** |
| 1. | Adult day care and personal assistance |  |  |
| 2. | Alcohol and drug abuse services |  |  |
| 3. | Case management | 69 | 39,842.62 |
| 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 |  |  |
| 9. | Life skills management (outside of case management) |  |  |
| 10. | Meals/nutritional services |  |  |
| 11. | Mental health services |  |  |
| 12. | Outreach |  |  |
| 13. | Transportation |  |  |
| 14. | Other Activity (if approved in grant agreement). **Specify:** |  |  |
| 15 | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** | 69 |  |
| 16. | **Adjustment for Duplication (subtract)** |  |  |
| 17. | **TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 69 | 39,842.62 |

**3. Listing of** **Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds**

In Chart 3, all project sponsors/subrecipients should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

*Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Information Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 18. | Housing Information Services |  |  |
| 19. | **TOTAL Housing Information Services** |  |  |
| **Grant Administration and Other Activities** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources |  |  |
| 21. | Technical Assistance to Community Residences |  |  |
| 22. | Project Outcomes/Program Evaluation (if approved) |  |  |
| 23. | Project Sponsor Administration  (maximum 7% of portion of HOPWA grant awarded) |  |  |
| 24. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| **25.** | **TOTAL Grant Administration and Other Activities** |  |  |
| **26.** | **TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 20 and 25)** |  | 39,842.62 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Sponsor Agency Name**  West Alabama AIDS Outreach | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Mr. Billy Kirkpatrick  Executive Director | | | | | | |
| **Email Address** | billy@waao.info | | | | | | |
| **Business Address** | P.O. Box 2947 | | | | | | |
| **City, County, State, Zip,** | Tuscaloosa | | Tuscaloosa | | AL | | 35403 |
| **Phone Number** *(with area code)* | Phone: (205) 759-8470 | | | | **Fax Number** *(with area code)*  Fax: (205) 366-9001 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 63-0995963 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  037623191 | | | |
| **Congressional District of Location** | 6 | | | | | | |
| **Congressional District of Primary Service Area** | 4, 6, 7 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 36640,35481,35474 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Tuscaloosa, Greenville, Reform | | | | | Tuscaloosa, Pickens, Hale | |
| **Total HOPWA Contract Amount** | **$ 30,600.00** | | | | | | |
| **Organization’s Website Address**  www.waao.info | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, West Alabama AIDS Outreach is active in the CCR.*

**2. 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 complete Part 5, Sections A-E of the APR.

***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***  N/A | | |
| **Name and Title of Contact at Contractor/**  **Sub-contractor Agency** | N/A | | | | | |
| **Email Address** | N/A | | | | | |
| **Business Address** | N/A | | | | | |
| **City, County, State, Zip** | N/A | | N/A | | N/A | N/A |
| **Phone Number (included area code)** | N/A | | | **Fax Number (include area code)**  N/A | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | N/A | | | | | |
| **DUN & Bradstreet Number (DUNs)** | N/A | | | | | |
| **North American Industry Classification System (NAICS) Code** | N/A | | | | | |
| **Congressional District of the Sub-recipient’s Business Address** | N/A | | | | | |
| **Congressional District(s) of Primary Service Area** | N/A | | | | | |
| **City(ies) and County(ies) of Primary Service Area** | **Cities:** N/A | | | **Counties**: N/A | | |
| **Total HOPWA Subcontract Amount of this Organization for the operating year** | N/A | | | | | |
| **Organization’s Website Address**  N/A | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |
| **Is the sponsor a nonprofit organization?**  **Yes  No**  **Please check if yes and a faith-based organization**  **Please check if yes and a grassroots organization** | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**D. Supportive Services and Other Activities**

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor/subrecipient provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor/subrecipient provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor/subrecipient did not provide any HOPWA funded supportive services, check Box 1c.

**1. Type of Project Sponsor (Check one only)**

|  |  |
| --- | --- |
| a. Supportive Services are provided by project sponsor/subrecipient that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| b. Supportive Services provided by project sponsor/subrecipient who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| c. Project sponsor/subrecipient does not provide HOPWA supportive services (complete only Chart 3 only) |  |

**2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor/Subrecipient Agency**

In Chart 2, project sponsors/subrecipients who provided HOPWA supportive services during the operating year (checked off Box 1a. or 1b. in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors/subrecipients who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

***Note:*** *Every project sponsor/subrecipient who checked off Box 1a. or 1b. above should report households served and funds expended by supportive service type in Chart 2 below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA Funds Expended** |
| 1. | Adult day care and personal assistance |  |  |
| 2. | Alcohol and drug abuse services |  |  |
| 3. | Case management | 460 | 30,563.07 |
| 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 |  |  |
| 9. | Life skills management (outside of case management) |  |  |
| 10. | Meals/nutritional services |  |  |
| 11. | Mental health services |  |  |
| 12. | Outreach |  |  |
| 13. | Transportation |  |  |
| 14. | Other Activity (if approved in grant agreement). **Specify:** |  |  |
| 15 | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** | 460 |  |
| 16. | **Adjustment for Duplication (subtract)** |  |  |
| 17. | **TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 460 | 30,563.07 |

**3. Listing of** **Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds**

In Chart 3, all project sponsors/subrecipients should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

*Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Information Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 18. | Housing Information Services |  |  |
| 19. | **TOTAL Housing Information Services** |  |  |
| **Grant Administration and Other Activities** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources |  |  |
| 21. | Technical Assistance to Community Residences |  |  |
| 22. | Project Outcomes/Program Evaluation (if approved) |  |  |
| 23. | Project Sponsor Administration  (maximum 7% of portion of HOPWA grant awarded) |  |  |
| 24. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| **25.** | **TOTAL Grant Administration and Other Activities** |  |  |
| **26.** | **TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 20 and 25)** |  | 30,563.07 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Sponsor Agency Name**  Birmingham AIDS Outreach | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Ms. Karen Musgrove  Executive Director | | | | | | |
| **Email Address** | karen@birminghamaidsoutreach.org | | | | | | |
| **Business Address** | P.O. Box 550070 | | | | | | |
| **City, County, State, Zip,** | Birmingham | | Jefferson | | AL | | 35233 |
| **Phone Number** *(with area code)* | Phone: (205) 322-4197 | | | | **Fax Number** *(with area code)*  Fax: (205) 322-2131 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 63-0948495 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  087623191 | | | |
| **Congressional District of Location** | 7 | | | | | | |
| **Congressional District of Primary Service Area** | 6, 7 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 35255 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Birmingham, Hoover | | | | | Jefferson, Shelby | |
| **Total HOPWA Contract Amount** | **$ 21,600.00** | | | | | | |
| **Organization’s Website Address**  [www.birminghamaidsoutreach.org](http://www.birminghamaidsoutreach.org) | | **Does your organization maintain a waiting list?**  Yes\*  No  **If yes, explain in the narrative section how this list is administered.**  **\*** **Utilized AIDS Alabama’s HOPWA waiting lists.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, Birmingham AIDS Outreach is active in the CCR.*

**2. 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 complete Part 5, Sections A-E of the APR.

***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***  N/A | | |
| **Name and Title of Contact at Contractor/**  **Sub-contractor Agency** | N/A | | | | | |
| **Email Address** | N/A | | | | | |
| **Business Address** | N/A | | | | | |
| **City, County, State, Zip** | N/A | | N/A | | N/A | N/A |
| **Phone Number (included area code)** | N/A | | | **Fax Number (include area code)**  N/A | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | N/A | | | | | |
| **DUN & Bradstreet Number (DUNs)** | N/A | | | | | |
| **North American Industry Classification System (NAICS) Code** | N/A | | | | | |
| **Congressional District of the Sub-recipient’s Business Address** | N/A | | | | | |
| **Congressional District(s) of Primary Service Area** | N/A | | | | | |
| **City(ies) and County(ies) of Primary Service Area** | **Cities:** N/A | | | **Counties**: N/A | | |
| **Total HOPWA Subcontract Amount of this Organization for the operating year** | N/A | | | | | |
| **Organization’s Website Address**  N/A | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |
| **Is the sponsor a nonprofit organization?**  **Yes  No**  **Please check if yes and a faith-based organization**  **Please check if yes and a grassroots organization** | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**D. Supportive Services and Other Activities**

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor/subrecipient provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor/subrecipient provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor/subrecipient did not provide any HOPWA funded supportive services, check Box 1c.

**1. Type of Project Sponsor (Check one only)**

|  |  |
| --- | --- |
| a. Supportive Services are provided by project sponsor/subrecipient that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| b. Supportive Services provided by project sponsor/subrecipient who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| c. Project sponsor/subrecipient does not provide HOPWA supportive services (complete only Chart 3 only) |  |

**2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor/Subrecipient Agency**

In Chart 2, project sponsors/subrecipients who provided HOPWA supportive services during the operating year (checked off Box 1a. or 1b. in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors/subrecipients who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

***Note:*** *Every project sponsor/subrecipient who checked off Box 1a. or 1b. above should report households served and funds expended by supportive service type in Chart 2 below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA Funds Expended** |
| 1. | Adult day care and personal assistance |  |  |
| 2. | Alcohol and drug abuse services |  |  |
| 3. | Case management | 711 | 21,566.02 |
| 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 |  |  |
| 9. | Life skills management (outside of case management) |  |  |
| 10. | Meals/nutritional services |  |  |
| 11. | Mental health services |  |  |
| 12. | Outreach |  |  |
| 13. | Transportation |  |  |
| 14. | Other Activity (if approved in grant agreement). **Specify:** |  |  |
| 15 | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** | 711 |  |
| 16. | **Adjustment for Duplication (subtract)** |  |  |
| 17. | **TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 711 | 21,566.02 |

**3. Listing of** **Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds**

In Chart 3, all project sponsors/subrecipients should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

*Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Information Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 18. | Housing Information Services |  |  |
| 19. | **TOTAL Housing Information Services** |  |  |
| **Grant Administration and Other Activities** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources |  |  |
| 21. | Technical Assistance to Community Residences |  |  |
| 22. | Project Outcomes/Program Evaluation (if approved) |  |  |
| 23. | Project Sponsor Administration  (maximum 7% of portion of HOPWA grant awarded) |  |  |
| 24. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| **25.** | **TOTAL Grant Administration and Other Activities** |  |  |
| **26.** | **TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 20 and 25)** |  | 21,566.02 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Sponsor Agency Name**  Selma AIDS Information and Referral (AIR) | | | | **Parent Company (if applicable)**  NA | | | |
| **Name and Title of Contact at Subrecipient** | Ms. Mel Prince  Executive Director | | | | | | |
| **Email Address** | mel\_prince@hotmail.com | | | | | | |
| **Business Address** | 1432 Broad St | | | | | | |
| **City, County, State, Zip,** | Selma | | Dallas | | AL | | 36701 |
| **Phone Number** *(with area code)* | Phone: (334) 872-6795 | | | | **Fax Number** *(with area code)*  Fax: (334) 872-3632 | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | 63-1133272 | | | **DUN & Bradstreet Number (DUNs) *if applicable***  959884743 | | | |
| **Congressional District of Location** | 7 | | | | | | |
| **Congressional District of Primary Service Area** | 7 | | | | | | |
| **Zip Code of Primary Service Area(s)** | 36701 | | | | | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | Selma | | | | | Dallas | |
| **Total HOPWA Contract Amount** | **$ 20,000.00** | | | | | | |
| **Organization’s Website Address**  N/A | | **Does your organization maintain a waiting list?**  Yes  No  **If yes, explain in the narrative section how this list is administered.** | | | | | |
| **Is the sponsor a nonprofit organization?**   **⌧ Yes**  **No**  *Please check if yes and a faith-based organization.*  *Please check if yes and a grassroots organization.* | |

*\*\* There is no CCR information listed on this form, however, Selma AIR is active in the CCR.*

**2. 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 complete Part 5, Sections A-E of the APR.

***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***  N/A | | |
| **Name and Title of Contact at Contractor/**  **Sub-contractor Agency** | N/A | | | | | |
| **Email Address** | N/A | | | | | |
| **Business Address** | N/A | | | | | |
| **City, County, State, Zip** | N/A | | N/A | | N/A | N/A |
| **Phone Number (included area code)** | N/A | | | **Fax Number (include area code)**  N/A | | |
| **Employer Identification Number (EIN) or**  **Tax Identification Number (TIN)** | N/A | | | | | |
| **DUN & Bradstreet Number (DUNs)** | N/A | | | | | |
| **North American Industry Classification System (NAICS) Code** | N/A | | | | | |
| **Congressional District of the Sub-recipient’s Business Address** | N/A | | | | | |
| **Congressional District(s) of Primary Service Area** | N/A | | | | | |
| **City(ies) and County(ies) of Primary Service Area** | **Cities:** N/A | | | **Counties**: N/A | | |
| **Total HOPWA Subcontract Amount of this Organization for the operating year** | N/A | | | | | |
| **Organization’s Website Address**  N/A | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |
| **Is the sponsor a nonprofit organization?**  **Yes  No**  **Please check if yes and a faith-based organization**  **Please check if yes and a grassroots organization** | | **Does your organization maintain a waiting list?  Yes  No**  **If yes, explain in the narrative section how this list is administered.** | | | | |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**D. Supportive Services and Other Activities**

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor/subrecipient provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor/subrecipient provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor/subrecipient did not provide any HOPWA funded supportive services, check Box 1c.

**1. Type of Project Sponsor (Check one only)**

|  |  |
| --- | --- |
| a. Supportive Services are provided by project sponsor/subrecipient that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| b. Supportive Services provided by project sponsor/subrecipient who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) |  |
| c. Project sponsor/subrecipient does not provide HOPWA supportive services (complete only Chart 3 only) |  |

**2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor/Subrecipient Agency**

In Chart 2, project sponsors/subrecipients who provided HOPWA supportive services during the operating year (checked off Box 1a. or 1b. in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors/subrecipients who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

***Note:*** *Every project sponsor/subrecipient who checked off Box 1a. or 1b. above should report households served and funds expended by supportive service type in Chart 2 below.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Supportive Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA Funds Expended** |
| 1. | Adult day care and personal assistance |  |  |
| 2. | Alcohol and drug abuse services |  |  |
| 3. | Case management | 459 | 18,571.15 |
| 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 |  |  |
| 9. | Life skills management (outside of case management) |  |  |
| 10. | Meals/nutritional services |  |  |
| 11. | Mental health services |  |  |
| 12. | Outreach |  |  |
| 13. | Transportation |  |  |
| 14. | Other Activity (if approved in grant agreement). **Specify:** |  |  |
| 15 | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** | 459 |  |
| 16. | **Adjustment for Duplication (subtract)** |  |  |
| 17. | **TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 459 | 18,571.15 |

**3. Listing of** **Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds**

In Chart 3, all project sponsors/subrecipients should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

*Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Housing Information Services** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 18. | Housing Information Services |  |  |
| 19. | **TOTAL Housing Information Services** |  |  |
| **Grant Administration and Other Activities** | | **[1] Output: Number of Households** | **[2] Output: Amount of HOPWA funds Expended** |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources |  |  |
| 21. | Technical Assistance to Community Residences |  |  |
| 22. | Project Outcomes/Program Evaluation (if approved) |  |  |
| 23. | Project Sponsor Administration  (maximum 7% of portion of HOPWA grant awarded) |  |  |
| 24. | Other Activity (if approved in grant agreement) **Specify:** |  |  |
| **25.** | **TOTAL Grant Administration and Other Activities** |  |  |
| **26.** | **TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 20 and 25)** |  | 18,571.15 |

**Part 5: Summary of Each Project Sponsor(s)/Subrecipient(s) Information**

**E. 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 Section 5C of the APR if the facility was acquired, rehabilitated or constructed/developed in part with HOPWA funds but NO HOPWA funds were expended during the operating year. Scattered site units may be grouped together on one page.

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

***Note:*** *See definition of “Stewardship Units”*

**1. General information**

|  |  |
| --- | --- |
| HUD Grant Number(s) | **Operating Year for this report**  ***From (mm/dd/yy) To (mm/dd/yy)***  **Final Yr**  Yr 1;  Yr 2;  Yr 3;  Yr 4;  Yr 5;  Yr 6;  Yr 7;  Yr 8;  Yr 9;  Yr 10; |
| Grantee Name | Date Facility Began Operations |

**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? | *Yes, protect information; do not list*  *Not confidential; information can be made available to the public* |
| **If the site is not confidential:**  Please provide the contact information, phone, email address/location, if business address is different from facility address |  |

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**.** I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through other resources and all the requirements of the grant agreement are being satisfied.

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

**End of Part 5**

**Part 6: Worksheet - Determining HOPWA Outcomes and Connections with HMIS**

**1.** This Chart is designed to help you assess program results based on the information reported in Part 4. Completion of this worksheet is optional.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Permanent Housing Assistance** | **Stable Housing**  (# remaining in program plus 3+4+5+6) | **Temporary Housing**  (2) | | **Unstable Arrangements**  (1+7+8) | **Life Event**  (9) |
| Tenant-based Rental Assistance (TBRA) | 1 |  | | 1 | 2 |
| Permanent Facility-Based Housing Assistance/Units | 16 | 2 | | 9 | 2 |
| Transitional/Short-term Facility-Based Housing Assistance/Units | 2 | 22 | | 2 |  |
| Total Permanent HOPWA Housing Assistance | 19 | 24 | | 12 | 4 |
|  |  |  |  |  |  |
| **Reduced Risk of Homelessness: Short-Term Assistance** | **Stable/Permanent Housing** | **Temporarily Stable, with Reduced Risk of Homelessness** | | **Unstable Arrangements** | **Life Events** |
| Short-term Rent, Mortgage, and Utility Assistance (STRMU) | 45 | 4 | |  |  |
| Total HOPWA Housing Assistance | 64 | 28 | | 12 | 4 |

**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 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 6**

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SECCIÓN 3 RESUMEN - HOPWA

**ESTADO DE ALABAMA  
  
INICIO DEL PROGRAMA  
  
Informe Anual de Desempeño  
  
  
  
Programa de Año 2011  
(Junio ​​2012) Presentación  
  
  
  
  
  
  
  
  
  
  
Preparado por  
Alabama Housing Finance Authority  
7460 Halcyon Pointe Drive, Suite 200  
P. O. Box 242967  
Montgomery, AL 36124-2967  
  
  
  
  
Persona de contacto: Barbara Wallace  
(334) 244-9200**

1. A. Plan Consolidado:  
     
   El Estado de Alabama comenzó a recibir fondos del programa HOME en 1992. El Alabama Housing Finance Authority (AHFA) ha administrado el Programa Estatal de CASA desde su creación. En los años 1992-2011, AHFA ha otorgado cerca de $ 275.000.000 de fondos del programa HOME de 259 desarrollos en todo el estado.  
     
   Para FY11, Alabama, recibió una asignación de 14.659.243 dólares y 10 proyectos recibieron HOME compromisos. Dos (2) de los proyectos son desarrollos CHDO. Al 31 de marzo de 2012 (el último día del período de referencia), 8 de los diez proyectos había comenzado la construcción. Los diez proyectos de 2011 tienen una exención del 50% del partido. Casi la mitad (48,9%) de los fondos del programa HOME FY11 se están utilizando para proporcionar vivienda a las poblaciones con necesidades especiales (incluidos los ancianos, los enfermos mentales, personas con retraso mental, discapacidad física, sensorial alterada, etc.) De 524 unidades en total, 250 o el 47,7% son para las familias, 230 o el 43,9% son para personas mayores, y el 44 o el 8,4% son para residentes con necesidades especiales, incluyendo a los residentes que estén discapacitados o sensorial disminuida.  
     
   NOTA: El Programa de ADDI no recibió los fondos después de 2008.  
     
   La mezcla proyecto FY11 es como sigue:  
     
   (1) Condado de Dale, 56 unidades (de la familia y las necesidades especiales)  
   (2) Condado de Talladega, 56 unidades (las necesidades de los ancianos y especial)  
   (3) Condado de Lauderdale, 56 unidades (de la familia y las necesidades especiales)  
   (4) Condado de Chambers, de 48 unidades (de la familia y las necesidades especiales)  
   (5) del Condado de Lee, 56 unidades (de la familia y las necesidades especiales)  
   (6) del condado de Baldwin, 56 unidades (de la familia y las necesidades especiales)  
   (7) Condado de Cherokee, 40 unidades (las necesidades de los ancianos y especial)  
   (8) Condado de Marshall, 52 unidades (las necesidades de los ancianos y especial)  
   (9) del Condado de Colbert, 56 unidades (las necesidades de los ancianos y especial)  
   (10) del Condado de Walker, 48 unidades (las necesidades de los ancianos y especial)  
     
   El Plan de Acción HOME FY11 indica las siguientes prioridades para el uso de los fondos de HOME:  
   • Proyectos que se suman al parque de viviendas de bajos ingresos  
   • Proyectos que, sin fondos del programa HOME, no es probable que las unidades reservadas para inquilinos de bajos ingresos  
   • Proyectos que utilizan la ayuda adicional a través de subsidios federales, estatales o locales y  
   • Distribución equilibrada de los fondos de origen en todo el Estado en términos de regiones geográficas, los condados y áreas urbanas / rurales.  
      
   En un intento de abordar las prioridades establecidas en el Plan de Acción de casa, AHFA ha utilizado cada una de las asignaciones anuales HOME (FY92-FY11) para la producción de viviendas multifamiliares de alquiler para familias de bajos ingresos. Todos los proyectos seleccionados han sido la nueva construcción. El personal de varios de la familia ha hecho un esfuerzo consciente para no conceder los fondos de HOME para duplicar las ciudades y / o condados en el intento de extender los fondos de HOME geográficamente en todo el estado.  
     
   El personal de varios de la familia utiliza un sistema de clasificación el punto en la evaluación de aplicaciones en el hogar. Los puntos de preferencia se les da a los proyectos que están (1) ubicados en los condados de mayores necesidades de acuerdo con el Plan Consolidado, (2) situado en los condados que no han sido previamente adjudicados los fondos del Estado de origen, y (3) proporcionar una porción del total de unidades para las poblaciones con necesidades especiales como los ancianos, los enfermos mentales, o personas con discapacidad.  
     
   El uso previsto de los fondos de HOME por el Alabama Housing Finance Authority es el siguiente:  
   Préstamos: 75%  
   CHDO de: 15%  
   Administración: 10%  
     
   En 2011, los diez proyectos cuentan con unidades reservadas para los residentes con necesidades especiales y cinco (50%) están diseñados específicamente para los ancianos.  
     
     
   B. Participación del Sector Privado:  
     
   AHFA ha emprendido una serie de esfuerzos para maximizar la participación del sector privado en el programa HOME de Alabama. Los seminarios, impartidos por el personal de AHFA multifamiliar, se celebran anualmente y son atendidos por una amplia gama de participantes, tanto a los desarrolladores veteranos y los recién llegados sin experiencia. Estos seminarios / talleres de revisar las últimas regulaciones de inicio, vaya a los estudios de viabilidad financiera, se muestra cómo crear una declaración pro forma de operación para un proyecto, y explicar cómo completar una solicitud de financiación en dólares INICIO AHFA.  
     
   Para promover el programa HOME, el personal de AHFA ha participado en diversos seminarios y reuniones con organizaciones como la Asociación de Banqueros de Alabama, Alabama, la Asociación de Agentes Inmobiliarios ®, la Asociación de Constructores de Alabama, Alabama, el Consorcio de Viviendas Multifamiliares del préstamo, y el Consejo Nacional de Estado Agencias de Vivienda. Multi-familia actuaron como moderadores y copresidentes en estos seminarios y habló con una serie de grupos sobre el programa HOME.  
     
   A lo largo del año, el personal asiste a AHFA talleres, reuniones de consejo de la ciudad, y otras reuniones de la comunidad. AHFA es visitado regularmente por los desarrolladores e inversores privados que soliciten información sobre los fondos HOME. Inicio Paquetes de aplicaciones se solicitan semanalmente por personas que han oído hablar del programa HOME y desea participar en el próximo ciclo de financiación.  
     
   INICIO folletos, creados por AHFA personal, se entregan en las reuniones y seminarios y se envían por correo con los paquetes de la aplicación Home. Estos folletos ofrecen información detallada sobre el programa HOME del Estado.  
     
   AHFA planea continuar con la realización de seminarios de casa cada año para aumentar la participación del sector privado en el programa HOME. Los seminarios son variados cada año en un esfuerzo para proporcionar nueva información a los participantes anteriores. Por último, ofrece INICIO AHFA e información pertinentes desarrollo multifamiliar en su sitio web, www.ahfa.com. Visitantes de la web pueden ver los lineamientos del programa, los documentos de solicitud, pueden agregar a nuestra lista de correo, las preguntas más frecuentes de acceso, correo electrónico del personal, etc  
     
     
   C. Vivienda Comunitaria Organizaciones de Desarrollo (CHDO):  
     
   Seis (6) establecidos sin ánimo de lucro, se designaron los grupos (ya sea nuevo o re-certificación) como Organizaciones de la Comunidad de Desarrollo de Viviendas (CHDO) para el Estado de Alabama FY11 del año del Programa HOME. El número de CHDO fluctúa ligeramente de un año a otro.  
      
   En FY11, dos proyectos, uno en el Condado Lee y otro en el Condado de Walker, están siendo desarrollados por las CHDO.  
     
   Seminarios anuales AHFA está en casa, como se mencionó anteriormente, cubren una introducción al programa HOME incluyendo la revisión de las regulaciones de HOME, una introducción a la viabilidad financiera, cómo llenar una solicitud de financiación para un proyecto de AHFA CASA, y explicar el control del cumplimiento. Una parte de estos seminarios están dirigidos a ayudar a los grupos no lucrativos se familiaricen con el programa HOME, detalle los pasos para convertirse en un CHDO, y describir el papel de la CHDO en el programa HOME. AHFA utiliza su lista de correo existente de las organizaciones no lucrativas y publica anuncios de seminarios en varios periódicos de todo el estado.  
     
   CHDO folletos fueron desarrollados utilizando una parte del dinero de donación de asistencia técnica otorgada a AHFA. Los folletos ofrecen información detallada sobre el sector formal "HUD" definición de un CHDO, las CHDO papel que desempeñan en el desarrollo de viviendas asequibles, y qué medidas se pueden tomar para convertirse en un CHDO designado. El Técnico de CASA también ofrece paquetes de aplicaciones CHDO bajo petición. Estos proporcionan una lista de verificación para los aspirantes a CHDO para medir su progreso y su capacidad para lograr la designación CHDO. El Técnico de CASA también horarios de las reuniones con los grupos no lucrativos para ayudar a llenar la solicitud CHDO.  
     
   El mayor interés parece evidente en todo el Estado de Alabama de los grupos sin fines de lucro que deseen participar en el programa HOME y proporcionar viviendas asequibles. El número de CHDO designados en Alabama aumentó de cuatro en 1994 y hasta doce finales de 1990. Actualmente (junio de 2012), hay dieciséis (16) designada por HUD CHDO que han expresado un interés en la prestación de la comunidad / regional con sede en viviendas asequibles multifamiliares.  
     
     
   D. afirmativa de Marketing:  
     
   AHFA requiere que cada desarrollador que se ha adjudicado fondos del programa HOME certificar a los procedimientos de comercialización más positivas. Los elementos de esta certificación incluyen (1) el establecimiento de procedimientos de comercialización afirmativa que efectivamente prohíben las prácticas de exclusión; (2) el cumplimiento de la Ley de Vivienda Justa y la Ley de Discriminación por Edad de 1975, (3) la presentación de la "Vivienda Justa" logo en la oficina de alquiler o venta, (4) la presentación por escrito de AHFA de los planes para solicitar solicitudes de las personas que probablemente no se aplican sin especial para su divulgación, y (5) el mantenimiento y la presentación anual de AHFA de una lista de características de los inquilinos el alquiler INICIO asistidos por unidades.  
     
     
   E. Minorías Alcance:  
     
   En un esfuerzo por promover la inclusión de las minorías en el programa de CASA de Alabama, AHFA ha establecido un plan de asignación que otorga puntos de preferencia a los desarrolladores que se comprometerán a comprometer al menos el 10% de sus contratos de materiales y el servicio a las Empresas Minoritarias (MBE) o las mujeres Empresas Comerciales (WBE). Los MBE o WBE pueden incluir las firmas de bienes raíces, empresas constructoras, proveedores de materiales de construcción, empresas de tasación, empresas de gestión, las instituciones financieras, firmas de banca de inversión, aseguradoras, contadores, proveedores de servicios legales, u otras entidades relacionadas. AHFA ha elaborado un informe que el desarrollador se completa antes del cierre del préstamo hipotecario que indica que las minorías y / o empresas de propiedad de las mujeres utilizadas en el proyecto CASA.  
     
   Además, todos los desarrolladores que se conceden los fondos de HOME deben certificar que sus proyectos cumplan con la igualdad de oportunidades, equidad de vivienda, y las leyes de discriminación positiva de marketing.  
     
     
   Inquilino F. Asistencia / Reubicación:  
     
   La aplicación de Alabama INICIO programa obliga a los desarrolladores para indicar si o no sus proyectos implica ninguna reubicación de los inquilinos. Si es así, los desarrolladores deben proporcionar AHFA con un plan de reubicación, junto con la solicitud completa.  
     
   AHFA obliga a los desarrolladores para certificar en el "Formulario de Certificación sobre reubicación", proporcionado por AHFA, que sus organizaciones (1) tomar todas las medidas razonables para reducir al mínimo el desplazamiento de personas, (2) proporcionar asistencia para la reubicación a los niveles descritos en el, y en conformidad con los requisitos de 24 CFR Parte 92 y la Asistencia para la Reubicación Uniforme y Política de Adquisición de Bienes Raíces Ley de Propiedad de 1970 (URA) (42 USC desde 4201 hasta 4655) y 49 CFR Parte 24, y (3) aconsejar a todas las personas desplazadas de sus derechos bajo la Ley de Vivienda Justa (42 USC 3601-19).  
     
   AHFA ha alentado principalmente de nueva construcción como la actividad más adecuada para los fondos de HOME de Alabama como se indica en el Plan Consolidado, pero tendrá en cuenta los proyectos de rehabilitación previstas solicitantes han presentado pruebas que demuestren el cumplimiento de la URA. AHFA tomar todas las medidas necesarias para reducir al mínimo el desplazamiento de los inquilinos existentes en los proyectos de rehabilitación de vivienda propuesto.  
     
     
   G. Fondos déficit:  
     
   N / A  
     
     
     
   Seguimiento y cumplimiento  
     
   Estos procedimientos de control del cumplimiento se aplican a todos los edificios puestos en servicio en Alabama, que han recibido las asignaciones de fondos del programa HOME determinado de acuerdo con el Reglamento HOME (en adelante "Regs"). Los procedimientos de control del cumplimiento y los requisitos son los siguientes:  
      
   1. AHFA verificará que el dueño de un proyecto de vivienda de bajos ingresos es el mantenimiento de registros de cada calificados de bajos ingresos en el proyecto de construcción. Estos registros deben mostrar, para cada año en el período de cumplimiento, la información requerida por las disposiciones de mantenimiento de registros contenidos en el Reglamento HOME, incorporados aquí por referencia.  
      
   2. AHFA verificará que los registros que documenten el cumplimiento de los reglamentos particulares para cada año según lo descrito en el párrafo 1 anterior se conservan durante el periodo de accesibilidad completa.  
      
   3. AHFA inspeccionará el 100% de los proyectos de casa cada año y será inspeccionar la certificación de bajos ingresos, la documentación que el propietario haya recibido para apoyar la certificación y los registros de los alquileres en esos proyectos.  
     
   4. El propietario debe permitir AHFA para llevar a cabo una inspección in situ de cualquier edificio de bajos ingresos en el proyecto hasta el final del período de cumplimiento. Esta inspección puede ser separado o en conjunto con cualquier revisión de los archivos a los inquilinos bajo el párrafo 3, e incluirá los requisitos de habitabilidad.  
      
   5. AHFA notificará de inmediato al propietario por escrito si AHFA no está autorizado a inspeccionar y revisar como se describe en los párrafos 3 y 4, o de lo contrario descubre que el proyecto no cumple con el Reglamento HOME. En tal caso, el propietario dispondrá de un periodo de corrección de la entrega de documentación faltante o para corregir el incumplimiento. Este periodo de corrección se inicia el primero de los (i) la fecha en que se envió la notificación, o (ii) la fecha de la inspección.  
      
   6. AHFA notificar a HUD de incumplimiento de un dueño o el fracaso para certificar a más tardar 45 días después del final del tiempo permitido para la corrección y no antes del final del periodo de corrección, sea o no el incumplimiento o falta de certificación se haya corregido.  
      
   7. Durante el período de cumplimiento, el propietario deberá entregar al AHFA, dentro de los 60 días del cierre de cada ejercicio fiscal, un estado de situación financiera, un estado de ingresos y gastos, y un rollo de alquiler del proyecto para el año fiscal. Estos artículos deben ser certificadas por el titular.  
      
   8. Cumplimiento de los requisitos del Reglamento de HOME es la responsabilidad del propietario del edificio para el que los fondos de HOME son prestados o sentado. Obligación de AHFA de vigilar el cumplimiento de las prescripciones del Reglamento de HOME no tiene AHFA o el Estado de Alabama, responsable ante cualquier propietario o con accionistas funcionario, director, socio, miembro o gestor de un propietario o de cualquier entidad que comprende cualquier propietario para un propietario de su incumplimiento.  
     
     
     
   Re ADENDA: ADDI  
     
   ADDI, la Iniciativa de Pago Inicial del Sueño Americano, que comenzó como una rama del Programa HOME y fue diseñado específicamente para alentar a la vivienda propia. El programa no ha sido financiado por HUD desde el año 2008 del Programa. En los años siguientes, AHFA sin embargo tienen algunos fondos devueltos / no utilizados a la izquierda e hizo más de financiación, concede pocas. No hay hogares en Alabama fueron asistidos durante el período actual.

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