State of Alabama

# **Consolidated**

# **Annual Performance**

#### And

### Evaluation Report

## **Program Year 2011**

**CDBG**

**HOME**

**ESG**

**HOPWA**

##### **Alabama Department of Economic and Community Affairs**

State of Alabama

CONSOLIDATED ANNUAL PERFORMANCE

AND

EVALUATION REPORT

Program Year 2011

(April 1, 2011 – March 31, 2012)

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In Cooperation With:

Alabama Housing Finance Authority

AIDS Alabama

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**STATE OF ALABAMA**

**CONSOLIDATED ANNUAL PERFORMANCE AND EVALUATION REPORT**

**PROGRAM YEAR 2011**

**PART I: FINANCIAL STATUS AND NATIONAL OBJECTIVE REPORTS**

In accordance with HUD Notice CPD-11-03 [Reporting Requirements for the State Performance and Evaluation Report (PER)] and effective with the 2011 PER, the State of Alabama is submitting financial status and national objective information in the form of the PR28 (see following pages). Any and all adjustments are explained in PR28-A.

Likewise, in accordance with Notice CPD-11-03, the State of Alabama continues the format and method used to present financial status and national objective report data for previous legacy grants, i.e., all open grants other than FY2011. Detailed activity information for each open grant can be found on the State CDBG Program Activity Summary Report (IDIS PR28 Report) on the Alabama Department of Economic and Community Affairs website ([www.adeca.alabama.gov/CDBG/](http://www.adeca.alabama.gov/CDBG/)).

Please refer to

the PDF files entitled

PR28

Performance and Evaluation Report

and

PR28-A

Adjustment Explanations

|  |  |
| --- | --- |
| 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 |

**PART II: NARRATIVE REQUIREMENTS**

**A.** **STATUTORY REQUIREMENTS OF SECTION 104(e)**

# 1) RELATIONSHIP OF THE USE OF FUNDS TO THE STATE’S OBJECTIVES

All activities funded under the State’s Small Cities CDBG Program have met at least one of the program’s national objectives, and often more than one objective. The national objectives of the program are: (1) to benefit principally low and moderate-income persons; (2) to aid in the prevention or elimination of slums and blight; and (3) to meet other community development needs having a particular urgency where existing conditions pose a serious and immediate threat to the health or welfare of the community and other financial resources are not available to meet such need.

Almost all of the State’s CDBG projects funded thus far have met the first objective of principally benefiting persons of low and moderate-income. Among the few exceptions to this were some planning grants which were funded on the basis of “aiding in the prevention or elimination of slums and blight”. When warranted, projects were funded based on eliminating conditions that posed a "serious and immediate threat to the health or welfare of the community". The thrust of the program remains focused on benefiting low and moderate-income persons, even though many of the funded projects meet other national objectives as well. Documentation verifying compliance with one of the national objectives is required as part of the application process.

On page 177 of the 3-5 Year Strategic Plan in the 2010 Consolidated Plan, the State outlined goals in the areas of economic development, water projects, sewer projects, road and drainage projects, and housing rehabilitation. The PY2011 annual goals stated in the 2011 Consolidated Plan were met or exceeded in all areas.

Job Creation:

*Goal:* 10 Economic Development Projects

*Accomplishments:* Eleven (11) economic development projects were funded, meeting the goal. Infrastructure assistance provided to 13 businesses during PY2011 will create and/or retain 736 jobs.

Water:

*Goal:* 10 projects

*Accomplishments:* Eleven (11) water projects were funded.

Sewer:

*Goal:* 15 projects

*Accomplishments:* Twenty-one (21) sewer projects were funded, well exceeding the goal.

Roads and Drainage:

*Goal:* 8 projects

*Accomplishments:* Eight (8) road and drainage projects were funded.

Housing Rehabilitation:

*Goal:* 2 projects

*Accomplishments:* Two (2) housing rehabilitation projects funded.

During the 2011 program year, 21 low and moderate-income households were served by housing rehabilitation activities whose eligibility is determined by income. Of these 21 households, 7 (33%) were very low income, 8 (38%) were low income, and 6 (29%) were moderate-income. It appears that the program is performing well in serving all strata of its intended low and moderate-income beneficiaries. See Appendix A for additional details.

In accordance with the March 7, 2006, Federal Register Notice entitled “Notice of Outcome Performance Measurement System for Community Planning and Development Formula Grant Programs”, the State of Alabama is reporting individual grant objectives and outcomes in HUD’s Integrated Disbursement and Information System (IDIS). These objectives and outcomes are available in the State CDBG Program Activity Summary Report (IDIS PR28 Report).

During the reporting period, 8 economic development projects were completed assisting 11 businesses, creating or retaining 747 jobs. The following projects were also completed during this period: 20 sewer projects, 16 water projects, 5 road and drainage projects, and 6 planning projects. In addition, 5 projects with multiple activities were also completed during this period. One of these multiple-activity projects was a comprehensive project which included Housing Rehabilitation as the primary activity. The Community Enhancement Fund allowed for the completion of 15 additional "other public facility" projects which included senior centers and community centers.

# 2) CHANGES IN PROGRAM OBJECTIVES

Historically, the State has been satisfied with its CDBG program and implemented few adjustments from year to year. The proposed 2011 Consolidated Plan and PY2011 Action Plan retained changes that were initiated in the 2010 program year. Some of those changes pertained to a new category of funding (Very Small City fund), the application rating/scoring system, application thresholds, and matching contributions.

However, statements received during the public comment period indicated that not all of these changes were entirely welcomed for a second program year. Thus, based upon the public comments, the Very Small City fund was eliminated and its proposed allocation was redistributed. Also, in PY2011 cities and counties eligible to apply for both Competitive and Community Enhancement Funds were limited to only one application from either one of the two funds. Additionally, the cost/benefit ratio base for all public facilities was decreased to $4,000.

The rating/scoring process for several of the Funds was also changed based upon public comments. For the Competitive Funds, Bonus Points were eliminated and Local Match was reinstated. With the Community Enhancement Fund, the rating process was changed from a 200-point competitive process to a “0-5 point scale” semi-competitive rating process. The Planning Funds scoring points were eliminated, thereby eliminating the competitive nature of the fund.

Finally, Cities and Counties with open grants (except Economic Development and Planning Fund) as of March 31, 2011, had to sit out the FY2011 funding cycle for all funds except Economic Development.

## 3) HOW THE STATE WOULD CHANGE ITS PROGRAM

As indicated above, the State considered and made important changes to its PY2011 Plan. The State continues to be particularly interested in creative, but fiscally responsible ways to stimulate economic development as well as more effective ways to target additional funds to the most disadvantaged areas of the State.

Due to the rating/scoring changes incorporated in 2008, communities that previously felt disenfranchised were effectively able to compete. Additional changes to the rating/scoring process in 2011 continue to help communities to compete.

The 2011 program eliminated the Very Small Cities fund; redistributed funds; reinstated Local Match; and revised the scoring and rating systems for several funds. These changes, implemented as a result of public comments, should allow more needy communities and/or a wider range of projects to compete without too much sacrificing of original goals.

4) PROGRAM COMMENTS RECEIVED FROM CITIZENS

Over the life of the program, the State has responded to all comments received and usually acted to adjust program rules when a significant number of comments were received on any one subject.

Most comments are received at or shortly after the annual Public Hearing for the Action Plans. During the public comment period, the State received several comments and suggestions regarding the proposed 2011 CDBG Action Plan. Based upon these comments and suggestions, the State amended the CDBG Action Plan and held another public hearing and public comment period. Comments and responses for the PY2011 amended Action Plan were forwarded to HUD in March 2011.

The State of Alabama’s Consolidated Annual Performance and Evaluation Report (CAPER) and the State CDBG Performance and Evaluation Report (PER) for PY2011 and earlier years’ funds were made available for public review and comment on ADECA’s web site, [www.adeca.alabama.gov](http://www.adeca.alabama.gov), as well as at the ADECA office in Montgomery during the period of June 8, 2012, through June 22, 2012. The public was notified of this comment period through public notices which ran in the June 8, 2012, issues of *The Montgomery Advertiser*, *The Birmingham News*, *The Huntsville Times*, and *The Mobile Register*, as well as a notice posted on ADECA’s web site. There were no public comments.

## 5) PROGRAM BENEFIT TO LOW AND MODERATE INCOME PERSONS

Alabama’s Small Cities CDBG Program is almost totally oriented to meeting the objective of principally benefiting persons of low and moderate-income. To date, nearly 89 percent of the expended 2011 funds have gone toward the low and moderate-income national objective. The overall LMI benefits far exceed program requirements and a very substantial effort has been and will continue to be made to utilize economic development funds in the poorer and lesser-developed areas of the State whenever reasonable opportunities present themselves. It is particularly true where the scoring system of the "competitive" programs is concerned.

## 6) ADDITIONAL ACTIONS TAKEN BY STATE

The State has taken actions over the years to address more of the social problems resulting from poverty. The State has continued to address these needs by utilizing its ED Fund to assist in job creation for low and moderate-income personsduring the past several years. The State has used its HOME Program to foster and maintain affordable housing and to reduce the primary barrier to affordable housing which is the lack of adequate income by a large percentage of the population. These actions are covered in more depth in the HOME Program Report. The State has worked to overcome gaps in institutional structures and to foster cooperation by coordinating with the Alabama Department of Environmental Management on all water and sewer applications and by soliciting input from other State and local agencies in review of applications when appropriate.

The State utilizes its program to evaluate and reduce lead based paint hazards by implementing the following policy:

*Any individual or organization applying for assistance under any Federal programs for the purpose of rehabilitation of single-family or multi-family dwellings built before 1978 must provide certification that the property in question is free of lead-based paint hazards before it can be occupied or reoccupied. The certification must be completed by an approved, licensed lead-based paint testing company.*

The State’s Housing Rehabilitation Specialist provides one-on-one technical assistance, as needed, to grantees for the purpose of explaining responsibilities and requirements incumbent upon recipients of CDBG and other HUD or federal funds. In addition, the State Health Department operates a Lead Surveillance System to keep abreast of blood lead levels found in Alabama children. The State will continue to work diligently to comply with regulations concerning lead-based paint issues.

The State continually monitors to assure compliance by grantees with all applicable regulations and has an ongoing planning process to assure that HUD Action Plan requirements are complied with. All recipients of Action Plan funds are monitored at least once during the course of the grant and will be monitored again, if necessary, to assure compliance with program laws and regulations. Monitoring information is maintained in the information system and is used to trigger timely monitoring and other program review actions.

The State uses its ED infrastructure program to help address the conditions of poverty within the State, allocating approximately $4.7 million in PY2011. Over the past few years, the State of Alabama has been very successful in attracting automotive manufacturers and their respective supplier plants. The CDBG Program is continuing to play an instrumental role in this initiative as evidenced by the funding of economic development grants for automotive suppliers which account for 75 of the new jobs being created through PY2011 funding. Funding of economic development grants for PY2011 also includes such diverse companies as senior living facilities, a sawmill, a grocer, a restaurant, and a truck stop, among others. Of special note is an economic development grant for the VF Corporation located in Hackleburg. This apparel plant was destroyed during an outbreak of tornadoes in April of 2011. The VF Corporation decided to rebuild in Hackleburg and, with the assistance of the economic development grant, will be able to retain 150 jobs as well as create another 50 jobs. The State has the ability to use a revolving loan fund capitalized by the CDBG Program or a float loan program for larger projects. The State has not made Section 108 loans due to past problems, but awards float loans when secured with bank letters.

## 7) PROGRESS IN PROVIDING AFFORDABLE HOUSING

The State has continued to make progress in providing affordable housing, both through the CDBG rehabilitation and the HOME housing program activities. This is covered in more depth in the HOME report.

## 8) OTHER PUBLIC AND PRIVATE RESOURCES

The CDBG Program has continued to attract other public and private resources such as Rural Development funds, ARC funds, and local match funds primarily on water and sewer projects. The Economic Development Fund continues to leverage both public match for infrastructure projects and private match for loans.

The Alabama Housing Finance Authority has leveraged tax credits through its use of HOME funds and this is reported on in the HOME Program report.

## 9) EFFORTS TO CARRY OUT PLANNED ACTIVITIES

The State has pursued all resources indicated in the Action Plan but has primarily utilized its program to leverage other resources indicated above under other public and private resources. The State has signed off on all certifications regarding consistency with the Consolidated Plan in a fair and impartial manner, and has not hindered the Consolidated Plan Implementation of any organization or local government.

10) SELF EVALUATION

Please see Appendix C.

**B. SUMMARY OF ACTIVITIES AND RESULTS FROM TECHNICAL ASSISTANCE FUNDING**

During PY2011, the State conducted three workshops using technical assistance money. An Application Workshop was held in April 2011 for all categories of CDBG funding. Application materials were distributed and explained in detail. A Compliance Workshop for successful applicants was conducted in November 2011. Updates, and revisions were provided during the Workshop; the implementation manual is available on ADECA’s website and is continually updated. Another Application Workshop (for PY2012 grants) was held in February 2012 for all categories of CDBG funding. As in prior years, application materials were distributed and explained in detail. In addition, specialty workshops may be held as needed. Other plans include continued and expanded utilization of all appropriate means of communication including Internet websites.

**C. COMPLIANCE WITH APPLICABLE CIVIL RIGHTS LAWS** (formerly PART III)

1) BENEFICIARY INFORMATION

According to ADECA records, in PY2011 a total of 11 of the 61 grants were made to minority communities under the Alabama CDBG program. This is approximately 18% of the State’s nonmetropolitan counties and municipalities that have at least 51% minority populations as identified by the 2000 Census of Population and Housing. Another way of viewing performance in this area is that approximately 16% of the eligible nonentitlement jurisdictions are predominantly African-American. The percent of recipients that are minority communities has exceeded this figure in all but seven (7) of the State’s program years.

In the past, grants to minority communities accounted for 14.52% of all grants in 1992; 21.05% in 1993; 15.69% in 1994; 12.34% in 1995; 16.8% in 1996; 15.74% in 1997; 18.50% in 1998; 18.05% in 1999; 26.32% in 2000; 22.08% in 2001; 10.00% in 2002; 14.13% in 2003; 16.87% in 2004; 36.26% in 2005; and 20.00% in 2006. Recent grants to minority communities are reflected in the table below.

MINORITY COMMUNITIES FUNDED: PY2007-2011

|  |  |  |  |
| --- | --- | --- | --- |
| Year | Funded | Number of Projects  Funded in Minority Communities | Minority Percent |
|  |  |  |  |
| 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% |
|  |  |  |  |
|  |  |  |  |

Source: State CDBG Performance and Evaluation Report, Alabama Department of Economic and Community Affairs; and 2000 Census of Population and Housing.

In a similar fashion, approximately 45% of the persons assisted during the last five (5) years under the State CDBG Program have been minority individuals. On August 11, 2004, Governor Bob Riley signed an Executive Order creating the Black Belt Action Commission to propose and work toward substantive solutions that will improve the quality of life in Alabama’s Black Belt.

The Black Belt is a band of twelve largely rural counties stretching across the south-central part of the state. It has long been characterized by high rates of poverty, illiteracy, infant mortality and economic stagnation. ADECA proposed the creation of the Black Belt Region Fund in its 2005 Action Plan, making available up to $1.5 million in additional funds from recaptured and other funds to assist applicants.

The following table presents a yearly account of minority beneficiaries in the State’s CDBG Program.

MINORITY PERSONS ASSISTED UNDER STATE CDBG PROGRAM:

PY2007-PY2011

|  |  |  |  |
| --- | --- | --- | --- |
| YEAR | NUMBER  BENEFITTING | NUMBER  MINORITY | MINORITY  PERCENT |
|  |  |  |  |
| 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% |

Source: Minority Beneficiaries Report, CDBG Grant Management System, Alabama Department of Economic and Community Affairs.

2) RECIPIENTS’ CIVIL RIGHTS PERFORMANCE

According to HUD regulations governing the State administration of Community Development Block Grant funds, effective December 1992, State CDBG grant recipients must administer their programs in a nondiscriminatory manner. The five major areas where CDBG Civil Rights compliance is mandatory are: (1) equal provision of services, benefits, facilities, and improvements; (2) equal employment opportunity; (3) equal access to CDBG contract and business opportunities; (4) Section 504 Handicapped Requirements; and (5) compliance with Federal Fair Housing Legislation.

The Alabama Department of Economic and Community Affairs utilizes several methods to ascertain compliance with applicable civil rights laws and executive orders in the administration of Alabama’s Small Cities CDBG Program. In 2005, ADECA began requiring all CDBG Program recipients to submit answers to detailed questions in the areas of equal employment opportunity, Section 504 Handicapped requirements, and fair housing as a condition to be met before any funds could be accessed by the recipient. All contracts entered into by grant recipients are examined to determine if the appropriate affirmative action and equal opportunity clauses have been inserted. Also, program monitors utilize a detailed checklist to determine grantee compliance with civil rights provisions in the administration of their respective programs. This includes monitoring of such areas as program benefits and impacts, recipient hiring and employment practices, displacement, contract management, fair housing, and Section 504 Handicapped Accessibility. Furthermore, a modified version of HUD Form 2516 is utilized annually to track participation by qualified female and minority-owned enterprises in CDBG-related business opportunities at the local level. This information is summarized and submitted annually to the Birmingham HUD office.

In addition, the applicability of Section 3 economic opportunities for low and very low-income persons is required by the State. Section 3 of the Housing and Urban Development Act of 1968 ensures that employment and other economic opportunities generated by certain HUD financial assistance shall to the greatest extent feasible, and consistent with existing Federal, State, and local laws and regulations, be directed to low and very low-income persons. Recipients of CDBG grants from PY1988 and later years who entered into contracts after June 30, 1994, are required to submit reports on Section 3 activities if the amount of assistance was in excess of $200,000. In case of recipients with the amount of assistance in excess of $200,000, all participating contractors and subcontractors with contracts exceeding $100,000 must also develop and implement a Section 3 program.

HUD form 60002 has three parts that must be completed for all programs covered by Section 3. Part I relates to employment and training. Part II relates to contracting and Part III summarizes recipient's efforts to comply with Section 3. This Section 3 requirement is now a part of ADECA’s monitoring responsibility and will be included in the Performance/Evaluation Report.

Overall, these methods of review have determined that the State’s CDBG grantees are taking adequate steps to ensure compliance with applicable civil rights laws and provisions in the administration of their programs. In addition, progress is being made at the local level to affirmatively promote equal opportunity and non-discrimination in all aspects of community life.

3) STATE AND LOCAL EFFORTS IN AFFIRMATIVELY FURTHERING FAIR

HOUSING

The US Department of Housing and Urban Development (HUD) requires that the State of Alabama conduct an analysis to identify impediments (AI) to fair housing choice within the State. The State also must take appropriate actions to overcome the effects of any impediments identified through that analysis. During PY2011, Alabama reviewed its State level AI as a part of its Consolidated Plan Process and found the AI to be in compliance with HUD’s Fair Housing and Equal Opportunity guidelines.

ADECA requires recipients of State CDBG funds to submit an analysis of impediments to Fair Housing Choice as a condition to be met before any funds can be accessed by the recipient. All PY1995-PY2011 CDBG Program recipients have been required through Letters of Conditional Commitment (LCCs) to submit a Community Fair Housing Analysis to ADECA for review. Below is a summary of the Survey results received to date as developed by the local CDBG recipients who received PY2011 grants.

At the time of the preparation of the CAPER, the State had processed 65 Analyses of Impediments. It is encouraging to note that 65 of the 65 jurisdictions reporting at this juncture had fair housing ordinances or fair housing resolutions in place. Those reporting this information were fairly reflective of the State's population. Eight (8) of the jurisdictions had less than 5% minority population while 13 had minority populations of more than 50%. The remaining 44 had minority populations that fell between 5 and 50%. Forty-six (46) of the 65 jurisdictions reported that they had subsidized housing within their jurisdictions and there were no fair housing complaints reported during PY2011. The results also indicated that 58 of the 65 jurisdictions have procedures in place to assist persons who have fair housing complaints.

Of the counties reporting, 14 have fair housing ordinances or resolutions and 10 have procedures in place to assist persons who have fair housing complaints, although no county reported complaints in the last five years. All 14 counties reported some type of assisted housing within their jurisdictions. Four (4) of the 14 counties had a minority population of 50% or more, 8 had minority populations of 5-50%, and 2 of the counties had a minority population of less than 5%.

Among the small cities (population less than 3,000) reporting, all 22 had fair housing ordinances or resolutions, and 19 had procedures in place to assist persons who had complaints. Eighteen (18) of the 22 jurisdictions reported having subsidized housing in place. There were no complaints reported in PY2011. Four (4) of these towns had minority populations of 50% or more, fourteen (14) had minority populations of 5-50%, and four (4) had minority populations of less than 5%.

# Of the larger cities (population 3,001 and greater) receiving funds, all 29 not only had fair housing ordinances or resolutions, but also all 29 had procedures in place to assist persons who had complaints. There were no complaints reported during PY2011. Five (5) of these jurisdictions had minority populations of 50% or more, twenty-two (22) had minority populations of 5-50%, and two (2) had a minority population of less than 5%.

For each concern or impediment identified in the survey, the grantees are expected to develop a schedule or timetable which lists the proposed changes necessary to correct the identified problems; develop a specific schedule of corrective actions; and identify a mechanism for updating the analysis on a periodic basis. (A summary of the Analysis of Impediments is also included as part of Appendix B State of Alabama Fair Housing Report.)

1. STATE AND RECIPIENTS ACTIONS TO USE MINORITY AND

WOMEN-OWNED BUSINESSES

The Alabama Department of Economic and Community Affairs encourages CDBG grantees to offer business opportunities whenever possible to qualified minority and female contractors. To assist in this endeavor, ADECA has participated in various MBE workshops across the State, has published a booklet which describes how minority and female-owned businesses can take advantage of CDBG opportunities, and regularly responds to inquiries from interested minority/female firms seeking information on the community development program. Furthermore, the State provides its grantees a mechanism through which the services of the computer-based Alabama Small Business Procurement System can be utilized to notify qualified minority and female-owned contractors and other small businesses in the project area of impending CDBG contract opportunities.

With respect to the volume of MBE/WBE activity, a modified version of HUD Form 2516 is utilized to measure the dollar amount of contracts entered into by minority and female-owned businesses in conjunction with Alabama’s CDBG program. During the October 1, 2010 through September 30, 2011 program year, a total of $303,285 (1.2% of the total) was awarded to minority contractors and $2,455,682 (9.5% of the total) was awarded to female-owned businesses. Aslightly more detailed presentation is contained in the attached tables in Appendix D. Also presented in the attached tables is information on Section 3 contract awards*.*

In order to inform MBE/WBE businesses of upcoming project activities, grant administrators send notifications of professional services required and construction bid ads to the ADECA Office of Minority Business, to the Alabama Small Business Development Center, and to relevant businesses found on the Alabama Department of Transportation’s Disadvantage Business Enterprise listings. Likewise, grant administrators encourage contractors to hire low- and very low-income individuals as needed.

A majority of contractors on Alabama’s CDBG projects report having undertaken various efforts to direct employment toward Section 3 residents (i.e., low- and very low-income persons) and/or Section 3 businesses in project areas. Such efforts include attempting to recruit low-income residents (through local advertising media, signs prominently displayed at project worksite, contracts with community organizations or private/public agencies in the project area, or similar methods), participating in HUD or other programs which promote training/employment of Section 3 residents, participating in HUD or other programs which promote the award of contracts to Section 3 business concerns, and/or coordinating with Youthbuild Programs.

While many contractors attempt to direct employment toward Section 3 residents, some contractors report being fully staffed and, therefore, are not conducting interviews or hiring.

5) THE EEOC EEO-4 FORM

EEOC EEO-4 data is maintained at the State for each State agency administering the program.

Minority Cities Funded in PY2011

Akron Lanett

Atmore Livingston

Beatrice Mosses

Clio Tuskegee

Greensboro

Minority Counties Funded in PY2011

Hale County Sumter County

**APPENDIX A**

HOUSEHOLDS ASSISTED

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

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 |

**APPENDIX B**

**STATE OF ALABAMA**

**PY2011 FAIR HOUSING REPORT**

# SUMMARY OF THE ANALYSIS OF IMPEDIMENTS

The State developed an Analysis of Impediments to Fair Housing as a companion to its Consolidated Plan. A copy is on file at the ADECA office in Montgomery. The following information provides a current analysis of the barriers to fair housing in the State and indicates actions the State has taken or expects to take during the coming year to address this area.

# Land Use Restrictions

Many of Alabama's smaller municipalities and most of its larger cities restrict the use of properties within their jurisdictions to specific purposes through the use of zoning ordinances. In order for the property to be used for a purpose other than which it is zoned, a rezoning permit must be obtained from the city government. Regrettably, sometimes only more expensive developments can meet the requirements of some of Alabama's zoning or land use laws. Additionally in rural Alabama, land use requirements and barriers or impediments such as lack of infrastructure also affect the production of affordable housing. The cost of infrastructure and the complexity of many zoning laws and subdivision regulations are factors that cause development costs to be high in some of Alabama's rural areas.

# Building Codes

These codes serve many valuable purposes, but municipal building codes and FHA minimum property standards are often expressed in terms of rigid specifications. Even when new construction techniques and architectural innovations may be satisfactory in terms of safety, comfort, and other measurable standards they are not always in compliance unless they meet strict specifications. Additionally, inconsistency in building code enforcement also creates additional expenses for builders in terms of construction delays and costly redesigns. This may impact construction and rehabilitation projects in terms of cost to the prospective owner or tenant.

Absence of Land Use Regulations

With the lack of specific land use regulations, random and arbitrary land uses are often found such as standalone mobile homes and manufactured homes that are, in many cases, substandard. There are also many substandard**APPENDIX B**

housing units occupied by renters that might benefit from code enforcement programs. Due to the lack of regulation, occupants of such structures are unprotected and permissive code enforcement, or the complete lack of codes, prove to be a disincentive to improving affordable housing. A prominent part of any local housing plan should be the elimination of substandard housing that cannot be repaired. As long as these substandard units remain in existence, some persons will continue to reside in them.

Credit Environment

Lending options are limited for low and moderate-income citizens of Alabama. It remains very difficult to qualify for a mortgage loan without a combination of sufficient income and a good credit rating. Lenders stay on traditional courses. Despite Community Reinvestment Act obligations, they are not likely to meet the growing need for affordable housing finance.

Fair Housing Issues/Discrimination

No Alabama cities and counties have cited discrimination as a barrier to affordable housing. However, discrimination may be disguised within more acceptable barriers such as high rental rates, non-availability of mortgage financing and/or restrictive land use regulations. Discrimination in terms of being unwilling to rent to families may be a problem, but the exact number and nature of this problem is difficult to document.

# The “NIMBY” Syndrome

NIMBY (not in my backyard) is a common occurrence because of a concern over a perceived decrease in property values. Some persons view affordable housing developments such as mobile home parks, apartments, and other lower cost planned developments as a threat.

# Land Ownership Patterns

In much of rural Alabama, most suitable land is owned or controlled by a few owners or developers. These persons can therefore dictate the extent and type of housing activity to be carried out on their land. They can also be more selective in dealing to ensure maximum profitability, usually precluding any affordable housing opportunities for lower income citizens. Additionally, home sites in rural Alabama are frequently sold in large lot sizes, which could prevent lower income persons from obtaining lots on which to build modest homes. With fewer new homes being constructed in rural areas, there are fewer older but suitable homes on the market and available for occupancy.

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# Cost Associated with Accessibility Compliance

Governmental regulations for rental housing that require building designs to be altered to accommodate handicapped persons and/or lead-based paint compliance are increasing the cost of rehabilitating existing structures and impacting the affordable housing market.

# Fire Protection Costs

Due to a lack of fire protection in some rural Alabama counties, homeowner's insurance rates are considerably higher than in municipalities. This may cause an overall increase in the cost of housing in many areas of the State.

Transportation Costs

Although not always viewed as part of the affordable housing equation, the cost of and availability of transportation to work, shopping, and services is a factor that affects housing choice and affordability. The State continually reviews options to use programs to help address transportation costs such as strategic funding of street and road improvements, rural transit systems, and funding of local or regional studies to enhance economical rural transit.

# ACTION TAKEN IN 2011

During PY2011, the Alabama Department of Economic and Community Affairs maintained a link to the Office of Fair Housing and Equal Opportunity on its web site to assist the public’s access to FHEO issues. Also, at ADECA’s request, the Governor signed a Proclamation and issued a press release designating April 2011 as Fair Housing Month. ADECA took the following actions to affirmatively further fair housing: mailed and/or emailed copies of the Governor’s Fair Housing Month Proclamation and English and Spanish versions of the Equal Housing Poster to more than 226 interested parties, more than 120 of whom were Alabama Fair Housing Authority employees; maintained its website which included links to the “What’s New” section of the HUD’s website.

In conjunction with the aforementioned activities, ADECA also sent a memorandum on the topic of Fair Housing and Equal Opportunity to the same interested parties. The memorandum identified and briefly summarized a variety of different laws designed to protect each individual’s right to fair housing and equal opportunity. The laws summarized included Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Section 109 of Title I of the Housing and Community Development Act of 1974, Section 3 of the Housing and **APPENDIX B**

Urban Development Act of 1968, the Age Discrimination Act of 1975, Executive Order 11063, Executive Order 11246, and the Uniform Administrative Requirements for Grants and Cooperative Agreements to State and Local Governments (Common Rule).

The memorandum also included a list of 10 suggested fair housing actions/activities designed to provide assistance in satisfying the requirements of the Fair Housing Act. Some of the suggestions included: issue a Fair Housing Month Proclamation by city, town, or county; provide housing counseling to help minorities find housing outside areas of concentration; and develop a fair housing assistance program.

Since 1995, the State has required grantees to prepare Analyses of Impediments (AI) as part of the process of satisfying their Letter of Conditional Commitment. This is necessary for communities to complete before they receive their CDBG funding. Local grantees must document that they have conducted an Analysis of Impediments (AI) to identify actions or strategies to eliminate barriers to fair housing. Appropriate data is collected by grantees and is reviewed by the State. Necessary adjustments are then made to strategies or actions needed to comply with State and Federal regulations regarding fair housing.

At the present time local grantee actions may include, but are not limited to, the following types of effort:

1. Encouragement of local Boards of Realtors to enter into voluntary affirmative marketing agreement;

2. Sponsorship of fair housing poster contests, speech contests, and writing contests in school during Fair Housing Month; and display of Fair Housing Exhibits at local shopping centers, fairs, or other similar events;

3. Development and promotion of public information programs using local newspapers, radio stations, etc., concerning fair housing choices in local communities;

4. Promotion of the use of Equal Housing Opportunity slogan and logo in the classified section of local newspapers;

5. Adoption of a Fair Housing Resolution;

6. Declaration of Fair Housing Month;

7. Exhibition of Fair Housing Posters and/or information in public buildings or other prominent locations.

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In addition, two CDBG staff members attended A Civil Rights Summit: Fair Housing Rights, Remedies, and Resources sponsored by the United States Attorney’s Office for the Southern District of Alabama in Mobile, Alabama, on April 27, 2011. Topics included Fair Housing Education and Enforcement, Federal and State Fair Housing Issues and Trends, and The Housing Industry Perspective.

Additionally, the Alabama Housing Finance Authority is documenting its affirmative marketing efforts in multifamily housing development and loan review procedures as part of its administration of the HOME Program.

# IMPACT OF ACTIONS TAKEN DURING PY2011

As the preceding portions of this report have indicated, Alabama is making a conscious effort to ensure fair housing opportunities for all its citizens. Since the conception and development of the State of Alabama's Consolidated Plan, the State has made substantial gains and improvements. It has advanced the concept of affirmatively furthering fair housing choices throughout the State of Alabama. State CDBG grantees are required to submit an Analysis of Impediments (AI) to Fair Housing Choice prior to receiving any funds. The following information is derived from summarizing the data received thus far for the PY2011 CDBG Program Year.

At the time of preparation of the CAPER, the State had processed 65 Analyses of Impediments. Of these analyses, all 65 of these jurisdictions indicated that they had fair housing resolutions or ordinances in place. Those reporting were fairly representative of the State's population. Eight (8) of these had minority populations of 5% or less, 44 had populations whose minority percentage was between 5% and 50%, and 13 had minority populations of more than 50%.

Forty-six (46) of the 65 jurisdictions reported that they had subsidized housing within their community, and no fair housing complaints were reported within the past five years. The results also indicated that 58 of the 65 have procedures in place to assist persons who had fair housing complaints.

Obtaining strong and broad-based support for fair housing actions is critical to the long term success of the State's efforts to affirmatively further fair housing. The results of the surveys returned by grantees indicate that this support of the concept is being achieved.

Planned accomplishments in this area are described in the following section.

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PLANNED ACCOMPLISHMENTS FOR PY2011

The State of Alabama and the Alabama Department of Economic and Community Affairs views the promotion and provision of housing opportunities for all citizens as a goal that must be seriously addressed. To promote awareness of fair housing and address obstacles to this objective, the State will take advantage of opportunities that arise, particularly in the administration of HUD funded programs. The State will work toward this objective and will act in various ways, as indicated in the following sections. Anticipated approaches and accomplishments are listed below.

1. Legislative - The State will continue to work with the legislature and HUD to see that Alabama has a substantially equivalent Fair Housing Law.

2. Education - The State will prepare and distribute materials to make the public, professionals, and elected officials more aware of the problems in this area and of ways to address those problems as well as what the law has to say about fair housing in general. CDBG workshops and events will be used as opportunities to provide education concerning housing opportunity for all persons.

* Provision of fair housing material at Compliance Workshop
* Provision at Public Hearing
* Provision at Application Workshop

3. Public Relations - The State will work with local governments to promote Fair Housing Month and will ask the Governor to take actions (when possible and appropriate) to promote the concept, such as signing a proclamation concerning Fair Housing Month. The State, from time to time, will also use other forums, events, and conferences to promote the concept, particularly where housing and/or community development are involved. The State will implement several procedures to satisfy the requirements of the Language Access Plan (LAP) for Limited English Proficiency (LEP) persons.

* Publication of CDBG action plans and amendments in Spanish on ADECA website
* Inclusion of statement on all published citizen participation advertisements that Spanish language materials are available
* Addition of Spanish, German, Japanese, and Korean translation icons on ADECA website
* Requirement that all applicants or subgrantees conduct a four-factor analysis prior to advertising public hearings to determine need for language assistance
* Requirement that funded communities provide a detailed LAP for ADECA’s approval during Letter of Conditional Commitment phase.

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4. Programmatic Implementation - In the area of program implementation, the State will monitor grants to see that recipients have undertaken and completed analyses of impediments to fair housing and have addressed fair housing concerns.

* Approximately 86 monitoring visits at which fair housing efforts will be reviewed.

5. Resource Allocation - The State will strive to allocate resources in a manner which provides opportunities for all citizens to have choice in their selection of housing. This may manifest itself in efforts to support scattered site housing, or in the provision of assisted housing in areas previously not served, provided this is not done at the expense of extremely needy areas. The CDBG Community Enhancement Fund may be a useful vehicle in this respect.

* Provision of housing support activities across the State.

6. Supplemental Allocations - The State has engaged in the Neighborhood Stabilization Program (NSP), Community Development Block Grant – Recovery (CDBG-R), and Homelessness Prevention and Rapid Re-Housing Program (HPRP). These programs will be reported in varying systems as required by HUD.

APPENDIX C

**STATE OF ALABAMA**

**PY2011 SELF ANALYSIS**

# Impact on Needs

Money received as the result of the Community Development Block Grant program, the Home Investments Partnership program, the Emergency Shelter Grant program, and the Housing Opportunities for Persons with AIDS program has had significant impact on needs identified in the State of Alabama's Consolidated Plan. Community Development Block Grant funds have been used to help 3,000 to 8,000 people per year acquire safe drinking water and 2,000 to 5,000 people per year obtain access to adequate sanitary sewers. In some years, as many as two thousand persons have gained access to better streets or roads through the programs. In addition, Community Development Block Grant funds helped provide decent, safe, and sanitary housing to thousands during the course of the program.

In some instances, the achievements in a given year pale in comparison to the magnitude of the need or problem across the State, but the progress is steady and important. This is particularly evident in the battle to provide potable water and decent housing. It is estimated that tens of thousands of the State's residents may still lack access to public water systems while, as indicated above, only a few thousand can be helped in any given year. Similar disparities exist between the housing needs and the resources available.

The use of CDBG funds, and other funds that they leverage, is of critical importance to the health and welfare of the citizens of the State. The use of HOME funds is, of course, also critical to the battle to provide suitable housing for the residents of the State. Additionally, it is very important to acknowledge the role played by ESG and HOPWA funds in addressing more completely the range of housing needs that exist across the State.

# Barriers to Strategies

As indicated above, the Consolidated Plan funds are small when compared to the needs. Therefore, the largest impediment to implementing the State's strategy is the lack of sufficient funding. For a State as poor as Alabama, the receipt of federal funds is essential to addressing community development, economic development, and housing needs. These funds help attract other funds and, in the area of economic development, are of paramount importance. As the State's economy grows, Alabama will be more capable of applying its own resources to address the housing and community development needs of the **APPENDIX C**

State. Therefore, the use of these funds for economic development purposes may take on an even larger role in the future.

# Timely Expenditure of Funds

The State continues to work hard to see that funds are spent as rapidly as possible. Grant recipients are required to submit detailed implementation schedules as a condition for receiving funds. This is a part of their Letter of Conditional Commitment that is required before contracts are issued. Expenditure of funds and closeout of old grants are conditions of being able to apply for new funding under the State CDBG program. Submission of a detailed schedule is also a condition for receiving funding under the ESG program. Efforts like these have kept the State on track in assuring timely expenditure of Action Plan funds.

# Goal Achievement

Continued interaction with citizens, elected officials and community development professionals indicates that State goals remain on target and are consistent with the needs and desires of persons residing in the State's non-entitlement areas. The State is making a concerted and continued effort to see that public hearings and all other program interactions are vehicles at which representatives of local governments, non-profit organizations, and the general public can voice their goals, values, and concerns. While the State programs have evolved, the changes have mainly been of degree and there have not generally been radical policy shifts. The general goals of the programs have remained largely the same since its inception in 1982, although the PY2001 Action Plan incorporated changes designed to result in an increased degree of targeting to poorer areas, and the PY2010 year Action Plan incorporated changes to facilitate communities that felt disenfranchised to effectively compete for funds. However, due mostly to public comments, most of the changes were reversed in the PY2011 program. The State continually monitors program results to ensure that CDBG program design leads to maximizing program benefits.

APPENDIX D

CDBG MINORITY/FEMALE BUSINESS ENTERPRISE ACTIVITY

(Reporting Period October 1, 2010 – September 30, 2011)

Dollar Amount Percent

All CDBG Contracts $25,742,846 100.0%

Minority Contracts $303,285 1.2%\*

Female Contracts $2,455,682 9.5%\*

\* The percentages shown are based on the CDBG Dollar Amount of contracts signed in FY-2011, as per HUD guidance. Previously, contracts were reported as Total Dollars, which included local match.

Information is taken from the ADECA Form 2516 that is submitted by CDBG recipients with one or more active grants during the subject reporting period (100% of reports due were submitted).

Please refer to

the PDF file entitled

SECTION 3 SUMMARY – CDBG

APPENDIX E

**STATE OF ALABAMA**

**PY2011 EMERGENCY SHELTER GRANTS (ESG) PROGRAM**

# Assessment of Three-to-Five Year Goals and Objectives

The PY2011 Emergency Shelter Grants (ESG) Program Action Plan had, as both a goal and an objective, addressing the needs of the non-entitlement homeless. This was accomplished through an extensive outreach effort. It resulted in fourteen (14) applications, five (5) of which were from non-entitlement communities. The State included the possibility of the $100,000 match waiver in the PY2011 Plan in an effort to attract smaller communities.

Awards were made to eleven (11) grantees, five (5) of which were non-entitlements.

Continuum of Care

The State’s ESG Program is an integral part of the State’s Continuum of Care. The funds allocated through the State help form the backbone of homeless assistance statewide. The State’s staff attends homeless coalition meetings which address needs, strategies, and sources of additional funding.

Leveraging Resources

ESG project specific match is attached and shows that portion of match expended through March 31, 2012, on all active projects.

Self-Evaluation

All grant applications were capped at $200,000 per the 2011 ESG Action Plan. In an effort to fund more projects, the award amount of seven (7) projects was reduced from the amount originally requested in the application. Only four (4) projects were fully funded at the amount requested in the application.

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Funds were awarded competitively based on the following factors:

1. Identification of Homeless Assistance Needs 20 points

2. Applicant’s Strategy to Address Homeless Problems 25 points

3. Timely and Effectively Expenditure 15 points

4. Participation in a Continuum of Care 10 points

5. Match 10 points

6. Budget 20 points

TOTAL POINTS 100 points

Use of ESG Funds

An ESG Expenditure sheet is included as part of this submission.

Please refer to

the PDF file entitled

SECTION 3 SUMMARY – ESG



**Housing Opportunities for Persons With AIDS (HOPWA) Program**

**Consolidated Annual Performance and**

**Evaluation Report (CAPER)**

**Measuring Performance Outcomes**

**Final Released 1/12/12**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

**Definitions**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Operating Costs:** Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing function and operation costs like utilities, maintenance, equipment, insurance, security, furnishings, supplies and salary for staff costs directly related to the housing project but not staff costs for delivering services.

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

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

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

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

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

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

HUD Funding Grantee Project Sponsor

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

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

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

HUD Funding Grantee Project Sponsor Subrecipient

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

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

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

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| **Housing Opportunities for Persons with AIDS (HOPWA)****Consolidated Annual Performance and Evaluation Report -** **Measuring Performance Outcomes** |

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

**Part 1: Grantee Executive Summary**

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

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

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

**1. Grantee Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HUD Grant Number** | | | **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 | | | | | | |
|  |  | | | | | |  |

**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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| The CDC estimates that there are almost 1.2 million people living with HIV/AIDS in the United States, and that over 50,000 persons become newly infected each year. Last year, AIDS housing experts estimate that about 13% of these people – approximately 140,000 households – are currently in need of some form of housing assistance (NAHC, 2012).  As of March 31, 2012 a combined 15,729 HIV/AIDS cases have been reported to the Alabama Department of Public Health (ADPH). These totals do not include persons tested in other states who have relocated to Alabama or persons who are not aware of their HIV status. African-Americans represent 26% of the state’s population; however, 65% (10,223) of all reported cases are in this group.  Research has shown that housing is indeed healthcare for the HIV-positive population. Recent findings add to the growing evidence that housing itself independently reduces risk of HIV infection and improves the health of persons living with HIV. According to the National HIV/AIDS Strategy for the United States, released July 13, 2010:  • Access to housing is an important precursor to getting many people into a stable treatment regimen;  • Receipt of housing assistance [has] a direct impact on improved medical care; and  • Individuals living with HIV who lack stable housing are more likely to delay HIV care, have poorer access to regular care, are less likely to receive optimal antiretroviral therapy, and are less likely to adhere to therapy.  These and other recent findings add to the growing evidence that housing itself independently reduces risk of HIV infection and improves the health of persons living with HIV. Social and economic discrepancies, along with unsound and unsupported infrastructure, have led us to our present situation in the State. AIDS Alabama continues to work diligently to increase the affordable housing stock for HIV-positive individuals and families across the Alabama. The Agency serves the community at large through HIV education and prevention efforts, and collaborates with government agencies and charitable organizations throughout the state to secure the provision of essential services for the HIV/AIDS population.  The Alabama Department of Economic and Community Affairs (ADECA) serve as the Grantee on this project and named AIDS Alabama the primary Project Sponsor. Under that authority, AIDS Alabama releases a formal Request for Proposal to each AIDS Service Organizations across the state. Sub-recipient agencies are chosen through this competitive process. AIDS Alabama routinely monitors its sub-recipients to ensure fiscal and programmatic compliance. Throughout the program year, AIDS Alabama assists the sub-recipient agencies in data collection. This data is then used by AIDS Alabama to complete the annual report, which is the submitted to ADECA.  AIDS Alabama uses HOPWA funding for rental assistance, supportive services including case management and transportation, and continued operation of existing housing across the State. Collaboration between the AIDS Service Organization Network of Alabama (ASONA) allows services to reach all 67 counties. In addition, AIDS Alabama sustains a working partnership with the area homeless continuum of care, One Roof, as well as the Balance of the State Continuum, the Alabama Rural Coalition for the Homeless. These partnerships enable AIDS Alabama to network with other housing providers across the State, as well as to have a voice in discussion regarding affordable housing.  AIDS Alabama and its HOPWA Project Sponsors provided supportive services to more than 4,659 unduplicated individuals living with HIV disease between April 1, 2011 and March 31, 2012. Homeless prevention services were provided in the form of Short-term Mortgage, Rental, and Utility Assistance (STRMU), Tenant-Based Rental Assistance (TBRA), Project-Based Rental Assistance (PBRA) to 135 unduplicated households.  AIDS Alabama provides a spectrum of decent, safe, and affordable housing for low-income persons living with HIV disease. Housing ranges from transitional housing, which provides short-term housing and intensive case management, to a service-enriched permanent housing facility that is available for dually diagnosed persons living with HIV and a severe mental illness. The following details AIDS Alabama housing programs:  1. LIVING IN BALANCE CHEMICAL ADDICTION PROGRAM (LIBCAP) provides treatment and recovery services to adults who are HIV+ and have a chemical addiction problem. LIBCAP operates as an Intensive Outpatient Program. The programs whose residents participate in the LIB IOP are:  The LIB RECTORY PROGRAM, as the LIB continuum entry, has 12 beds. LIB Rectory is a tightly structured program and is located on AIDS Alabama’s campus property. Consumer completion goals will range from 30 to 45 days based on individual achievement. LIB NEXTSTEP PROGRAM is the mid-level intensity program where consumers transition when the Rectory program goals are accomplished. LIB NextStep has 18 beds available. This program focuses on continued abstention from chemical use plus vocational, educational, and independent living skills training. LIB RE-ENTRY PROGRAM, the third LIB IOP participating program, is housed in the current Transitional Housing Program which is located in ten leased apartments. In LIB Re-Entry, the consumers implement the re-entry plan they developed in NextStep and will modify it if appropriate. Consumer completion goals are to move to permanent housing with a solid housing plan, income management plan, and stability plan in 90 to 150 days. The LIB AFTERCARE PROGRAM transitions consumers to live in their own permanent housing placements and provides support, case management, and weekly AfterCare groups to increase housing stability and to prevent relapse.  2. NEXTSTEP TRANSITIONAL HOUSING offers ten furnished apartments in the Birmingham area for HIV-positive homeless individuals and families.  3. PERMANENT HOUSING includes Agape House, an 18-unit one-bedroom apartment complex; Agape II, a 12-unit one, two, and three bedroom facility for individuals and families; Family Places, five houses owned by AIDS Alabama for homeless families; the Crestwood Property, one two-bedroom house, Woodlawn Apartments, six independent living units; and the Mustard Seed, three permanent supportive housing units.  4. SERVICE ENRICHED HOUSING is provided for persons with HIV and a dual diagnosis of mental illness who are unable to live independently. Certified by the state of Alabama, JASPER HOUSE offers 14 private rooms for individuals who require assistance 24-hours per day.  5. HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA) provides Short-Term Rent, Mortgage, and Utility assistance to prevent homelessness. Short-term HOPWA is a “needs-based” program meaning clients must demonstrate an emergency making them unable to make rental or mortgage payments. Long-term Tenant Based Rental Assistance assists in keeping consumers stably housed by assisting with the monthly rent.  6. SHELTER PLUS CARE is a permanent housing voucher program that targets homeless people with disabilities. The Jefferson County Housing Authority, a medical provider, or social service agency must refer individuals to the Shelter Plus Care Program.  7. HOMELESS PREVENTION AND RAPID RE-HOUSING (HPRP) is a statewide program operated by AIDS Alabama in partnership with seven other AIDS Service Organizations (ASOs) across the state. HPRP provides a funding source for low-income HIV-positive consumers who are in need financial assistance to secure and stabilize their housing. AIDS Alabama, along with the other ASOs, provide intensive case management and treatment planning for all participants.  8. STATEWIDE HOUSING includes Magnolia Place, a 15 apartment complex in Mobile Alabama; Alabama Rural AIDS Project, nine housing units distributed in rural areas throughout Alabama; and the Rural Studio in Lee County, three single apartments and two apartments for women and children. |

b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

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

During this program year, a total of 116 consumers living with HIV disease and 41 other household members received direct housing assistance through this funding; this includes two households served through the master-leased unit in Mobile, AL. HOPWA assisted 38 households with Project-Based Rental Assistance (PBRA); including 13 permanent households and 25 transitional households. This exceeded the proposed goal of 35 households. The substantial output is the result of a transitional housing staff dedication to advancing the participants through the program and into more permanent housing. AIDS Alabama also used this funding to prevent the homelessness of 49 HIV-positive households through Short-term Rent, Mortgage, and Utility Assistance (STRMU). This surpassed the proposed goal of providing this emergency housing assistance to 35 unduplicated households. HOPWA provided Tenant-Based Rental Assistance (TBRA) to 48 unduplicated households. This met the proposed goal at only 69%, resulting from the lack of funding to support such high use of this program. The goal has been modified to reflect an attainable goal in the 2012 Action Plan.

Over 16,491 legs of transportation were provided to more than 116 unduplicated households; this is more than the proposed goal of 12,500 client transports. HOPWA funding provided supportive services for 4,695 unduplicated households throughout the State. Contracts with seven additional AIDS Service Organizations (ASOs) assisted AIDS Alabama in meeting this goal. Efforts to disseminate HIV-specific housing and resource information were successful during this program year; more than 6,298 unduplicated households were reached.

HOPWA funds were used to supplement the operational cost of 80 units of housing statewide, as well as the operations of a community facility in Birmingham. Those units include 12 transitional housing beds and 68 permanent housing units scattered throughout the State of Alabama. This support also includes salaries for a Housing Director and almost one FTE maintenance person to ensure that AIDS Alabama is providing safe, affordable, and decent housing.

AIDS Alabama is dedicated to a statewide system of responding to the needs of low-income, HIV-positive Alabamians. The AIDS Service Organization Network of Alabama (ASONA), a unique body comprised of leadership from each of the ten AIDS Service Organizations, allows for complete coverage of the entire State. As the lead agency for HIV-specific housing, AIDS Alabama coordinates a collaborative effort to provide housing assistance and supportive services to each of the 67 counties. Statewide funding is allocated through a competitive process between ASOs each grant period, with the commitment to equitable resources to all eligible HIV-positive persons.

Waiting List:

Through its network of partner organizations across the State, AIDS Alabama maintains a waiting list for each of its housing programs. Through a referral system, ASOs connect eligible clients with existing housing programs. If there are no current vacancies, the client is added to a waiting list until that unit, or a comparable unit, is available. AIDS Alabama also maintains a statewide waiting list for HOPWA Tenant-Based Rental Assistance. Historically there has been a freeze on adding additional clients to this program. This decision, resolved by ASONA, arose from the demand and the expense of the program, and the determination to maintain the assistance of those persons previously enrolled. However, during this grant cycle the decision was made to allow each project sponsor one additional TBRA voucher. Project Sponsors were also given the flexibility to reuse a voucher when a client moves into other subsidized or non-subsidized permanent housing or passes away. This decision did not, however, alleviate the waiting list. The TBRA waiting list, as well as all HOPWA funding, will continue to be monitored monthly.

**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.

**Goal 1: Support a statewide rental assistance program through qualified AIDS Service Organizations**

Objective

Provide 35 households with emergency Short-Term Rent/Mortgage and Utility (STRMU) assistance between April 1, 2011, and March 31, 2012.

Outputs Reported:

AIDS Alabama provided 49 households in the entitlement area with short-term rental assistance between April 1, 2011 and March 31, 2012. Of those assisted, it is assessed that 90% remain stably housed without further assistance.

Outcome Assessment:

This funding will keep housed consumers from becoming homeless because of a temporary emergency situation. Achieved 140% of goal for:

• Housing stability

• Reducing risks of homelessness

Objective

Provide 70 households with long-term, Tenant-Based Rental Assistance (TBRA) between April 1, 2011, and March 31, 2012.

Outputs Reported:

AIDS Alabama provided 48 households, 69% of goal, with TBRA between April 1, 2011 and March 31, 2012.

Outcome Assessment:

These funds allow consumers to obtain and remain in affordable leased housing. Participants in this program access the program monthly. As result of a lack of funding to support the cost of providing this program at such a high level, this goal was not met. The goal has been modified to reflect an attainable goal in the 2012 Action Plan. Achieved 69% of goal for:

• Housing stability

• Reducing risks of homelessness

Objective

Provide 31 households with project-based rental assistance between April 1, 2011, and March 31, 2012.

Outputs Reported:

AIDS Alabama provided 38 households with Project-Based Rental Assistance (PBRA) between September 1, 2011 and October 31, 2011; AIDS Alabama made the decision to shift this money to other housing subsidy line items in order to meet the greatest need throughout the State. The Project-Based Rental Assistance goal was moved into HOPWA Entitlement grant through the City of Birmingham.

Outcome Assessment:

These funds allow consumers to obtain and remain in affordable leased housing. Achieved over 100% of goal for:

• Housing stability

• Reducing risks of homelessness

**Goal 2: Provide existing housing programs in the State with supportive services**

Objective

Provide 12,500 legs of transportation to social service and medical appointments between April 1, 2011, and March 31, 2012.

Outputs Reported:

AIDS Alabama provided 16,662 legs of transportation to social service and medical appointments between April 1, 2011 and March 31, 2012.

Outcome Assessment:

This connection to mainstream support services promotes healthier and more socially connected consumers who can live independently and remain in stable housing. As AIDS Alabama’s housing stock continued to expand the Agency recognized the need for more transportation services. AIDS Alabama now has five vans available to provide basic transportation to our clients. Achieved 133% of goal for:

• Housing stability

• Reducing risks of homelessness

• Improving access to care

Objective

Provide case management and support services to 5,000 consumers statewide between April 1, 2011, and March 31, 2012.

Outputs Reported:

Case management and support services were provided to approximately 4,659 unduplicated households, or 93% of the goal, between April 1, 2011 and March 31, 2012. Funds also supported the salaries of 23 HOPWA case managers and more than one FTE van driver in AIDS Service Organizations across the State. Each organization provides case management services to address their community’s needs.

Outcome Assessment:

Consumers are linked to mainstream resources that give them the ability to remain in stable housing and to live independently. Achieved 93% of goal for:

• Housing stability

• Reducing risks of homelessness

• Improving access to care

**Goal 3: Support operating costs of current housing.**

Objective

Supplement the operating cost of 116 units of housing statewide between April 1, 2011, and March 31, 2012.

Outputs Reported:

HOPWA funds were to support the operating costs for 80 units statewide between April 1, 2011 and March 31, 2012; this equaled 116 households served. As properties age, the cost of maintenance grows. AIDS Alabama will continue to make every effort to focus the funding on the neediest properties. This goal will be reassessed in the 2013 Action Plan.

Outcome Assessment:

All current HIV-positive residents were provided a safe and suitable housing option. Achieved 69% of goal for:

• Housing stability

• Reducing risks of homelessness

• Improving access to care

**Goal 4: To support local efforts to fill housing gaps and learn housing management skills.**

Objective

Provide funding for the cost of one two-bedroom unit in Mobile to South Alabama Cares to be used as transitional housing for their consumers. This unit will provide the consumer intermediate housing while the case manager links them to permanent housing options and helps them to avoid homelessness.

Outputs Reported:

Through Master Leasing, AIDS Alabama supplemented the cost of one two-bedroom unit; this unit provided transitional housing for two households during the reporting period. This unit was operated as transitional housing by South Alabama CARES.

Outcome Assessment:

South Alabama CARES gained experience in operating housing in their areas to meet housing gaps.

The residents were provided a safe and suitable housing option. Achieved 100% of goal for:

• Housing stability

• Reducing risks of homelessness

**Goal 5: Support resource identification efforts.**

Objective

Attend 100% of the appropriate HIV/AIDS housing and homeless conferences between April 1, 2011, and March 31, 2012.

Outputs Reported:

Funds were used to pay travel and expenses to send AIDS Alabama staff to all appropriate national and state meetings on housing individuals with HIV/AIDS between April 1, 2011 and March 31, 2012 Additionally, this funding supported a collaboration between AIDS Alabama, Collaborative Solutions, Inc, the Corporation for Supportive Housing, and other community partners that allowed the agency to develop a plan to increase affordable housing in rural areas.

Outcome Assessment:

AIDS Alabama staff members expanded their knowledge of low-income housing options to persons and families living with HIV disease. Achieved 100% of goal for obtaining information that will assist our consumers in:

• Housing stability

• Reducing risks of homelessness

• Improving access to care

**Goal 6: Support ongoing housing information efforts in the State.**

Objective

Provide 10,000 individuals with HIV/AIDS housing information in a variety of venues, including health fairs, trade day events, HIV-awareness events, churches, non-traditional medical clinics, community clubs, shelters, substance abuse programs, beauty shops, jails, prisons, schools, and through other community service providers statewide between April 1, 2011, and March 31, 2012.

Outputs Reported:

Exactly 7,662 individuals received HIV education and were supplied housing information between April 1, 2011 and March 31, 2012.

Outcome Assessment:

Exactly 7,662 Alabamians, including HIV-positive individuals and high-risk populations, now have an understanding of low-income housing options throughout the State. This goal will be reevaluated in the 2013 Action Plan. Achieved 77% of goal for information leading to:

• Housing stability

• Reducing risks of homelessness

• Improving access to care

**Goal 7: Provide technical assistance training around housing development in Alabama.**

Objective

AIDS Alabama will provide at least two consultations and technical assistance sessions to ASONA member agencies who are engaged in specific qualified projects.

Outputs Reported:

AIDS Alabama provided consultation and technical assistance sessions with South Alabama CARES and Selma AIDS Information and Referral regarding effectively increasing affordable housing in their catchment areas. The technical training was conducted with AIDS Alabama staff who navigated HUD regulations, potential funding sources, and the appropriate use of rental assistance for housing residents across the State. Funds were used to pay salary and mileage of agency staff to coordinate the development of this AIDS housing.

Outcome Assessment:

More housing will be made available throughout the State, filling some of the gaps for such housing in rural areas. Achieved 100% of goal for information leading to:

• Housing stability

• Reducing risks of homelessness

• Improving access to care

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

AIDS Alabama coordinates with the following organizations:

• City of Birmingham Community Development;

• Birmingham AIDS Outreach;

• West Alabama AIDS Outreach;

• Unity Wellness Center;

• AIDS Action Coalition;

• Health Service Center;

• South Alabama CARES;

• Selma AIR;

• Montgomery AIDS Outreach;

• AIDS In Minorities;

• One Roof;

• Alabama Rural Coalition for the Homeless;

• Ryan White Consortium;

• Family Clinic at UAB;

• 1917 Clinic at UAB;

• St. George’s Clinic at Cooper Green Hospital;

• Jefferson County Health Department;

• JBS Mental Health/Mental Retardation Authority;

• Alabama Department of Economic and Community Affairs (ADECA);

• AIDS Service Organization Network of Alabama (ASONA); and

• Other State and local social service agencies as needed.

The following describes how Federal, State, and Local Public/Private resources will be used to address the identified consumer needs.

• HOPWA entitlement funds are provided through the State of Alabama and the City of Birmingham and address the housing and supportive services needs of the HIV/AIDS population by funding programs for rental assistance, supportive services such as case management and transportation, housing identification, and operations.

• HOPWA competitive grants fund the statewide HIV/AIDS housing in the rural areas of the State plus the operation of a service-enriched facility for consumers dually diagnosed with mental illness and HIV.

• The Supportive Housing Program funds provide transitional housing, permanent housing for families, and supportive services for homeless persons living with HIV disease.

• The Shelter-Plus Care Program, administered by the Housing Authority, provides permanent housing vouchers.

• Section 811 housing provides permanent housing and a rental subsidy for qualified disabled persons.

• Title II Ryan White funding provides emergency financial assistance, insurance continuation, and case management services to persons living with HIV disease.

• The State of Alabama provides services such as rent and utility assistance, legal aid, and case management to the homeless and imminently homeless HIV/AIDS population through the Homeless Prevention and Rapid Re-Housing Program (HPRP).

• The Centers for Disease Control (CDC) and the Alabama Department of Public Health support education, testing, and post-test education services.

• The State of Alabama and Jefferson County administer Emergency Solutions Grant funding.

• The City of Birmingham provides funds to AIDS Alabama to support HIV/AIDS programs.

• The Community Foundation of Birmingham provides funds to support HIV/AIDS programs.

• AIDS Alabama has made a concerted effort and has been successful in obtaining funds from other private corporations and foundations. The Agency has also been successful in significantly increasing the amount of in-kind services from volunteers and donations from companies and individuals.

• Pharmaceutical companies have been supportive of educational and event-based services.

• Partnership with the Auburn University School of Architecture and Design resulted in the development of two Rural Studio facilities in Lee County.

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

|  |
| --- |
| AIDS Alabama would benefit from IDIS training. |

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.

AIDS Alabama continues to struggle with high demands for housing and supportive services coupled with reduced funding and an increase in jurisdictions. The lack of decent, safe, and affordable housing is also an ongoing problem for individuals living with HIV disease in the State of Alabama. Typically, units affordable to a very-low income household are not in a desired neighborhood and may not be considered decent or safe. According to the Low Income Housing Coalition of Alabama, the State has an estimated shortage of more than 44,000 affordable housing units. This is why rent supplement programs and affordable housing developments are so vital. In the HIV-positive population, like with other vulnerable groups, housing is often the catalyst for stable health care, decreased risky behaviors, and successful long-term outcomes. Additionally, the availability of supportive services is a crucial factor when determining success outcomes in persons living with HIV disease. As funding continues to shift to away from supportive services, we see larger gaps in the client-to-case manager ratio, leaving less time to focus on the clients’ underlying issues. As a result, the needs of this population become reoccurring and on-going, depleting already limited resources.

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.

AIDS Alabama has seen a recent trend of decreasing funding for supportive services. These vital services provide residents already in housing the necessary services to stay housed and in medical care. Without supportive services, we find a large number of clients exiting programs without the skills necessary to maintain independent housing. In order to increase the success rate of these individuals and families, we must supply them with basic living skills that will increase their ability to remain stable and independent.

The shift of HIV disease in America is another alarming trend affecting the needs this population. The disparate impact of HIV/AIDS in the southern region of the United States has created an emergency that must be addressed, especially among minority populations. The face of HIV is becoming increasingly minority, rural, and poor. The South represents a little more than one-third of the U.S. population (36.4%), however it now accounts for 60% of the states with the highest rates of new HIV diagnoses (Southern States Manifesto, 2008). Additionally, eleven of the top twenty states with the highest AIDS (not HIV) cases are in the South (Southern States Manifesto, 2008). Alabama is no exception to these alarming trends. In light of this information, one might imagine that funding to the South has followed the epidemic, but this is unfortunately not the case. The South still receives disproportionate financial allocations which are often calculated based on outdated and inequitable formulas.

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

In 2010, AIDS Alabama completed its fourth Statewide Needs Assessment Survey. With the help of its sister AIDS Service Organizations across the state, AIDS Alabama surveyed 537 HIV-positive individuals, or 53% of the overall HIV/AIDS population in Alabama. This survey is unique in that that AIDS Alabama has gathered the same data throughout each previous survey. This allows the opportunity to evaluate trends that have developed over the last decade; topics assessed ranged from income, religion, and relationships to anti-retroviral therapy, mental health factors, and substance use.

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| --- | --- | --- | --- |
| **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. 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 |





**Housing Opportunities for Persons With AIDS (HOPWA) Program**

**Annual Progress Report (APR)**

**Measuring Performance Outcomes**

**Final Released 1/12/12**

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

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The APR report for HOPWA competitively selected grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes related to: maintain housing stability; prevent homelessness; and improve access to care and support. The public reporting burden for the collection of information is estimated to average 56 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

Previous editions are obsolete **form** **HUD-40110-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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**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**

Please refer to

the PDF file entitled

SECTION 3 SUMMARY – HOPWA

**STATE OF ALABAMA**

**HOME PROGRAM**

**ANNUAL PERFORMANCE REPORT**

**Program Year 2011**

**(June 2012 Submission)**

Prepared by

**Alabama Housing Finance Authority**

**7460 Halcyon Pointe Drive, Suite 200**

**P. O. Box 242967**

**Montgomery, AL 36124-2967**

Contact Person: Barbara Wallace

(334) 244-9200

1. **Consolidated Plan:**

The State of Alabama began receiving HOME funds in 1992. The Alabama Housing Finance Authority (AHFA) has administered the State’s HOME Program since inception. In the years 1992-2011, AHFA has awarded nearly $275,000,000 in HOME funds to 259 developments statewide.

For FY11, Alabama received an allocation of $14,659,243 and 10 projects received HOME commitments. Two (2) of the projects are CHDO developments. As of March 31, 2012 (the last day of the reporting period), 8 of the ten projects had begun construction. All ten 2011 projects have a 50% waiver of match. Almost half (48.9%) of the FY11 HOME funds are being used to provide housing to special needs populations (including the elderly, mentally ill, mentally retarded, physically disabled, sensory impaired, etc). Of 524 total units, 250 or 47.7% are for families, 230 or 43.9% are for elderly, and 44 or 8.4% are for special needs residents, including residents who are disabled or sensory impaired.

NOTE: The ADDI Program did not receive funds after 2008.

The FY11 project mix is as follows:

1. Dale County, 56 units (family and special needs)
2. Talladega County, 56 units (elderly and special needs)
3. Lauderdale County, 56 units (family and special needs)
4. Chambers County, 48 units (family and special needs)
5. Lee County, 56 units (family and special needs)
6. Baldwin County, 56 units (family and special needs)
7. Cherokee County, 40 units (elderly and special needs)
8. Marshall County, 52 units (elderly and special needs)
9. Colbert County, 56 units (elderly and special needs)
10. Walker County, 48 units (elderly and special needs)

The FY11 HOME Action Plan indicates the following priorities for the use of HOME funds:

* Projects that add to the low-income housing stock
* Projects which, without HOME funds, would not likely set aside units for low-income tenants
* Projects which use additional assistance through federal, state or local subsidies and
* Balanced distribution of HOME funds throughout the state in terms of geographical regions, counties, and urban/rural areas.

In an attempt to address the priorities set forth in the HOME Action Plan, AHFA has used each of the annual HOME allocations (FY92-FY11) for the production of multi-family rental housing for low-income households. All of the selected projects have been new construction. The multi-family staff has made a conscious effort to not award HOME funds to duplicate cities and/or counties in the attempt to spread HOME funds geographically throughout the state.

The multi-family staff utilizes a Point Ranking System when evaluating HOME applications. Preference points are given to projects that are (1) located in counties of greatest needs according to the Consolidated Plan; (2) located in counties that have not previously been awarded state HOME funds; and (3) providing a portion of the total units for special needs populations such as the elderly, the mentally ill, or the disabled.

The anticipated usage of HOME funds by the Alabama Housing Finance Authority is as follows:

Loans: 75%

CHDO's: 15%

Administration: 10%

In 2011, all ten projects have units set aside for residents with special needs and five (50%) are designed specifically for the elderly.

1. **Private Sector Participation:**

AHFA has undertaken a number of efforts to maximize the participation of the private sector in Alabama’s HOME program. Seminars, taught by AHFA’s multifamily staff, are held annually and are attended by a wide range of participants, both veteran developers and inexperienced newcomers. These seminar/workshops review the latest HOME regulations, go over financial feasibility studies, show how to create a pro forma operating statement for a project, and explain how to complete an AHFA funding application for HOME dollars.

To promote the HOME program, AHFA staff has participated in various seminars and meetings with organizations such as the Alabama Bankers Association, the Alabama Association of Realtors®, the Home Builders Association of Alabama, the Alabama Multifamily Loan Consortium, and the National Council of State Housing Agencies. Multi-family staff served as moderators and co-chairs at these seminars and spoke to a number of groups regarding the HOME program.

Throughout the year, AHFA staff attends workshops, city council meetings, and other community-based gatherings. AHFA is visited regularly by private developers and investors who inquire about HOME funding. HOME application packages are requested weekly by persons who have heard of the HOME program and want to participate in the next funding cycle.

HOME brochures, created by AHFA staff, are handed out at meetings and seminars and are mailed with the HOME application packages. These brochures provide detailed information regarding the state HOME program.

AHFA plans to continue conducting HOME seminars each year to increase the private sector participation in the HOME program. The seminars are varied each year in an effort to provide new information to previous participants. Lastly, AHFA provides relevant HOME and multifamily development information on its website, [www.ahfa.com](http://www.ahfa.com). Web visitors may view program guidelines, request documents, be added to our mailing list, access frequently asked questions, email the staff, etc.

1. **Community Housing Development Organizations (CHDOs):**

Six (6) established non-profit groups were designated (either new or re-certified) as Community Housing Development Organizations (CHDOs) for the FY11 State of Alabama HOME Program year. The number of CHDOs fluctuates slightly from year to year.

In FY11, two projects, one in Lee County and one in Walker County, are being developed by CHDOs.

AHFA’s annual HOME seminars, as previously mentioned, cover an introduction to the HOME program including review of the HOME regulations, an introduction to financial feasibility, how to complete an AHFA funding application for a HOME project, and explain compliance monitoring. A portion of these seminars are geared to help non-profit groups become familiar with the HOME program, detail the steps to become a CHDO, and describe the CHDO’s role in the HOME program. AHFA utilizes its existing mailing list of non-profits and publishes seminar notices in various newspapers across the state.

CHDO brochures were developed using a portion of the technical assistance grant money awarded to AHFA. The brochures give detailed information on the formal “HUD” definition of a CHDO, the role CHDOs play in affordable housing development, and what steps can be taken to become a designated CHDO. The HOME Technician also provides CHDO application packages upon request. These provide a checklist for would-be CHDOs to gauge their progress and their capacity to achieve the CHDO designation. The HOME Technician also schedules meetings with non-profit groups to help them complete the CHDO application.

Increased interest seems evident throughout the State of Alabama from non-profit groups wanting to participate in the HOME program and provide affordable housing. The number of designated CHDOs in Alabama grew from four in 1994 to as many as twelve by the late 1990s. Currently (June 2012), there are sixteen (16) HUD-designated CHDOs who have expressed an interest in providing community/regional-based multifamily affordable housing.

1. **Affirmative Marketing:**

AHFA requires that each developer who is awarded HOME funds certify to further affirmative marketing procedures. Elements of this certification include (1) the establishment of affirmative marketing procedures which effectively prohibit any exclusionary practices; (2) compliance with the Fair Housing Act and the Age Discrimination Act of 1975; (3) the display of the “Fair Housing” logo at the leasing or sales office; (4) the written submission to AHFA of plans to solicit applications of persons who are unlikely to apply without special outreach; and (5) the maintenance and annual submission to AHFA of a list of characteristics of tenants renting HOME-assisted units.

1. **Minority Outreach:**

In an effort to further the inclusion of minorities in Alabama’s HOME program, AHFA has established an allocation plan which awards preference points to developers who will pledge to commit at least 10% of their material and service contracts to Minority Business Enterprises (MBEs) or Women’s Business Enterprises (WBEs). The MBEs or WBEs may include real estate firms, construction firms, building material suppliers, appraisal firms, management firms, financial institutions, investment banking firms, underwriters, accountants, providers of legal services, or other related entities. AHFA has developed a report that the developer completes prior to the HOME loan closing which indicates minority and/or women owned businesses used on the HOME project.

In addition, all developers who are awarded HOME funds must certify that their projects will comply with the Equal Opportunity, Fair Housing, and Affirmative Marketing laws.

1. **Tenant Assistance/Relocation:**

Alabama’s HOME program application requires developers to indicate whether or not their projects involve any relocation of tenants. If so, the developers must furnish AHFA with a relocation plan along with the completed application.

AHFA requires developers to certify on the “Certification Regarding Relocation Form”, provided by AHFA, that their organizations will (1) take all reasonable steps to minimize the displacement of persons; (2) provide relocation assistance at the levels described in, and in accordance with, the requirements of 24 CFR Part 92 and the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4201-4655) and 49 CFR Part 24; and (3) advise all displaced persons of their rights under the Fair Housing Act (42 U.S.C. 3601-19).

AHFA has primarily encouraged new construction as the most appropriate activity for Alabama’s HOME funds as indicated by the Consolidated Plan, but will consider rehabilitation projects provided applicants have submitted evidence documenting compliance with URA. AHFA will take all necessary steps to minimize displacement of existing tenants on any proposed HOME projects involving rehabilitation.

1. **Shortfall Funds:**

N/A

**Monitoring and Compliance**

These compliance monitoring procedures apply to all buildings placed in service in Alabama, which have received allocations of HOME funds determined under the HOME Regulations (hereinafter cited as “Regs”). The compliance monitoring procedures and requirements are as follows:

1. AHFA will verify that the owner of a low-income housing project is maintaining records for each qualified low-income building in the project. These records must show, for each year in the compliance period, the information required by the record-keeping provisions contained in the HOME Regulations, incorporated herein by reference.

1. AHFA will verify that the records documenting compliance with the HOME Regulations for each year as described in Paragraph 1 above are retained for the entire affordability period.

1. AHFA will inspect 100% of the HOME projects each year and will inspect the low-income certification, the documentation the owner has received to support that certification, and the rent records in those projects.
2. The owner must allow AHFA to perform an on-site inspection of any low-income building in the project through the end of the compliance period. This inspection may be separate or in conjunction with any review of tenant files under Paragraph 3 and will include habitability requirements.

1. AHFA will promptly notify the owner in writing if AHFA is not permitted to inspect and review as described in Paragraphs 3 and 4, or otherwise discovers that the project does not comply with the HOME Regulations. In such event, the owner will be allowed a correction period to supply missing documentation or to correct noncompliance. This correction period begins the earlier of (i.) the date the notification is mailed or (ii.) the date of the inspection.

1. AHFA will notify HUD of an owner’s noncompliance or failure to certify no later than 45 days after the end of the time allowed for correction and no earlier than the end of the correction period, whether or not the noncompliance or failure to certify is corrected.

1. During the compliance period, the owner will furnish to AHFA, within 60 days of the close of each fiscal year, a consolidated statement of financial position, an income and expense statement, and a rent roll of the project for that fiscal year. These items are to be certified by the owner.

1. Compliance with requirements of the HOME Regulations is the responsibility of the owner of the building for which HOME funds are loaned or granted. AHFA’s obligation to monitor for compliance with the requirements of the HOME Regulations does not make AHFA or the State of Alabama liable to any owner or to any shareholder, officer, director, partner, member or manager of any owner or of any entity comprising any owner for an owner’s non-compliance therewith.

**ADDENDUM re: ADDI**

ADDI, the American Dream Downpayment Initiative, began as an offshoot of the HOME Program and was specifically designed to encourage homeownership. The program has not been funded by HUD since Program Year 2008. In subsequent years, AHFA did however have some returned/unspent funds left over and made a few funding awards. No Alabama households were assisted during the current reporting period.

Please refer to

the PDF file entitled

SECTION 3 SUMMARY – HOME