

**Attachment 4**

**PY2021 Alabama CAPER**

**HOPWA REPORT on HUD Form 40110-D**

**June 2022**



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

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

**OMB Number 2506-0133 (Expiration Date: 11/30/2023)**

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. Reporting is required for all HOPWA formula grantees. The public reporting burden for the collection of information is estimated to average 41 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. HUD's requirements for reports submitted by HOPWA formula grantees are supported by 42 U.S.C. § 12911 and HUD's regulations at 24 CFR § 574.520(a). 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. While confidentiality is not assured, HUD generally only releases this information as required or permitted by law.

**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 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 demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER data to obtain essential information on grant activities, project sponsors, housing sites, units and households, and beneficiaries (which includes racial and ethnic data on program participants). The Consolidated Plan Management Process tool (CPMP) provides an optional tool to integrate the reporting of HOPWA specific activities with other planning and reporting on Consolidated Plan activities.

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**Continued Use Periods.** Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation of a building or structure are required to operate the building or structure 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 Report of Continued Project Operation throughout the required use periods. This report is included in Part 6 in CAPER. The required use period is three (3) years if the 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 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, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and T-cell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client’s case management, treatment and care, in line with the signed release of information from the client.

**Operating Year.** HOPWA formula grants are annually awarded for a three-year period of performance with three operating years. The information contained in this CAPER must represent a one-year period of HOPWA program operation that coincides with the grantee’s program year; this is the operating year. More than one HOPWA formula grant awarded to the same grantee may be used during an operating year and the CAPER must capture all formula grant funding used during the operating year. Project sponsor accomplishment information must also coincide with the operating year this CAPER covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for an additional operating year.

**Final Assembly of Report.** After the entire report is assembled, 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 7248, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C., 20410.

**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.

**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 (TBRAs, STRMUs, 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 are 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 criteria described in 2 CFR 200. 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 *24 CFR 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 at 24 CFR 200.307.

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

**Project Sponsor Organizations: Per HOPWA regulations at 24 CFR 574.3,** 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.

**SAM:** All organizations applying for a Federal award must have a valid registration active at [sam.gov](http://sam.gov). SAM (System for Award Management) registration includes maintaining current information and providing a valid DUNS number.

**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.

**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 the person's gender assigned at birth.

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

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

OMB Number 2506-0133 (Expiration Date: 11/30/2023)

## 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 24 CFR 574.3.

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

### 1. Grantee Information

<b>HUD Grant Number</b> ALH15F999		<b>Operating Year for this report</b> From (mm/dd/yy) 4/1/2020 To (mm/dd/yy) 3/31/2021		
<b>Grantee Name</b> ADECA				
<b>Business Address</b>		401 Adams Avenue		
<b>City, County, State, Zip</b>		Montgomery	Montgomery	Alabama 36104
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		636000619		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		062620604	<b>System for Award Management (SAM):: Is the grantee's SAM status currently active?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide SAM Number:	
<b>Congressional District of Grantee's Business Address</b>		Statewide Alabama		
<b>*Congressional District of Primary Service Area(s)</b>		Statewide Alabama		
<b>*City(ies) and County(ies) of Primary Service Area(s)</b>		Cities: Statewide Alabama		Counties: Statewide Alabama
<b>Organization's Website Address</b> <a href="http://www.aidsalabama.org">www.aidsalabama.org</a>		<b>Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 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 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name AIDS Alabama, Inc.		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency Lakreash Dixon, Grants Management Director			
Email Address Lakreash.dixon@aidsalabama.org			
Business Address 3529 7 <sup>th</sup> Ave. South			
City, County, State, Zip, Birmingham, Jefferson, Alabama, 35222			
Phone Number (with area code) 205-918-8196			
Employer Identification Number (EIN) or Tax Identification Number (TIN) 58-1727755		Fax Number (with area code) 205-324-9881	
DUN & Bradstreet Number (DUNs): 834432999			
Congressional District of Project Sponsor's Business Address 7			
Congressional District(s) of Primary Service Area(s) 6,7			
City(ies) and County(ies) of Primary Service Area(s) Cities: Birmingham, Hoover, Jasper, Oneonta, Leeds		Counties: Jefferson, Shelby, St. Clair, Blount, Walker	
Total HOPWA contract amount for this Organization for the operating year \$2,514,357.00			
Organization's Website Address			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  If yes, explain in the narrative section how this list is administered.	

<b>Project Sponsor Agency Name</b> Thrive Alabama, Inc.		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Mary Elizabeth Marr Chief Executive Officer		
<b>Email Address</b>		memarr@thrivealabama.org		
<b>Business Address</b>		600 St. Clair Avenue Suite 12		
<b>City, County, State, Zip,</b>		Huntsville	Madison	AL 35801
<b>Telephone Number</b>		(256) 536-4700	<b>Fax Number (with area code)</b> (256) 536-4117	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		57-0889447	<b>DUN &amp; Bradstreet Number (DUNs):</b> 938035946	
<b>Congressional District of Project Sponsor's Business Address</b>		5		
<b>Congressional District(s) of Primary Service Area(s)</b>		5		
<b>Zip Code(s) of Primary Service Area(s)</b>		35801,35804,35976,35639,35902,35611,35650,36201,35967,35646, 35630,35901		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Cities: Huntsville, Florence, Athens, Guntersville, Gadsden	Counties: Madison Lawrence Limestone	
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$47,885.36		
<b>Organization's Website Address</b>		www.thrivealabama.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>		



<b>Project Sponsor Agency Name</b> Unity Wellness Center		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Tracy Wynne, Clinical Operations Manager		
<b>Email Address</b>		Tracy.wynne@eamc.org		
<b>Business Address</b>		122 N 20 <sup>th</sup> Street Building #26		
<b>City, County, State, Zip,</b>		Auburn	Lee	AL 36801
<b>Telephone Number</b>		(334) 749-3593		<b>Fax Number (with area code)</b> (334) 749-3594
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		63-1905476		<b>DUN &amp; Bradstreet Number (DUNs):</b> 066459843
<b>Congressional District of Project Sponsor's Business Address</b>		3		
<b>Congressional District(s) of Primary Service Area(s)</b>		3		
<b>Zip Code(s) of Primary Service Area(s)</b>		36830, 36551, 36786 ,36801,36904		
<b>City(ies) <u>and</u> County(ies) of Primary Service Area(s)</b>		Cities: Auburn, Opelika, Dadeville		Counties: Lee, Chambers, Tallapoosa
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$48,901.00		
<b>Organization's Website Address</b>		www.unitywellnesscenter.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>		

<b>Project Sponsor Agency Name</b> AIDS Alabama South (formerly South Alabama CARES)		<b>Parent Company Name, if applicable</b> AIDS Alabama		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Candace Taylor & Shey Thorn Co-Executive Director		
<b>Email Address</b>		<a href="mailto:Candace.Taylor@aidsalabama.org">Candace.Taylor@aidsalabama.org</a> <a href="mailto:Shey.Thorn@aidsalabama.org">Shey.Thorn@aidsalabama.org</a>		
<b>Business Address</b>		4321 Downtowner Loop N		
<b>City, County, State, Zip,</b>		Mobile	Mobile	AL 36609
<b>Telephone Number</b>		(251) 471-5277		<b>Fax Number (with area code)</b> (251) 471-5294
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		58-1989250		<b>DUN &amp; Bradstreet Number (DUNs):</b> 785542564
<b>Congressional District of Project Sponsor's Business Address</b>		1		
<b>Congressional District(s) of Primary Service Area(s)</b>		1		
<b>Zip Code(s) of Primary Service Area(s)</b>		36600 36695 36503 36507 36600 36600 36695		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Cities: Mobile, Loxley, Marion		Counties: Mobile, Baldwin, Perry
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$90,000.00		
<b>Organization's Website Address</b>		www.aidsalabamasouth.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>		

<b>Project Sponsor Agency Name</b> Medical Advocacy and Outreach		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Ashley Tarrant Interim CEO		
<b>Email Address</b>		atarrant@maoi.org		
<b>Business Address</b>		2900 McGehee Road		
<b>City, County, State, Zip,</b>		Montgomery	Montgomery	AL 36111
<b>Telephone Number</b>		(334) 280-3349		<b>Fax Number (with area code)</b> Clinic: (334) 281-1970 Business: (334) 280-3315
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		63-0959627		<b>DUN &amp; Bradstreet Number (DUNs):</b> 081155926
<b>Congressional District of Project Sponsor's Business Address</b>		3		
<b>Congressional District(s) of Primary Service Area(s)</b>		2,3		
<b>Zip Code(s) of Primary Service Area(s)</b>		36105, 36302, 36442		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Cities: Montgomery, Dothan, Clanton		Counties: Montgomery, Autauga, Barbour
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$47,500.00		
<b>Organization's Website Address</b>		www.maoi.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>		

<b>Project Sponsor Agency Name</b> Five Horizons (formerly West Alabama AIDS Outreach)		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Mr. Billy Kirkpatrick Executive Director		
<b>Email Address</b>		bkirkpatrick@fivehorizons.org		
<b>Business Address</b>		2720 6 <sup>th</sup> Street #100		
<b>City, County, State, Zip,</b>		Tuscaloosa	Tuscaloosa	AL 35401
<b>Telephone Number</b>		(205) 759-8470		<b>Fax Number (with area code)</b> (205) 366-9001
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		63-0995963		<b>DUN &amp; Bradstreet Number (DUNs):</b> 037623191
<b>Congressional District of Project Sponsor's Business Address</b>		6		
<b>Congressional District(s) of Primary Service Area(s)</b>		4,6,7		
<b>Zip Code(s) of Primary Service Area(s)</b>		36640,35481,35474		
<b>City(ies) <u>and</u> County(ies) of Primary Service Area(s)</b>		Cities: Tuscaloosa, Greenville, Reform		Counties: Tuscaloosa, Pickens, Hale
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$45,000.00		
<b>Organization's Website Address</b>		www.fivehorizons.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, explain in the narrative section how this list is administered.</b>		

<b>Project Sponsor Agency Name</b> Birmingham AIDS Outreach		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Ms. Karen Musgrove Executive Director		
<b>Email Address</b>		karen@birminghamaidsoutreach.org		
<b>Business Address</b>		P.O. Box 550070		
<b>City, County, State, Zip,</b>		Birmingham	Jefferson	AL 35233
<b>Telephone Number</b>		(205) 322-4197		<b>Fax Number (with area code)</b> (205) 322-2131
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		63-0948495		<b>DUN &amp; Bradstreet Number (DUNs):</b> 087623191
<b>Congressional District of Project Sponsor's Business Address</b>		7		
<b>Congressional District(s) of Primary Service Area(s)</b>		6,7		
<b>Zip Code(s) of Primary Service Area(s)</b>		35255		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Cities: Birmingham, Hoover		Counties: Jefferson, Shelby
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$34,000.00		
<b>Organization's Website Address</b>		<a href="http://www.birminghamaidsoutreach.org">www.birminghamaidsoutreach.org</a>		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>		

<b>Project Sponsor Agency Name</b> Selma AIDS Information and Referral (AIR)		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Ms. Mel Prince Executive Director		
<b>Email Address</b>		mel_prince@hotmail.com		
<b>Business Address</b>		1432 Broad St		
<b>City, County, State, Zip,</b>		Selma	Dallas	AL 36701
<b>Telephone Number</b>		(334) 872-6795	<b>Fax Number (with area code)</b> (334) 872-3632	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		63-1133272	<b>DUN &amp; Bradstreet Number (DUNs):</b> 959884743	
<b>Congressional District of Project Sponsor's Business Address</b>		7		
<b>Congressional District(s) of Primary Service Area(s)</b>		7		
<b>Zip Code(s) of Primary Service Area(s)</b>		36701		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Cities: Selma	Counties: Dallas	
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$35,000.00		
<b>Organization's Website Address</b>		Selmaair.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>		

<b>Project Sponsor Agency Name</b> <b>The Right Place</b>		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Lori Floyd		
<b>Email Address</b>		Lorifloyd@the-right-place.org		
<b>Business Address</b>		105 West 15 <sup>th</sup> Street P.o. Box 1061		
<b>City, County, State, Zip,</b>		Anniston	Alabama	36201
<b>Telephone Number</b>		(256) 238-6231	<b>Fax Number (with area code)</b>	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		45-4568903	<b>DUN &amp; Bradstreet Number (DUNs):</b> 078455692	
<b>Congressional District of Project Sponsor's Business Address</b>				
<b>Congressional District(s) of Primary Service Area(s)</b>				
<b>Zip Code(s) of Primary Service Area(s)</b>		36201		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Cities: Anniston	Counties: Etowah	
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$20,000.00		
<b>Organization's Website Address</b>		www.therightplaceanniston.org		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>		

### 3. Administrative Subrecipient Information

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

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

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

Subrecipient Name	N/A			Parent Company Name, if applicable	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) <u>and</u> 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.*

Sub-recipient Name	N/A	Parent Company Name, if applicable	N/A
Name <u>and</u> Title of Contact at Contractor/ Sub-contractor Agency	N/A		
Email Address	N/A		
Business Address	N/A		



<b>City, County, State, Zip</b>	N/A	N/A	N/A	N/A
<b>Phone Number (included area code)</b>	N/A		<b>Fax Number (include area code)</b> N/A	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	N/A			
<b>DUN &amp; Bradstreet Number (DUNs)</b>	N/A			
<b>North American Industry Classification System (NAICS) Code</b>	N/A			
<b>Congressional District of the Sub-recipient's Business Address</b>	N/A			
<b>Congressional District(s) of Primary Service Area</b>	N/A			
<b>City(ies) <u>and</u> County(ies) of Primary Service Area</b>	Cities: N/A		Counties: N/A	
<b>Total HOPWA Subcontract Amount of this Organization for the operating year</b>	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.*

The CDC estimates that there are almost 1.1 million people living with HIV/AIDS in the United States and there were 38,739 new HIV diagnoses in 2017 (CDC, 2018). Of the newly diagnosed cases of HIV in 2017, 52% were in the South (CDC, 2018). Housing experts estimate that about 14% of these people – approximately 168,000 households – are currently in need of some form of housing assistance (NHAC, 2013).

As of December 31, 2017, a combined 21,039 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 27% of the state's population; however, 64.3% (13,179) 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 20, 2015:

- Access to housing is an important precursor to getting many people into a stable treatment regimen;
- Federal agencies should consider additional efforts to support housing assistance to enable people living with HIV to obtain and adhere to HIV treatment; 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) serves 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 Organization 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 and ADECA to complete the annual report.

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) members allow 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 5,617 unduplicated individuals living with HIV disease between April 1, 2021, and March 31, 2022. Homeless prevention services were provided in the form of Short-Term Mortgage, Rental, and Utility Assistance (STRMU), Tenant-Based Rental Assistance (TBRA), and Project-Based Rental Assistance (PBRA) to 194 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's current housing programs:

1. LIVING IN BALANCE CHEMICAL ADDICTION PROGRAM (LIBCAP) provides treatment and recovery services to adults who are HIV-positive and have a chemical addiction problem. LIBCAP operates as an Intensive Outpatient Program.
2. The RECTORY PROGRAM serves as one of two HIV-positive emergency shelters in Alabama and has 12 beds. The Rectory is a tightly structured program ranging from 45 to 90 days and is located on AIDS Alabama's campus property.
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; and the Mustard Seed, three permanent supportive housing units.

4. PERMANENT SUPPORTIVE HOUSING through Le Transclusive is a 21 unit permanent supportive housing project for individuals who fall into the category of living with HIV and chronically homeless with addiction or mental health diagnoses as well as for those who identify as transgender.
5. RAPID-REHOUSING AND ASCENSION project offers rapid re-housing services to homeless clientele. Though the program is not limited to HIV-positive individuals, the program continues to primarily serve this population.
6. SERVICE ENRICHED HOUSING is provided for persons with HIV and a dual diagnosis of mental illness who are unable to live independently. Certified by Alabama Department of Mental Health, JASPER HOUSE offers 14 private rooms for individuals who require assistance 24-hours per day.
7. 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.
8. SHELTER PLUS CARE is a permanent housing voucher program that targets homeless people with disabilities, and AIDS Alabama provides the required match for 49 PLWHA and their families. The Jefferson County Housing Authority manages the tenant-based rental assistance vouchers, and sponsoring social service agencies must provide match in the form of supportive services to maintain the voucher.
9. STATEWIDE HOUSING includes Magnolia Place, a 15-apartment complex in Mobile Alabama; Alabama Rural AIDS Project, 13 Tenant-Based Rental Assistance vouchers in rural areas throughout Alabama; and an undisclosed home located in a rural municipality, Rural Studios was a part of the Alabama Rural AIDS Project. Three of the buildings were used to provide supportive services and shared housing for individuals with HIV/AIDS in Lee County, Alabama.

### **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 operating 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 231 qualified consumers living with HIV and 117 other household members received direct housing assistance through this funding. There were 20,591 legs of transportation provided to more than 1,027 unduplicated clients, which is more than the proposed goal of 20,000 legs of client transports. HOPWA funding provided supportive services for 5,617 clients 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, which 4,550 unduplicated households were reached.

HOPWA funds were used to supplement the operational cost of 231 housing units statewide, which included the operations of a community facility in Birmingham. Those units included 37 emergency shelter housing and hotel beds, 85 permanent housing units, 40 households remained stably in their home after receiving assistance and 69 households obtained stable housing assistance after receiving HOPWA TBRA assistance throughout the State of Alabama. This support also includes salaries for 1 FTE Housing Director 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 nine 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 provide 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 50 households with emergency Short-Term Rent/Mortgage and Utility (STRMU) assistance between April 1, 2021, and March 31, 2022.

Outputs Reported:

AIDS Alabama provided 40 households in the entitlement area with short-term rental assistance between April 1, 2021, and March 31, 2022. . AIDS Alabama met this goal at 80%. Of those assisted, 100% remain stably housed without further assistance.

Outcome Assessment:

Of the 40 households served, AIDS Alabama assesses that 100% remain stably housed without further assistance. This funding will keep 40 housed consumers from becoming homeless because of a temporary emergency situation.

Objective

Provide 100 households with long-term, Tenant-Based Rental Assistance (TBRA) between April 1, 2021, and March 31, 2022.

Outputs Reported:

AIDS Alabama provided 69 households with TBRA between April 1, 2021, and March 31, 2022. This goal was met at 69%. In terms of success, the TBRA program assisted some individuals with obtaining another source of housing subsidy where persons no longer needed TBRA assistance. In the future to reach this goal the agency will work to increase outreach services to aid in identifying individuals who will benefit from TBRA services.

Outcome Assessment:

These funds allow consumers to obtain and remain in affordable leased housing through monthly access to program subsidy and support. Additional

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

Objective

Provide 20,000 legs of transportation to social service and medical appointments between April 1, 2021, and March 31, 2022.

Outputs Reported:

AIDS Alabama provided 20,591 legs of transportation to social service and medical appointments between April 1, 2021 and March 31, 2022

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 portfolio continued to expand, the Agency recognized the need for more transportation services. AIDS Alabama has five vans available to provide basic transportation to our clients, allowing the agency to achieve over 100% of this goal for housing stability, reducing risks of homelessness, and improving access to care.

Objective

Provide case management and supportive services to 4,000 consumers statewide between April 1, 2021, and March 31, 2022.

Outputs Reported:

Case management and support services were provided to approximately 5,617 unduplicated households between April 1, 2021, and March 31, 2022. The agency exceeded this goal past 100% of its expectancy, which promoted housing stability, reducing risks of homelessness, and improving access to care.

Outcome Assessment:

Consumers are linked to mainstream resources that give them the ability to remain in stable housing and to live independently.

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

Objective

Supplement the operating cost of units of housing statewide and serving 200 persons between April 1, 2021, and March 31, 2022.

Outputs Reported:

Units of housing statewide were provided to 231 eligible persons with HIV/AIDS and 117 family members. This goal exceeded 100% of its expectancy by providing services to an additional 31 people compared to the expected 200 persons. AIDS Alabama has increased the amount of funds used in this category due to several reasons, including the aging of current property that has required major maintenance costs. The housing staff must constantly inspect and repair existing properties to keep the current housing in AIDS Alabama's portfolio operational and safe. Existing properties throughout the state continue to require high rehabilitation funding. HOPWA funds were used to support the operating costs of identified housing units statewide between April 1, 2021, and March 31, 2022. As properties age, the cost of maintenance grows. AIDS Alabama will continue to make every effort to focus the funding on the neediest properties.

Outcome Assessment:

All current HIV-positive residents were provided a safe and suitable housing option. The agency achieved over 100% of this goal for housing stability, reducing risks of homelessness, and improving access to care.

**Goal 4: Support resource identification efforts.**

Objective

Attend 100% of the appropriate HIV/AIDS housing and homeless conferences between April 1, 2021, and March 31, 2022.

Outputs Reported:

Funds were used to pay for travel and expenses to send AIDS Alabama staff to all appropriate national and state meetings to foster collaborations that will expand affordable housing for low-income, HIV-positive consumers with in-state housing organizations, such as the Low Income Housing Coalition of Alabama, Alabama Rural Coalition for the Homeless, One Roof, Alabama Poverty Project, and others between April 1, 2021, and March 31, 2022.

Outcome Assessment:

AIDS Alabama staff members were able to attend some conferences in person, but not all conferences as scheduled due to COVID-19 restrictions. AIDS Alabama staff were able to participate in numerous Zoom and Microsoft Teams conferences/meetings. The goals helped to expand the knowledge of low-income housing options to persons and families living with HIV disease. The agency achieved 100% of this goal in terms of obtaining information that will assist our consumers in housing stability, reducing risks of homelessness, and improving access to care.

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

Objective

Provide 7,600 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, and schools, as well as through other community service providers statewide between April 1, 2021, and March 31, 2022.

Outputs Reported:

Exactly 4,550 individuals received HIV education and were supplied housing information between April 1, 2021, and March 31, 2022. This goal was met at 60%.

Outcome Assessment:

Exactly 4,550 Alabamians, including HIV-positive individuals and high-risk populations, now have an understanding of low-income housing options throughout the State. The agency provided information leading to housing stability, reducing risks of homelessness, and improving access to care. Due to COVID-19 the ability to distribute more housing information services were limited.

**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 continues to provide consultation and technical assistance sessions annually with all seven participating ASOs. The technical training was conducted with AIDS Alabama staff who navigated HUD regulations and the appropriate use of rental assistance for housing residents across the state. Due to COVID-19 in person TA was restricted. However, Zoom calls/meetings supplemented the in person contact.

**Outcome Assessment:**

Additional housing will be made available throughout the state, filling some of the gaps for such housing in rural areas. The agency achieved 100% of this goal for information leading to housing stability, reducing risks of homelessness, and 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.

City of Birmingham Community Development;

- Birmingham AIDS Outreach;
- West Alabama AIDS Outreach;
- Unity Wellness Center;
- AIDS Action Coalition;
- Health Service Center;
- AIDS Alabama South;
- Selma AIR;
- Medical AIDS Outreach;
- The Right Place;
- Aletheia House;
- One Roof;
- Alabama Rural Coalition for the Homeless;
- Ryan White Consortium;
- Family Clinic at UAB;
- 1917 Clinic at UAB;
- Jefferson County Health Department;
- JBS Mental Health/Mental Retardation Authority;
- United Way of Central Alabama;
- United Way of Southwest Alabama;
- Alabama Department of Economic and Community Affairs (ADECA);
- Alabama Department of Public Health (ADPH);
- Alabama Department of Mental Health;

- 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 severe mental illness and HIV.
- The Continuum of Care Program funds provide transitional housing, permanent housing for chronically homeless persons, permanent housing for families, and supportive services for homeless persons living with HIV disease.
- The Shelter-Plus Care Program, administered by the Jefferson County Housing Authority, provides permanent housing vouchers. In order to access these vouchers, partnering agencies must provide supportive services funded through other sources for the duration of the client's use of the voucher.
- Section 811 housing provides permanent housing and a rental subsidy for qualified disabled persons.
- Part B Ryan White funding provides emergency financial assistance, insurance continuation, case management, and other needed services to persons living with HIV disease.
- The Centers for Disease Control (CDC) and the Alabama Department of Public Health support education, testing, behavioral interventions, and post-test education services.
- The State of Alabama, the City of Birmingham, and Jefferson County administer Emergency Solutions Grant funding.
- Enroll Alabama, a division of AIDS Alabama, has provided Insurance Marketplace navigation services for eligible persons.
- 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 able to significantly increase 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.

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

As AIDS Alabama continues the management of the ADECA's HOPWA program, the technical assistance needs relate primarily to developing additional funding streams, deepening existing funding streams, HMIS participation, and identifying best practices and innovations in programs serving PLWHAs. While currently successful, the program would benefit from additional technical assistance from HUD in order to improve the program and ensure its sustainability with the possibility of funding cuts.

The program would benefit from technical assistance in refining and improving development strategies for deepening existing funding streams and identifying and accessing new funding streams. AIDS Alabama continues to seek out new funding streams for the important housing services and supportive services that ensure the success of this program.

As a statewide program, HMIS participation subjects the program to the requirement for coordinating with multiple Continuums of Care (CoC) with competing and often conflicting requirements for utilization of the statewide HMIS system since it is managed regionally. Current HMIS policy allows for entities in multiple CoCs to participate in the CoC where they are headquartered alone, but AIDS Alabama partners with other AIDS Service Organizations (ASO) to provide service coverage to all 67 counties in Alabama. The local HMIS administrators have decided that each partnering ASO

must partner locally for training and compliance for HMIS. Unfortunately, this does not allow for a uniform system for ADECA's HOPWA program. AIDS Alabama currently completes data collection on paper and manually enters this data in compliance with data entry requirements. The program would benefit from an updated HOPWA Specific HMIS Technical Manual outlining both the required data collection and workflows.

Finally, the JASPER House program requests assistance in identifying best practices and innovations in programs serving PLWHAs that could improve the program. AIDS Alabama actively seeks any opportunity to improve the services and service delivery of the program.

**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. The lack of decent, safe, and affordable housing is also an ongoing problem for individuals living with HIV 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. Secondly, the state has an estimated shortage of more than 75,000 affordable housing units. Further more, according to the Low Income Housing Coalition of Alabama, extremely low-income renters must also compete with higher-income households for the limited number of rental units affordable to them in the private market as well. Thus, rent supplement programs and affordable housing developments are vital; within the HIV-positive population, as 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. As funding continues to shift in terms of limiting supportive services, we will continue to see larger gaps in the client-to-case manager ratio, leaving less time to focus on the client underlying issues. As a result, the needs of this population become reoccurring and ongoing, with 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 continues to see a trend of needing to increase 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. With HIV continued existence across the state of Alabama another trend is the need to provide consistent affordable healthcare services to this population. Though there has been a decrease in the number of HIV diagnosis by 8% since 2019 across the United States, the southern states account for 51% of new HIV cases annually, even though just 38% of the U.S. lives in the region according to the CDC. The disparate impact of HIV/AIDS in the southern region of the United States is still in fact an emergency that must continued to be addressed, especially among minority populations. The face of HIV is becoming increasingly minority, rural, and poor. 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 unfortunately this shift has not occurred. 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.

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



The HOPWA Program's Project Sponsor, AIDS Alabama, completed its sixth Statewide Needs Assessment Survey in 2019. With the help of its sister AIDS Service Organizations across the state, AIDS Alabama surveyed 446 HIV-positive individuals in Alabama. This survey is unique in that that AIDS Alabama has gathered much of the same data throughout the previous four surveys, allowing the opportunity to evaluate trends that have developed over the last decade. Topics assessed ranged from income, support and housing stability, religion, and relationships to anti-retroviral therapy, physical and mental health factors, and substance use. Also, see the response above for CDBG. AIDS Alabama will conduct its sixth Statewide Needs Assessment Survey with an expected target date for August 1, 2019 until November 30, 2019.

**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
<b>Public Funding</b>			
Ryan White-Housing Assistance			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	\$17,520.64		<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Housing Choice Voucher Program			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Continuum of Care			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Medicaid Targeted Case Management	\$10,639.06	TCM	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: HUD 811 Funds	\$12,803.01	Program operations Reimbursements	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: ADPH	\$50,000	Post Test Education	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:	\$150,000	State of AI Legislative	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
<b>Private Funding</b>			
Grants			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
In-kind Resources	\$419,485.36	In-kind for Rectory and Mustard Seed building	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
<b>Other Funding</b>			
Grantee/Project Sponsor (Agency) Cash			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	\$ 166,365.00		
<b>TOTAL (Sum of all Rows)</b>	<b>\$826,813.07</b>		

## 2. Program Income and Resident Rent Payments

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

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

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

<b>Program Income and Resident Rent Payments Collected</b>		<b>Total Amount of Program Income (for this operating year)</b>
1.	Program income (e.g. repayments)	\$0
2.	Resident Rent Payments made directly to HOPWA Program	\$8,654.23
3.	<b>Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)</b>	\$8,654.23

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

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

<b>Program Income and Resident Rent Payment Expended on HOPWA programs</b>		<b>Total Amount of Program Income Expended (for this operating year)</b>
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	\$8,654.23
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	\$0
3.	<b>Total Program Income Expended (Sum of Rows 1 and 2)</b>	\$8,654.23

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.

**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
<b>HOPWA Housing Subsidy Assistance</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
1.	Tenant-Based Rental Assistance	100	69	0	0	\$650,000.00	\$304,204.56
2a.	<b>Permanent Housing Facilities:</b> Received Operating Subsidies/Leased units (Households Served)	100	85	0	0	\$650,000.00	\$378,788.96
2b.	<b>Transitional/Short-term Facilities:</b> Received Operating Subsidies/Leased units (Households Served) (Households Served)	80	37	0	0	\$75,000.00	\$62,041.08
3a.	<b>Permanent Housing Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	\$0	\$0
3b.	<b>Transitional/Short-term Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	\$0	\$0
4.	Short-Term Rent, Mortgage and Utility Assistance	50	40	0	0	\$111,613.00	\$59,673.09
5.	Permanent Housing Placement Services	0	0	0	0	\$0	\$0
6.	Adjustments for duplication (subtract)	0	0	0	0		
7.	<b>Total HOPWA Housing Subsidy Assistance</b> (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	330	231		0	\$1,486,613.00	\$804,707.69
<b>Housing Development (Construction and Stewardship of facility based housing)</b>		<b>[1] Output: Housing Units</b>				<b>[2] Output: Funding</b>	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)	0	0	0	0	0	0
9.	Stewardship Units subject to 3- or 10- year use agreements	0	0				
10.	<b>Total Housing Developed</b> (Sum of Rows 8 & 9)	0	0	0	0	0	0
<b>Supportive Services</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
11a.	Supportive Services provided by project sponsors that also delivered HOPWA housing subsidy assistance	500	635			\$663,920.40	\$478,535.03
11b.	Supportive Services provided by project sponsors that only provided supportive services.	3500	4982			\$368,286.36	\$421,858.13
12.	Adjustment for duplication (subtract)	0	0				
13.	<b>Total Supportive Services</b> (Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)	4000	5617			\$1,032,206.76	\$900,393.16
<b>Housing Information Services</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
14.	Housing Information Services	2500	4550			\$80,000.00	\$58,079.60
15.	<b>Total Housing Information Services</b>	2500	4550			\$80,000.00	\$58,079.60

Grant Administration and Other Activities		[1] Output: Households				[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources					\$60,000.00	\$44,082.32
17.	Technical Assistance (if approved in grant agreement)					\$5,000.00	\$1,579.12
18.	Grantee Administration (maximum 3% of total HOPWA grant)					\$0.00	\$0.00
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$197,623.00	\$183,043.50
20.	<b>Total Grant Administration and Other Activities (Sum of Rows 16 – 19)</b>					\$2,861,442.76	\$228,704.94
<b>Total Expended</b>						<b>[2] Outputs: HOPWA Funds Expended</b>	
						<b>Budget</b>	<b>Actual</b>
21.	<b>Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)</b>					5,460,262.52	\$ 1,991,885.39

## 2. Listing of Supportive Services

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

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

Supportive Services		[1] Output: Number of <u>Households</u>	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance	0	0
2.	Alcohol and drug abuse services	0	0
3.	Case management	5,617	\$900,467.14
4.	Child care and other child services	0	0
5.	Education	0	0
6.	Employment assistance and training	0	0
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310	0	0
8.	Legal services	0	0
9.	Life skills management (outside of case management)	0	0
10.	Meals/nutritional services	168	\$24,263.34
11.	Mental health services	0	0
12.	Outreach	0	0
13.	Transportation	0	0
14.	Other Activity (if approved in grant agreement). Specify: Infection Control and Essential Supplies	171	\$6,956.03
15.	<b>Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)</b>	5,956	
16.	<b>Adjustment for Duplication (subtract)</b>	339	
17.	<b>TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)</b>	5,617	931,686.51

**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	40	\$59,673.09
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	0	\$0
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	2	\$5,124.45
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	33	\$ 47,029.73
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	3	\$7,094.05
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	2	\$ 424.86
g.	Direct program delivery costs (e.g., program operations staff time)		\$59,673.09

**End of PART 3**

**Part 4: Summary of Performance Outcomes**

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

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

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

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

**A. Permanent Housing Subsidy Assistance**

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
<b>Tenant-Based Rental Assistance</b>	69	56	1 Emergency Shelter/Streets	0	<i>Unstable Arrangements</i>
			2 Temporary Housing	0	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	5	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	0	
			5 Other Subsidy	5	
			6 Institution	0	
			7 Jail/Prison	0	<i>Unstable Arrangements</i>
			8 Disconnected/Unknown	0	
			9 Death	2	<i>Life Event</i>
<b>Permanent Supportive Housing Facilities/ Units</b>	85	59	1 Emergency Shelter/Streets	3	<i>Unstable Arrangements</i>
			2 Temporary Housing	4	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	13	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	0	
			5 Other Subsidy	0	
			6 Institution	4	
			7 Jail/Prison	1	<i>Unstable Arrangements</i>
			8 Disconnected/Unknown	5	
			9 Death	1	<i>Life Event</i>

**B. Transitional Housing Assistance**

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
<b>Transitional/ Short-Term Housing Facilities/ Units</b>	37	6	1 Emergency Shelter/Streets	0	<i>Unstable Arrangements</i>
			2 Temporary Housing	1	<i>Temporarily Stable with Reduced Risk of Homelessness</i>
			3 Private Housing	3	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	0	
			5 Other Subsidy	1	
			6 Institution	0	
			7 Jail/Prison	0	<i>Unstable Arrangements</i>
			8 Disconnected/unknown	0	

		9 Death	3	Life Event
B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months		3		

**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'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
58	<b>Maintain Private Housing without subsidy</b> <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	55	<i>Stable/Permanent Housing (PH)</i>
	<b>Other Private Housing without subsidy</b> <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>	0	
	Other HOPWA Housing Subsidy Assistance	0	
	Other Housing Subsidy (PH)	0	
	<b>Institution</b> <i>(e.g. residential and long-term care)</i>	0	
	Likely that additional STRMU is needed to maintain current housing arrangements	3	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	<b>Transitional Facilities/Short-term</b> <i>(e.g. temporary or transitional arrangement)</i>	0	
	<b>Temporary/Non-Permanent Housing arrangement</b> <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>	0	
	Emergency Shelter/street	0	<i>Unstable Arrangements</i>
	Jail/Prison	0	
	Disconnected	0	
	Death	0	<i>Life Event</i>
1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).			3
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).			3



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

**1a. Total Number of Households**

Line [1]: For project sponsors 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 that did NOT provide HOPWA housing subsidy assistance identify in the appropriate row the number of households that received HOPWA funded case management services.

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

<b>Total Number of Households</b>	
<b>1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	231
b. Case Management	5,617
c. Adjustment for duplication (subtraction)	231
<b>d. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)</b>	<b>5,617</b>
<b>2. For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	5,617
<b>b. Total Households Served by Project Sponsors without Housing Subsidy Assistance</b>	<b>5,617</b>

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

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 the number of households that demonstrated access or maintained connections to care and support within the operating year.

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 the number of households that demonstrated improved access or maintained connections to care and support within the operating year.

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

<b>Categories of Services Accessed</b>	<b>[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b>	<b>[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b>	<b>Outcome Indicator</b>
1. Has a housing plan for maintaining or establishing stable on-going housing	635	5,617	<i>Support for Stable Housing</i>
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	635	5,617	<i>Access to Support</i>
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	635	5,617	<i>Access to Health Care</i>
4. Accessed and maintained medical insurance/assistance	635	5,617	<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income	635	5,617	<i>Sources of Income</i>

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

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li>• MEDICAID Health Insurance Program, or use local program name</li> <li>• MEDICARE Health Insurance Program, or use local program name</li> </ul> | <ul style="list-style-type: none"> <li>• Veterans Affairs Medical Services</li> <li>• AIDS Drug Assistance Program (ADAP)</li> <li>• State Children's Health Insurance Program (SCHIP), or use local program name</li> </ul> | <ul style="list-style-type: none"> <li>• Ryan White-funded Medical or Dental Assistance</li> </ul> |
|--|--|--|

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

<ul style="list-style-type: none"> <li>• Earned Income</li> <li>• Veteran’s Pension</li> <li>• Unemployment Insurance</li> <li>• Pension from Former Job</li> <li>• Supplemental Security Income (SSI)</li> </ul>	<ul style="list-style-type: none"> <li>• Child Support</li> <li>• Social Security Disability Income (SSDI)</li> <li>• Alimony or other Spousal Support</li> <li>• Veteran’s Disability Payment</li> <li>• Retirement Income from Social Security</li> <li>• Worker’s Compensation</li> </ul>	<ul style="list-style-type: none"> <li>• General Assistance (GA), or use local program name</li> <li>• Private Disability Insurance</li> <li>• Temporary Assistance for Needy Families (TANF)</li> <li>• Other Income Sources</li> </ul>
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**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, employment assistance, education or case management/counseling services.

*Note: This includes jobs created by this project sponsor 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 that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors 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	2	18

**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)	69	0	0	2
Permanent Facility-based Housing Assistance/Units	85	4	3	1
Transitional/Short-Term Facility-based Housing Assistance/Units	37	12	0	0
<b>Total Permanent HOPWA Housing Subsidy Assistance</b>	<b>191</b>	<b>16</b>	<b>3</b>	<b>3</b>
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)	40	3	0	0
<b>Total HOPWA Housing Subsidy Assistance</b>	<b>231</b>	<b>19</b>	<b>3</b>	<b>3</b>

**Background on HOPWA Housing Stability Codes**

**Stable Permanent Housing/Ongoing Participation**

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

**Temporary Housing**

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

**Unstable Arrangements**

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

**Life Event**

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

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

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

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

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

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

**End of PART 5**

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

The Annual Report of Continued 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)	<b>Operating Year for this report</b> <i>From (mm/dd/yy) To (mm/dd/yy)</i> <input type="checkbox"/> <b>Final Yr</b>  <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10
Grantee Name	Date Facility Began Operations (mm/dd/yy)

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

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

**3. Details of Project Site**

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

**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.	231

**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.	<u>Continuing</u> to receive HOPWA support from the prior operating year	104
<b>New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year</b>		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	2
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	3
4.	Transitional housing for homeless persons	0
5.	<b>Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)</b>	5
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	0
7.	Psychiatric hospital or other psychiatric facility	3
8.	Substance abuse treatment facility or detox center	9
9.	Hospital (non-psychiatric facility)	0
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	2
12.	Rented room, apartment, or house	59
13.	House you own	4
14.	Staying or living in someone else's (family and friends) room, apartment, or house	18
15.	Hotel or motel paid for without emergency shelter voucher	6
16.	Other	0
17.	Don't Know or Refused	21
18.	<b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)</b>	231

**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	0	0

**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)	231
2. Number of ALL other persons <b>diagnosed</b> as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	4
3. Number of ALL other persons <b>NOT diagnosed</b> as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy	113
<b>4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1, 2, &amp; 3)</b>	348

**b. Age and Gender**

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

<b>HOPWA Eligible Individuals (Chart a, Row 1)</b>						
		<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>
		<b>Male</b>	<b>Female</b>	<b>Transgender M to F</b>	<b>Transgender F to M</b>	<b>TOTAL (Sum of Columns A-D)</b>
1.	Under 18	0	0	0	0	0
2.	18 to 30 years	9	7	3	0	19
3.	31 to 50 years	62	40	9	0	111
4.	51 years and Older	68	32	1	0	101
5.	<b>Subtotal (Sum of Rows 1-4)</b>	139	79	13	0	231
<b>All Other Beneficiaries (Chart a, Rows 2 and 3)</b>						
		<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>
		<b>Male</b>	<b>Female</b>	<b>Transgender M to F</b>	<b>Transgender F to M</b>	<b>TOTAL (Sum of Columns A-D)</b>
6.	Under 18	24	44	0	0	68
7.	18 to 30 years	7	13	0	0	20
8.	31 to 50 years	8	7	0	0	15
9.	51 years and Older	8	6	0	0	14
10.	<b>Subtotal (Sum of Rows 6-9)</b>	47	70	0	0	117
<b>Total Beneficiaries (Chart a, Row 4)</b>						
11.	<b>TOTAL (Sum of Rows 5 &amp; 10)</b>	170	153	13	0	348



**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	0	0	0	0
2.	Asian	0	0	0	0
3.	Black/African American	205	0	105	0
4.	Native Hawaiian/Other Pacific Islander	0	0	0	0
5.	White	22	0	9	0
6.	American Indian/Alaskan Native & White	0	0	0	0
7.	Asian & White	0	0	0	0
8.	Black/African American & White	0	0	0	0
9.	American Indian/Alaskan Native & Black/African American	0	0	0	0
10.	Other Multi-Racial	4	4	3	3
11.	Column Totals (Sum of Rows 1-10)	231	4	117	3
<i>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.</i>					

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

**Section 3. Households**

**Household Area Median Income**

Report the 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 <https://www.huduser.gov/portal/datasets/il.html> 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)	177
2.	31-50% of area median income (very low)	30
3.	51-80% of area median income (low)	24
4.	<b>Total (Sum of Rows 1-3)</b>	231

**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 should complete Part 6: 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 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:
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility	
<input type="checkbox"/> Rehabilitation	\$	\$		
<input type="checkbox"/> Acquisition	\$	\$		
<input type="checkbox"/> Operating	\$	\$		
a.	Purchase/lease of property:		Date (mm/dd/yy):	
b.	Rehabilitation/Construction Dates:		Date started:	Date Completed:
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied	
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services	
e.	Number of units in the facility:		HOPWA-funded units =	Total Units =
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>	
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public	

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	N/A	N/A	N/A	N/A
Rental units rehabbed	N/A	N/A	N/A	N/A
Homeownership units constructed (if approved)	N/A	N/A	N/A	N/A

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

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: AGAPE I

Type of housing facility operated by the project sponsor		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	0					
b.	Community residence	0	0	0	0	0	0
c.	Project-based rental assistance units or leased units	0	24	0	0	0	0
d.	Other housing facility Specify:	0	0	0	0	0	0

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor 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
a.	Leasing Costs	0	\$0
b.	Operating Costs	21	\$99,299.73
c.	Project-Based Rental Assistance (PBRA) or other leased units	0	\$0
d.	Other Activity (if approved in grant agreement) Specify:	0	\$0
e.	Adjustment to eliminate duplication (subtract)	0	
f.	<b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>	21	\$99,299.73

**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 should complete Part 6: 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 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:
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:		Date started:                      Date Completed:
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units =                      Total Units =
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units – Sensory Units
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**

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: AGAPE II

Type of housing facility operated by the project sponsor	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	0					
b. Community residence	0	0	0	0	0	0
c. Project-based rental assistance units or leased units	0	7	3	2	0	0
d. Other housing facility <b>Specify:</b>	0	0	0	0	0	0

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor 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
a. Leasing Costs	0	\$0
b. Operating Costs	12	\$48,885.56
c. Project-Based Rental Assistance (PBRA) or other leased units	0	\$0
d. Other Activity (if approved in grant agreement) <b>Specify:</b>	0	\$0
e. Adjustment to eliminate duplication (subtract)	0	
f. <b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>	12	\$48,885.56

**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 should complete Part 6: 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 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:
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility	
<input type="checkbox"/> Rehabilitation	\$	\$		
<input type="checkbox"/> Acquisition	\$	\$		
<input type="checkbox"/> Operating	\$	\$		
a.	Purchase/lease of property:		Date (mm/dd/yy):	
b.	Rehabilitation/Construction Dates:		Date started:	Date Completed:
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied	
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services	
e.	Number of units in the facility:		HOPWA-funded units =	Total Units =
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>	
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public	

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units – Sensory Units
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**

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/Mustard Seed

Type of housing facility operated by the project sponsor	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	0					
b. Community residence	0	0	0	0	0	0
c. Project-based rental assistance units or leased units	0	3	0	0	0	0
d. Other housing facility <b>Specify:</b>	0	0	0	0	0	0

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor 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
a. Leasing Costs	0	\$0
b. Operating Costs	3	\$21,271.00
c. Project-Based Rental Assistance (PBRA) or other leased units	0	\$0
d. Other Activity (if approved in grant agreement) <b>Specify:</b>	0	\$0
e. Adjustment to eliminate duplication (subtract)	0	
f. <b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>	3	\$21,271.00

**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 should complete Part 6: 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 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:
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility	
<input type="checkbox"/> Rehabilitation	\$	\$		
<input type="checkbox"/> Acquisition	\$	\$		
<input type="checkbox"/> Operating	\$	\$		
a.	Purchase/lease of property:		Date (mm/dd/yy):	
b.	Rehabilitation/Construction Dates:		Date started:	Date Completed:
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied	
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services	
e.	Number of units in the facility:		HOPWA-funded units =	Total Units =
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>	
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public	



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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units - Sensory Units
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**

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/JASPER House

Type of housing facility operated by the project sponsor	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	0					
b. Community residence	0	0	0	0	0	0
c. Project-based rental assistance units or leased units	14	0	0	0	0	0
d. Other housing facility <b>Specify:</b>	0	0	0	0	0	0

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor 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
a. Leasing Costs	0	\$0
b. Operating Costs	14	\$48,399.84
c. Project-Based Rental Assistance (PBRA) or other leased units	14	\$15,103.00
d. Other Activity (if approved in grant agreement) <b>Specify:</b>	0	\$0
e. Adjustment to eliminate duplication (subtract)	14	
f. <b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>	14	\$63,502.84

**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 should complete Part 6: 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 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:
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:		Date started: _____ Date Completed: _____
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = _____ Total Units = _____
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units - Sensory Units
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**

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/Magnolia Place

Type of housing facility operated by the project sponsor		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling	0				
b.	Community residence	0	0	0	0	0
c.	Project-based rental assistance units or leased units	0	1	14		
d.	Other housing facility <b>Specify:</b>	0	0			

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor 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
a.	Leasing Costs	0	\$0
b.	Operating Costs	14	\$65,878.88
c.	Project-Based Rental Assistance (PBRA) or other leased units	0	\$0
d.	Other Activity (if approved in grant agreement) <b>Specify:</b>	0	\$0
e.	<b>Adjustment to eliminate duplication (subtract)</b>	0	
f.	<b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>	14	\$65,878.88

**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 should complete Part 6: 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 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:
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility	
<input type="checkbox"/> Rehabilitation	\$	\$		
<input type="checkbox"/> Acquisition	\$	\$		
<input type="checkbox"/> Operating	\$	\$		
a.	Purchase/lease of property:		Date (mm/dd/yy):	
b.	Rehabilitation/Construction Dates:		Date started:	Date Completed:
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied	
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services	
e.	Number of units in the facility:		HOPWA-funded units =	Total Units =
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>	
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public	

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units – Sensory Units
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**

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/Le Transclusive

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

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor 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
a.	Leasing Costs	0	0
b.	Operating Costs	18	\$62, 228.34
c.	Project-Based Rental Assistance (PBRA) or other leased units	0	0
d.	Other Activity (if approved in grant agreement) <b>Specify:</b>	0	0
e.	Adjustment to eliminate duplication (subtract)	0	
f.	<b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>	18	\$62, 228.34

**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 should complete Part 6: 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 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:
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility	
<input type="checkbox"/> Rehabilitation	\$	\$		
<input type="checkbox"/> Acquisition	\$	\$		
<input type="checkbox"/> Operating	\$	\$		
a.	Purchase/lease of property:		Date (mm/dd/yy):	
b.	Rehabilitation/Construction Dates:		Date started:	Date Completed:
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied	
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services	
e.	Number of units in the facility:		HOPWA-funded units =	Total Units =
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>	
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public	

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units – Sensory Units
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**

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: Rapid Re-Housing and Ascension Project

Type of housing facility operated by the project sponsor	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	0					
b. Community residence	0	2	0	0	0	0
c. Project-based rental assistance units or leased units	0	0	0	0	0	0
d. Other housing facility <b>Specify:</b>	0	0	0	0	0	0

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor 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
a. Leasing Costs	0	\$0
b. Operating Costs	2	\$6,914.26
c. Project-Based Rental Assistance (PBRA) or other leased units	0	\$0
d. Other Activity (if approved in grant agreement) <b>Specify:</b>	0	\$0
e. Adjustment to eliminate duplication (subtract)	0	
f. <b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>	2	\$6,914.26

**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 should complete Part 6: 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 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:
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:		Date started: <span style="float: right;">Date Completed:</span>
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = <span style="float: right;">Total Units =</span>
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public



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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units – Sensory Units
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**

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/Rectory

Type of housing facility operated by the project sponsor	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 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
a. Leasing Costs	0	\$0
b. Operating Costs	37transoton line item	\$62,041.08
c. Project-Based Rental Assistance (PBRA) or other leased units	0	\$0
d. Other Activity (if approved in grant agreement) Specify:	0	\$0
e. Adjustment to eliminate duplication (subtract)	0	
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	37	\$62,041.08

**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 should complete Part 6: 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 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:
<input type="checkbox"/> New construction	\$	\$	<b>Type of Facility [Check <u>only one</u> box.]</b> <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility	
<input type="checkbox"/> Rehabilitation	\$	\$		
<input type="checkbox"/> Acquisition	\$	\$		
<input type="checkbox"/> Operating	\$	\$		
a.	Purchase/lease of property:		Date (mm/dd/yy):	
b.	Rehabilitation/Construction Dates:		Date started:	Date Completed:
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied	
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services	
e.	Number of units in the facility:		HOPWA-funded units =	Total Units =
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>	
g.	What is the address of the facility (if different from business address)?			

h.	Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public
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**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 – Mobility Units – Sensory Units
Rental units constructed (new) and/or acquired <u>with or without</u> rehab				
Rental units rehabbed				
Homeownership units constructed (if approved)				

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

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:** Alabama Rural AIDS Project/ARAP/Dadeville

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

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor 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
a.	Leasing Costs	0	\$0
b.	Operating Costs	1	\$10,808.25
c.	Project-Based Rental Assistance (PBRA) or other leased units	0	\$0
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>	0	\$0
e.	Adjustment to eliminate duplication (subtract)	0	
f.	<b>TOTAL Facility-Based Housing Assistance</b>	1	\$10,808.25

	(Sum Rows a through d minus Row e)		
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