

Attachment 4

PY2022 Alabama CAPER

HOPWA REPORT on HUD Workbook Report Form

June 2023

Housing Opportunities for Persons With AIDS (HOPWA) Program

Revised: 02/24/2022

Consolidated APR/CAPER – Grantee Workbook

OMB Number 2506-0133 (Expiration Date: 12/31/2024)

Overview

The public reporting burden for this collection of information is estimated to average 40.0 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Performance Reports for HOPWA formula grantees and competitive grantees provide HUD with annual information to support program evaluation and measure program beneficiary outcomes related to maintaining housing stability; preventing homelessness; and improving access to care and support. This collection of information consolidates the information in the APR and CAPER reports and clarifies reporting requirements, which will allow HUD's Office of HIV/AIDS Housing to better respond to data calls from Congress and make better program decisions based on more relevant grantee annual data. Reporting is required for all HOPWA grantees pursuant to 42 U.S.C. § 12911; 24 CFR §§ 574.520(a) and (b); 24 CFR § 91.520(f). The information collected regarding grantees, their respective project sponsors, and the identities of HOPWA program participants will remain confidential pursuant to 42 U.S.C. § 12905(e) and 24 § CFR 574.440.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to Colette Pollard, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410-5000. When providing comments,

HOPWA formula grantees are required to submit a Performance Report demonstrating coordination with other Consolidated Plan resources. HUD uses the Performance Report 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.

In addition, grantees must comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282), which requires grant recipients to provide general information for all entities (including

HOPWA competitive grantees are required to submit a Performance Report for each operating year in which HOPWA grant funds were expended. Information on each competitive grant is to be reported in a separate Performance Report. Grantees approved for "Other Activities", as detailed in their grant agreement, are requested to report on their unique program accomplishments.

In addition, grantees must comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282), which requires grant recipients to provide general information for all entities (including

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 the "CAP DEV" tab in the Performance Report Worksheet, the grantee must complete an Annual Report of Continued Project Operation throughout the required use periods. This report is found on the "STEWARD" tab of this workbook. The required use period is three (3) years if the rehabilitation is non-

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

HMIS. 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

Formula Operating Year. HOPWA formula grants are annually awarded for a three-year period of performance with three operating years. The information contained in this Performance Report 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 Performance Report must capture all formula grant funding used during the operating year. Project sponsor accomplishment information must also coincide with the operating year this Performance Report covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for an

Competitive Operating Year. HOPWA competitive grants are awarded for a three-year period of performance with Performance Reports submitted for each of the three operating years. The information contained in this Performance Report should reflect the grantee's operating year with the beginning date determined at the time the grant agreement is signed. Project sponsor accomplishment information must coincide with the operating year this Performance Report covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for one additional operating year. A PSH renewal/replacement grant start date would be coordinated with the close out of the existing grant.

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

Filing Requirements. Within 90 days of the completion of each operating year, grantees must submit their completed Performance Report to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: at HOPWAReports@hud.gov. Electronic submission to HOPWA Program office is preferred. If electronic submission is not possible, please send an email to the HOPWA@hud.gov email inbox.

Definitions

Achieved Viral Suppression: When the load or volume of HIV virus present in a person's blood is measured at less than 200 copies per milliliter of blood.

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.

Administrative Costs: Costs for general management, oversight, coordination, evaluation, and reporting. By statute, grantee administrative costs are limited to 3% of the 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

Anti-Retroviral Therapy: The combination of drugs used to treat HIV.
Area Median Income: The Department of Housing and Urban Development (HUD) sets income limits that determine eligibility for assisted housing programs including the HOPWA program. HUD develops income limits based on Median Family Income estimates and Fair Market Rent area definitions for each metropolitan area, parts of some metropolitan areas, and each non-metropolitan county. AMI values vary by location and are
Beneficiary(ies): All members of a household (with or without HIV) who benefitted from HOPWA assistance during the operating year, NOT including the HOPWA eligible individual (see definition).
Chronically Homeless Person: An individual or family who is homeless and lives or resides as an individual or family who a) lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; b) 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 one year or on at least four separate occasions in the last three years; and c) 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 two 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
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 Performance Report 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
HOPWA Housing Subsidy Assistance Total: The unduplicated number of households receiving housing subsidies (TBRA, STRMU, Permanent Housing Placement services and Master Leasing) and/or residing in units of facilities dedicated to persons living with HIV/AIDS and their families and supported with HOPWA funds during the
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 in the Performance Report.

<p>Housing Stability: The degree to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year.</p>
<p>Improved HIV Viral Load: A reduction in the load or volume of HIV present in the HOPWA eligible individual's blood at the end of the reporting period compared to the beginning of the reporting period. Most PLWHA who are engaged in medical care have routine laboratory tests. The HOPWA eligible individual's latest laboratory</p>
<p>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 <u>hills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.</u></p>
<p>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.</p>
<p>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 Code of Federal Regulations Title 24 Part 5.403 and the <u>HOPWA Grantee Oversight Resource Guide</u> for additional reference.</p>
<p>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</p>
<p>Medically Assisted Living Facilities: HOPWA facility-based housing that assists residents with most or all activities of daily living, such as meals, bathing, dressing, and toileting. Regular medical care, supervision, and</p>
<p>Nonbinary: A gender other than singularly female or male.</p>
<p>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</p>
<p>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</p>
<p>Output: The number of units of housing or households that receive HOPWA assistance during the operating</p>
<p>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.</p>
<p>Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income at 2 CFR 200.307.</p>
<p>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</p>
<p>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.</p>
<p>SAM: All organizations applying for a Federal award must have a valid registration active at sam.gov. SAM (System for Award Management) registration includes maintaining current information and providing a valid</p>
<p>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</p>

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

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

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

VAWA Internal Emergency Transfers: Per 24 CFR 5.2005e, an emergency transfer under the VAWA protections refers to an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process.

VAWA External Emergency Transfers: Per 24 CFR 5.2005e, an emergency transfer under the VAWA protections refers to an emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant; that is, the tenant must undergo an application process in order to reside in the new unit.

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.

Instructions for Completing the HOPWA Grantee Performance Report Workbook

What is the HOPWA Grantee Performance Report Workbook?

This workbook provides information at the Grantee Administration level, including grantee contact information, annual performance report narratives, and stewardship unit information. This data will be compiled by the HOPWA Formula or Competitive Grantee, as part of providing annual performance reporting to HUD.

Who completes this form?

This workbook will be completed by the HOPWA Formula or Competitive Grantee ONLY.

Reminder:

ANY entity that provides DIRECT HOPWA services - including the HOPWA Grantee - must also complete a separate HOPWA Sponsor Performance Report Workbook.

What tabs should be completed for this report?

EVERY GRANTEE USER should complete these tabs:

- **GRANTEE**
- **CONTACT**
- **Narrative**

STEWARDSHIP: The Stewardship tab should only be completed if the Grantee is reporting on HOPWA Stewardship

Units.

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 the "CAP DEV" tab in the Sponsor Performance Report workbook, the grantee must complete an Annual Report of Continued Project Operation throughout the required use periods found on the "STEWARDSHIP" tab of this workbook. The required use period is three (3) years if the rehabilitation is non-substantial.

Important Information:

To ensure the integrity of this workbook, please to not DELETE or ALTER any rows, columns, tabs, or the NAME of the report.

This workbook requires the entry of data only where applicable, with no other actions required.

- 1** Enter text in empty cells next to questions.
 - 2** Enter numbers where the entry reads "0" and the answer is an amount.
- The workbook MUST be submitted in this Excel format. The Grantee will be unable to submit it to HUD if it has been converted to any other format, such as a Word or PDF file

HOPWA Grantee Performance Report Submission Instructions:

HOPWA Annual Performance reporting is collected and submitted at both the Grantee and Project Sponsor levels.

HUD or a HUD contractor will provide HOPWA Grantees annually with an advance set of named Grantee and Project Sponsor files, based on Project Sponsor activity logged in the system relative to the Grantee's Accomplishment Year on which it will be reporting.

Grantees complete this high-level *Grantee* workbook covering: Grantee organizational information, Grantee contact information, a narrative of all activities provided by the Grantee and its Project Sponsors, and Stewardship Unit information, as applicable.

Project Sponsors (and any Grantee that provides direct HOPWA activities) will complete a separate detailed annual report, called the "Sponsor Performance Report Workbook" every Project Sponsor completing a workbook and submitting it to the Grantee.

The Grantee will then:

- Review all Sponsor Performance Report workbooks for accuracy and will request that the Project Sponsor correct any missing or incorrect information.
- Collect all of the Grantee and Project Sponsor workbooks together.
- Submit the collection of all separate workbook files in a **single transmission to HOPWAReports@HUD.gov**.
- The entire collection of HOPWA workbook files is considered the Grantee's submission of annual performance reporting under its HOPWA grant agreement.
- Grantees shall submit their annual Performance Report Workbook within 90 days of the completion of their operating (or Accomplishment) year.

Once submitted, the Grantee will receive confirmation regarding the submitted files and may be contacted by HUD or a HUD contractor to confirm or correct reported information necessary.

For assistance with this process, please submit a query to HOPWAReports@HUD.gov.

Grantee	Grant ID	Sponsor(s)	File ID
Alabama	FALG8522	S93014A_Selma AIDS Information and Referral (AIR)	23025_18753
		S9307A_Thrive Alabama, Inc.	23025_18753
		S9308A_Unity Wellness Center	23025_18753
		S9309A_AIDS Alabama South (formerly South Alabama Cares)	23025_18753
		S93010A_Five Horizons Health Services Inc	23025_18753
		S93012A_The Right Place	23025_18753
		S93013A_Medical Advocacy and Outreach	23025_18753
		S00096A_AIDS Alabama	23025_18753
		S00205A_Five Horizons Health Services Inc.	23025_18753
		S00001A_Thrive Alabama Inc.	23025_18753
		S9306A_AIDS Alabama	23025_18753
		S93011A_Birmingham AIDS Outreach	23025_18753

GRANTEE SUMMARY

Complete the chart below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program.

Question	Responses
<i>For Competitive Grantees Only</i>	
For Competitive Grantees only, what is the grant number?	
For Competitive Grantees only, which year (1, 2, or 3) of the grant does this report cover?	
Is the Competitive Grantee a nonprofit organization? Yes or No.	
Is the Competitive Grantee a grassroots organization? Yes or No.	
For Competitive Grantees only, how much was expended on an "Other Housing Activity" (as approved in the grant agreement)?	
<i>For All HOPWA Grantees</i>	
What is the name of the Grantee organization?	AIDS Alabama
What is the Grantee's Unique Entity Identifier (UEI)?	834432999
What is the Employer ID Number (EIN) or Tax ID Number (TIN) of the Grantee?	58 1727755
For formula grantees only, are there any changes to your program year? Yes or No.	NO
<i>Note: HUD must be notified of consolidated program year changes at least two months before the date the program year would have ended if it had not been lengthened, or at least two months before the end of a proposed shortened program year.</i>	
If yes above, what is the revised program start date?	
If yes above, what is the revised program end date?	
What is the street address of the Grantee's office?	3529 7th Ave. South
In what city is the Grantee's business address?	Birmingham
In what county is the Grantee's business address?	Jefferson
In what state is the Grantee's office located?	Alabama
What is the zip code for the Grantee's business address?	35222
What is the parent company of the Grantee (if applicable)?	N/A
What department at the Grantee organization administers the grant?	Financial Department
What is the Grantee organization's website address?	www.aidsalabama.org
What is the Facebook name or page of the Grantee?	AIDS Alabama
What is the Twitter handle of the Grantee?	AIDS Alabama
What are the cities of the primary service area of the Grantee?	Birmingham, Hoover, Jasper, Oneonta, Leeds
What are the counties of the primary service area of the Grantee?	Jefferson, Shelby, St. Clair, Blount, Walker
What is the congressional district of the Grantee's business address?	7
What is the congressional district of the Grantee's primary service area?	6,7

Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service area? Yes or No.	Yes
Is the Grantee's System for Award Management (SAM) status currently active for this report? Yes or No.	Yes
What is the Grantee's SAM registration number for this report?	
Does the Grantee provide HOPWA-funded services directly to clients? Yes or No.	Yes
Does the Grantee take the allowable 3% Grantee Administration allowance? Yes or No.	Yes
How much was expended on Grantee Administration?	0

Contact Information for your Organization

Question	Responses
Contact Information for Authorizing Official	
What is the Authorizing Official contact name?	Kathie Hiers
What is the Authorizing Official contact title?	CEO
In what department does the Authorizing Official contact work?	Operations
What is the Authorizing Official contact email?	kathie.hiers@aidsalabama.org
What is the Authorizing Official contact phone number (including extension)?	(205) 324-9822 #2437
What is the Authorizing Official contact fax number?	(205)324-9981
Contact Information for Reporting (APR/CAPER) Contact	
What is the Reporting contact name?	Lakreash Dixon
What is the Reporting contact title?	Director of Grants Management Programs
In what department does the Reporting contact work?	Programs
What is the Reporting contact email?	lakreash.dixon@aidsalabama.org
What is the Reporting contact phone number (including extension)?	(205)324-9822
What is the Reporting contact fax number?	(205)324-9981
Contact Information for HMIS User	
What is the HMIS User contact name?	Lakreash Dixon
What is the HMIS User contact title?	Director of Grants Management Programs
In what department does the HMIS User contact work?	Programs
What is the HMIS User contact email?	lakreash.dixon@aidsalabama.org
What is the HMIS User contact phone number (including extension)?	(205)324-9822
What is the HMIS User contact fax number?	
Contact Information for IDIS User	
What is the IDIS User contact name?	Kevin Finney
What is the IDIS User contact title?	CFO
In what department does the IDIS User contact work?	Financial Operations
What is the IDIS User contact email?	finney@aidsalabama.org
What is the IDIS User contact phone number (including extension)?	(205)918-8187
What is the IDIS User contact fax number?	(205)324-9881
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Tonya Jackson
What is the Primary Program contact title?	Director of Programs
In what department does the Primary Program contact work?	Programs

What is the Primary Program contact email?	tonya.jackson@aidsalabama.org
What is the Primary Program contact phone number (including extension)?	(205) 788-8009
What is the Primary Program contact fax number?	(205)324-9881
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Heather Rauckman
What is the Secondary Program contact title?	Excutive Director
In what department does the Secondary Program contact work?	Programs
What is the Secondary Program contact email?	heather.rauckman@aidsalabama.org
What is the contact Secondary Program phone number (including extension)?	(205) 780-6058
What is the Secondary Program contact fax number?	(205) 324-9881
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Tricia McMullen
What is the Services contact title?	HOPWA Adminsitrative Specialist
In what department does the Services contact work?	Programs
What is the Services contact email?	tricia.mcmullen@aidsalabama.org
What is the Services contact phone number (including extension)?	(205)861-2789
What is the Services contact fax number?	(205)324-9881

Narrative Questions	Response - Maximum 4,000 characters for each question.	Character Count
<p>Provide a maximum of 4,000 characters 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.</p>	<p>Highlights and achievements during this reporting year includes services AIDS Alabama provided to persons throughout the state of Alabama. 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 statewide rental assistance program through qualified AIDS Service Organizations. Objective 1 - Provide 50 households with emergency Short-Term Rent/Mortgage and Utility (STRMU) assistance. Outcome 1- AIDS Alabama provided 62 households with short-term rental, mortgage and utility assistance during this reporting period. AIDS Alabama surpassed 100% percent of this goal, which allowed consumers to remain stably housed without further assistance. Objective 2 - Provide 100 households with long-term, Tenant-Based Rental Assistance. Outcome 2- AIDS Alabama provided 68 households with TRRA assistance, which This reporting year accomplishments consisted of 226 unduplicated qualified households receiving assistance for housing security and long-term stability with the usage of HOPWA funds. Transportation accomplishments consisted of 20,062 transportation trips for 284 unduplicated consumers. Supportive services accomplishments consisted of 226 HOPWA eligible consumers receiving case management services to aid in housing security, medical, mental health, wellness and food security. Housing Information Services consisted of linking City of Birmingham Community Development consist of:</p>	<p>0</p>
<p>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.</p>	<p>• Birmingham AIDS Outreach; • West Alabama AIDS Outreach;</p>	<p>3257</p>
<p>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.</p>	<p>As AIDS Alabama continues the management of the ADECA's HOPWA program, the technical assistance needs relate primarily to developing additional funding streams, 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. Furthermore, 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 Atlanta market as well. This cost</p>	<p>2623</p>
<p>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.</p>	<p>As AIDS Alabama continues the management of the ADECA's HOPWA program, the technical assistance needs relate primarily to developing additional funding streams, 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. Furthermore, 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 Atlanta market as well. This cost</p>	<p>1797</p>
<p>Describe any program technical assistance needs and how they would benefit program beneficiaries.</p>	<p>As AIDS Alabama continues the management of the ADECA's HOPWA program, the technical assistance needs relate primarily to developing additional funding streams, 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. Furthermore, 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 Atlanta market as well. This cost</p>	<p>1095</p>

Complete the Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units, as defined in the Definitions, for EACH Stewardship Facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	Facility 7
What is the name of the stewardship facility?							
What is the stewardship year (1-10) for this facility?	0	0	0	0	0	0	0
What date did the facility operations begin?							
How many HOPWA units are supported in this stewardship facility?	0	0	0	0	0	0	0
What is the amount of non-HOPWA funds expended on the stewardship facilities?	0	0	0	0	0	0	0
What is the name of the <i>authorized official</i> that operates the facility?							
What is the name of the primary program contact at the facility?							
What is the email address of the primary program contact at the facility?							
What is the phone number of the primary program contact at the facility?							

Grant ID	Grantee	Sponsor ID	Sponsor	File ID
FALG8522	Alabama	S9306A	S9306A_AIDS Alabama	23025_18755

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	AIDS Alabama
What is the organization's Unique Entity Identifier (UEI)?	STULKA42ZA45
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	58 1727755
What is the HOPWA contract amount for this organization?	0
What is the organization's business street address?	3529 7th Ave South
In what city is the organization's business address?	Birmingham
In what county is the organization's business address?	Jefferson
In what state is the organization's business address?	Alabama
What is the organization's business address zip code?	35222
What is the organization's parent company, if applicable?	
What department administers the organization's grant?	Finanacial Department
What is the organization's phone number (including extension)?	(205)324-9822
What is the organization's fax number?	(205)324-9311
What is the organization's website?	www.aidsalabama.org
What is the organization's Facebook page?	AIDS Alabama
What is the organization's Twitter handle?	AIDS Alabama
Is this a faith-based organization? Yes or No.	no
Is this a nonprofit organization? Yes or No.	yes
Is this a grassroots organization? Yes or No.	yes
What are the cities of the organization's primary service area?	Birmingham, Hoover,Jasper, Oneonta, Leeds
What are the counties of the organization's primary service area?	Jefferson, Shelby, St.Clair, Blount, Walker
In what congressional district is the organization located?	7
In what congressional district is the primary service area?	6. 7
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	Yes

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	\$186,180.00
How much was expended on Technical Assistance?	\$2,163.00
How much was expended on Resource Identification?	\$86,251.51

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Lakreash Dixon
What is the Primary Program contact title?	Director of Grants Management
In what department does the Primary Program contact work?	205-918-8196
What is the Primary Program contact email?	Lakreash.dixon@alabamaid.org
What is the Primary Program contact phone number (including extension)?	8196
What is the Primary Program contact fax number?	205-324-9881
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Heather Rauckman
What is the Secondary Program contact title?	Executive Director
In what department does the Secondary Program contact work?	205-780-6058
What is the Secondary Program contact email?	Heather.rauckman@alabamaid.org
What is the Secondary Program contact phone number (including extension)?	6058
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Tricia McMullen
What is the Services contact title?	HOPWA Administrative Programs
In what department does the Services contact work?	Programs
What is the Services contact email?	tricia.mcmullen@alabamaid.org
What is the Services contact phone number (including extension)?	205-324-9822
What is the Services contact fax number?	8213

b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. White	1	0	0	1	4	0	1	1	1	1	0	0	0	0	0	0	0	0	0

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13): 226

Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25): 108

How many other household members (beneficiaries) are HIV+? 4

How many other household members (beneficiaries) are HIV negative or have an unknown HIV status? 104

Complete Prior Living Situations for HOPWA-eligible Individuals served by TBRA, P-FBH, ST-TFBH, or PHP

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year?	131
How many individuals newly receiving HOPWA assistance came from:	
A place not meant for human habitation?	2
An emergency shelter?	4
A transitional housing facility for formerly homeless persons?	1
A permanent housing situation for formerly homeless persons?	
A psychiatric hospital or other psychiatric facility?	
A substance abuse facility?	1
A non-psychiatric hospital?	0

A foster care home?	0
Jail, prison, or a juvenile detention facility?	1
A rented room, apartment or house?	16
A house the individual owned?	0
Staying at someone else's house?	3
A hotel or motel paid for by the individual?	0
Any other prior living situation?	
How many individuals newly receiving HOPWA assistance didn't report or refused to report their prior living situation?	0
How many individuals newly receiving HOPWA assistance during this program year reported a prior living situation of homelessness [place not for human habitation, emergency shelter, transitional housing]:	7
Also meet the definition of experiencing chronic homelessness?	0
Also were veterans?	0

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	\$68,733.63	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1	\$5,686.89	Targeted Case Management
Other FUNDING_2	\$27,525.85	Other Revenue
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	
Program Income	101946.37	
What was the amount of program income collected from resident rent payments in the program year?	\$6,559.00	
What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
Uses of Program Income	6559	
What was the amount of total program income that was spent on housing assistance in the program year?	\$6,559.00	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords	6559	
What was the amount of resident rent payment that residents paid directly to private landlords?	\$139,964.00	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	68
What were the total HOPWA funds expended for TBRA rental assistance?	\$221,014.59
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	0
<i>TBRA Household Total (TBRA + Other)</i>	68
<i>Income Levels for Households Served by this Activity</i>	68
What is the number of households with income below 30% of Area Median Income?	63
What is the number of households with income between 31% and 50% of Area Median Income?	5
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	66
Earned Income from Employment	17
Retirement	1
SSI	43
SSDI	3
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	2
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	28
MEDICARE Health Insurance or local program equivalent	33
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	2
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
	1
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	68
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	68
Longevity for Households Served by this Activity	68
How many households have been served with TBRA for less than one year?	12
How many households have been served with TBRA for more than one year, but less than five years?	24
How many households have been served with TBRA for more than five years, but less than 10 years?	20
How many households have been served with TBRA for more than 10 years, but less than 15 years?	2
How many households have been served with TBRA for more than 15 years?	10
Housing Outcomes for Households Served by this Activity	68
How many households continued receiving HOPWA TBRA assistance into the next year?	56
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	1
How many households exited to an emergency shelter?	0
How many households exited to private housing?	6

How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	1
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	2
How many of the HOPWA eligible individuals died?	2

Complete this section for all Households served with HOPWA Permanent Facility-Based Housing assistance by your organization in the reporting year.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA VI

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information						
What is the name of the housing facility?	AGAPE 1	AGAPE II	Mustard Seed	Jasper House	Dadeville House	Magnolia Place
Is the facility a medically assisted living facility? Yes or No.	No	No	No	No	No	No
Was the housing facility placed into service during this program year? Yes or No.	No	No	No	No	No	No
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0	0
Leasing -- Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Leasing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0	0
Operating -- Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Operating support for each facility?	18	12	4	12	1	17
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	\$99,259.58	53,181.48	\$25,294.80	\$50,125.90	\$7,799.15	\$67,527.86
Other Housing Support -- Households and Expenditures Served by this Activity						
How many households received Other types of Permanent Facility-Based Housing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?	0	0	0	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						

MEDICARE Health Insurance or local program equivalent		3	4	1	3	0	0	8
Veterans Affairs Medical Services		0	0	0	0	0	0	0
AIDS Drug Assistance Program		0	0	0	0	0	0	0
State Children's Health Insurance Program (SCHIP) or local program equivalent		6	2	0	1	0	0	4
Ryan White-funded Medical or Dental Assistance		0	0	0	0	0	0	0
Longevity for Households Served by this Activity	18	12	4	11	1	17		
How many households have been served by permanent facility-based housing for less than one year?		1	0	1	5	0	3	
How many households have been served by permanent facility-based housing for more than one year, but less than 5 years?		9	2	2	0	0	6	
How many households have been served by permanent facility-based housing for more than 5 years, but less than 10 years?		3	3	1	2	1	2	
How many households have been served by permanent facility-based housing for more than 10 years, but less than 15 years?		1	2	0	4	0	4	
How many households have been served by permanent facility-based housing for more than 15 years?		4	5	0	0	0	2	
Health Outcomes for Households Served by this Activity								
How many HOPWA-eligible individuals served with PFBH this year have ever been prescribed Anti-Retroviral Therapy, by facility?		18	12	4	12	1	17	
How many HOPWA-eligible persons served with PFBH have shown an improved viral load or achieved viral suppression, by facility?		18	12	4	12	1	17	
Housing Outcomes for Households Served by this Activity	18	12	4	12	1	17		
How many households continued receiving this type of HOPWA assistance into the next year?		15	11	3	11	1	17	
How many households exited to other HOPWA housing programs?		0	0	0	0	0	0	
How many households exited to other housing subsidy programs?		0	0	0	0	0	0	
How many households exited to an emergency shelter?		0	0	0	0	0	0	
How many households exited to private housing?		0	1	0	1	0	0	

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by your organization in the reporting year.

Examples include Short-Term and Transitional Housing Types, Facility Based Housing with a tenure of fewer than 24 months, short-term treatment or health facilities, hotel-motel vouchers.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA Va

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the housing facility?	WAV Station	Rectory			
Is the facility a medically assisted living facility? Yes or No.	NO	NO			
Was the housing facility placed into service during this program year? Yes or No.	NO	NO			
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0
Leasing -- Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0
Operating -- Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	1	13	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	\$28,500.00	\$55,461.79	0	0	0
Hotel-Motel -- Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	0	0	0	0
Other Housing Support -- Households and Expenditures Served by this Activity					

Unemployment Insurance	0	0	0	0	0	0	0	0	0
Other Sources of Income	0	0	0	0	0	0	0	0	0
How many households maintained no sources of income?	0	0	0	0	0	0	0	0	0
Medical Insurance for Households Served by this Activity									
How many households accessed or maintained access to the following sources of medical insurance in the past year?									
MEDICAID Health Program or local program equivalent	0	2	0	0	0	0	0	0	0
MEDICARE Health Insurance or local program equivalent	0	2	0	0	0	0	0	0	0
Veterans Affairs Medical Services	0	0	0	0	0	0	0	0	0
AIDS Drug Assistance Program	0	0	0	0	0	0	0	0	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0	1	0	0	0	0	0	0	0
Ryan White-funded Medical or Dental Assistance	1	0	0	0	0	0	0	0	0
Longevity for Households Served by this Activity	1	13	0	0	0	0	0	0	0
How many households have been served by short-term/transitional facility-based housing for less than one year?	1	1	2	0	0	0	0	0	0
How many households have been served by short-term/transitional facility-based housing for more than one year, but less than five years?	0	11	0	0	0	0	0	0	0
How many households have been served by short-term/transitional facility-based housing for more than five years, but less than 10 years?	0	0	0	0	0	0	0	0	0
How many households have been served by short-term/transitional facility-based housing for more than 10 years, but less than 15 years?	0	0	0	0	0	0	0	0	0
How many households have been served by short-term/transitional facility-based housing for more than 15 years?	0	0	0	0	0	0	0	0	0
Housing Outcomes for Households Served by this Activity	1	13	0	0	0	0	0	0	0
How many households continued receiving this type of HOPWA assistance into the next year?	0	0	0	0	0	0	0	0	0
How many households exited to other HOPWA housing programs?	0	0	0	0	0	0	0	0	0
How many households exited to other housing subsidy programs?	0	0	0	0	0	0	0	0	0
How many households exited to an emergency shelter?	0	1	0	0	0	0	0	0	0
How many households exited to private housing?	1	5	0	0	0	0	0	0	0

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	3
b. How many households were served with STRMU rental assistance only ?	50
c. How many households were served with STRMU utilities assistance only ?	3
d. How many households received more than one type of STRMU assistance?	6
STRMU Households Total	62
STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	\$14,022.44
STRMU rental assistance	\$96,244.08
STRMU utility assistance	\$4,645.36
Total STRMU Expenditures	114911.88
Income Levels for Households Served by this Activity	62
What is the number of households with income below 30% of Area Median Income?	49
What is the number of households with income between 31% and 50% of Area Median Income?	13
What is the number of households with income between 51% and 80% of Area Median Income?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	60
Earned Income from Employment	25
Retirement	0
SSI	7
SSDI	2
Other Welfare Assistance (Supplemental Nutrition	4
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	22
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	10
MEDICARE Health Insurance or local program equivalent	35
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	10
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	5
Longevity for Households Served by this Activity	62
How many households have been served by STRMU for the first time this year?	62
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	62
How many households continued receiving this type of HOPWA assistance into the next year?	1
How many households exited to other HOPWA housing programs?	3
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	58
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0
How many households are likely to need additional Short-Term Rent, Mortgage and Utilities assistance to maintain the current housing arrangements?	0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with PHP assistance?	78
<i>PHP Expenditures for Households Served by this Activity</i>	
What were the HOPWA funds expended for PHP?	\$376,612.47
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	87
Earned Income from Employment	8
Retirement	2
SSI	38
SSDI	12
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	16
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	1
Unemployment Insurance	0
Other Sources of Income	4
How many households maintained no sources of income?	6
<i>Medical Insurance for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	43
MEDICARE Health Insurance or local program equivalent	18
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	16
Ryan White-funded Medical or Dental Assistance	4

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.

See definition of "Housing Information Services" on "Performance Report Cover" tab.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with housing information services?	159
<i>Housing Information Services Expenditures</i>	
What were the HOPWA funds expended for Housing Information Services?	\$64,953.32

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

Note that this table also collects HOPWA Supportive Service expenditures.

Questions	This Report	
	Number of Households	Expenditures
Households and Expenditures for Supportive Service Types		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	226	\$537,761.46
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	10	\$1,750.54
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	10	\$1,185.32
What were the other type(s) of supportive services provided? (150 characters)	Infection Control Items	
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	20	

Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in ALL Activities from this report for each Activity .	68	78	14	62	78	159	226	0
Housing Subsidy Assistance Household Count Deduplication								
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>								
	300							
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							
Total Unduplicated Housing Subsidy Assistance Household Count	300							
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
Questions								
How many households had contact with a case manager?	226							
How many households developed a housing plan for maintaining or establishing stable housing?	226							
How many households accessed and maintained medical insurance and/or assistance?	226							
How many households had contact with a primary health care provider?	220							
How many households accessed or maintained qualification for sources of income?	226							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?								
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions								
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	226							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	226							

Capital Development means the use of HOPWA funds to construct, acquire, or rehabilitate a housing facility.

There are sixty columns for facilities. If more column

Complete for all HOPWA Facility-based Capital Development Projects that received Capital Development funds in this reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this reporting year.
Note: Scattered site facilities may be reported as one facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	Facility 7	Facility 8
Facility Information								
What is the name of the facility using HOPWA for capital development (acquisition or rehabilitation)?	WAY Station							
For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation?	0	0	0	0	0	0	0	0
What type of development was funded (new construction, rehabilitation, acquisition)?	New Construction							
For facilities being rehabilitated only, what is the final value of the building after rehabilitation is complete?	0	0	0	0	0	0	0	0
What type of housing (Permanent or Short-term/Transitional) was developed?	Short Term Transitional							
For Capital Development facilities, what is the purchase or lease date of the property?								
For Capital Development facilities, what is the date the construction or rehabilitation started (if applicable)?								
Capital Development Expenditures								
How much was expended in this year on acquisition, for each facility?	0	0	0	0	0	0	0	0
How much was expended on rehabilitation, for each facility?	0	0	0	0	0	0	0	0
How much was expended on new construction, for each facility?	\$400,000.00	0	0	0	0	0	0	0
Was the development facility placed into service during this program year? Yes or No.	yes							
Complete for Capital Development Facilities Opened This Year ONLY. If the facility was not opened this year, skip this section.								
How many total units were placed into service this year?	8	0	0	0	0	0	0	0
What date did the supportive services begin?								
What date was the construction or rehabilitation completed?								
What date did residents begin to occupy the facility?								
Is there a waiting list maintained for the facility? Yes or No.	yes							

If there is a waiting list, how many households are on the waiting list?	2	0	0	0	0	0	0	0	0
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	40	0	0	0	0	0	0	0	0
How many units in this facility were developed with HOPWA funds?	8	0	0	0	0	0	0	0	0
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units					
For units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab:	8	0	0	0					
For rental units rehabbed:	0	0	0	0					
For homeownership units constructed (if approved):	0	0	0	0					

Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

Grant ID	Grantee	Sponsor ID	Sponsor	File ID
FALG8522	Alabama	S93011A	S93011A_Birmingham AIDS Outreach	23025_1883

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	Birmingham AIDS Outreach
What is the organization's Unique Entity Identifier (UEI)?	63 094895
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	087623191
What is the HOPWA contract amount for this organization?	\$50,000
What is the organization's business street address?	P.O Box 550070
In what city is the organization's business address?	Birmingham
In what county is the organization's business address?	Jefferson
In what state is the organization's business address?	Alabama
What is the organization's business address zip code?	35233
What is the organization's parent company, if applicable?	N/A
What department administers the organization's grant?	
What is the organization's phone number (including extension)?	(205) 322-4197
What is the organization's fax number?	(205) 322-2131
What is the organization's website?	N/A
What is the organization's Facebook page?	N/A
What is the organization's Twitter handle?	N/A
Is this a faith-based organization? Yes or No.	NO
Is this a nonprofit organization? Yes or No.	YES
Is this a grassroots organization? Yes or No.	YES
What are the cities of the organization's primary service area?	Hoover, Birmingham
What are the counties of the organization's primary service area?	Jefferson , Shelby
In what congressional district is the organization located?	7
In what congressional district is the primary service area?	6,7
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	NO

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	0
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Billy Kirkpatrick
What is the Primary Program contact title?	Executive Director
In what department does the Primary Program contact work?	
What is the Primary Program contact email?	bkirkpatrick@fivehorizons.org
What is the Primary Program contact phone number (including extension)?	(205)759-8470
What is the Primary Program contact fax number?	(205) 366-9001
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	
What is the Secondary Program contact title?	
In what department does the Secondary Program contact work?	
What is the Secondary Program contact email?	
What is the Secondary Program contact phone number (including extension)?	
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	
What is the Services contact title?	
In what department does the Services contact work?	
What is the Services contact email?	
What is the Services contact phone number (including extension)?	
What is the Services contact fax number?	

b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13): 0

Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25): 0

How many other household members (beneficiaries) are HIV+? 0

How many other household members (beneficiaries) are HIV negative or have an unknown HIV status? 0

Complete Prior Living Situations for HOPWA-eligible individuals served by TBRA, P-FBH, ST-TFBH, or PHP

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year? 0

How many individuals newly receiving HOPWA assistance came from:

A place not meant for human habitation? 0

An emergency shelter? 0

A transitional housing facility for formerly homeless persons? 0

A permanent housing situation for formerly homeless persons? 0

A psychiatric hospital or other psychiatric facility? 0

A substance abuse facility? 0

A non-psychiatric hospital? 0

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1	0	
Other FUNDING_2	0	
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	
Program Income	0	
What was the amount of program income collected from resident rent payments in the program year?	0	

What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
Uses of Program Income	0	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords	0	
What was the amount of resident rent payment that residents paid directly to private landlords?	0	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	0
<i>TBRA Household Total (TBRA + Other)</i>	0
<i>Income Levels for Households Served by this Activity</i>	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
Longevity for Households Served by this Activity	
	0
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	
	0
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0

How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

Complete this section for all Households served with HOPWA Permanent Facility-Based Housing assistance by your organization in the reporting year.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA V

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information						
What is the name of the housing facility?						
Is the facility a medically assisted living facility? Yes or No.						
Was the housing facility placed into service during this program year? Yes or No.						
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0	0
Leasing – Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Leasing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0	0
Operating – Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Operating support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity						
How many households received Other types of Permanent Facility-Based Housing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?	0	0	0	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						
PFBH Deduplication						

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by your organization in the reporting year.

Examples include Short-Term and Transitional Housing Types, Facility Based Housing with a tenure of fewer than 24 months, short-term treatment or health facilities, hotel-motel vouchers.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA Va

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the housing facility?					
Is the facility a medically assisted living facility? Yes or No.					
Was the housing facility placed into service during this program year? Yes or No.					
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0
Leasing – Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0
Operating – Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0
Hotel-Motel – Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity					

How many households received Other types of Transitional/Short-Term Facility-Based Housing support for each facility?	0	0	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Transitional/Short-Term Facility-Based Housing for each facility?	0	0	0	0	0	0	0	0
For households served with Other Transitional/Short-Term Facility-Based Housing, what type of service were they provided? (150 characters)								
ST-TFBH Deduplication								
How many households received more than one type of ST-TFBH for each facility? (Leasing, Operating, Hotel-Motel, Other)	0	0	0	0	0	0	0	0
Total Deduplicated Household Count	0	0	0	0	0	0	0	0
Income Levels for Households Served by this Activity	0	0	0	0	0	0	0	0
What is the number of households with income below 30% of Area Median Income?	0	0	0	0	0	0	0	0
What is the number of households with income between 31% and 50% of Area Median Income?	0	0	0	0	0	0	0	0
What is the number of households with income between 51% and 80% of Area Median Income?	0	0	0	0	0	0	0	0
Sources of Income for Households Served by this Activity								
How many households accessed or maintained access to the following sources of income in the past year?	0	0	0	0	0	0	0	0
Earned Income from Employment	0	0	0	0	0	0	0	0
Retirement	0	0	0	0	0	0	0	0
SSI	0	0	0	0	0	0	0	0
SSDI	0	0	0	0	0	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0	0	0	0	0	0	0	0
Private Disability Insurance	0	0	0	0	0	0	0	0
Veteran's Disability Payment (service or non-service connected)	0	0	0	0	0	0	0	0
Regular contributions or gifts from organizations or persons not residing in the residence	0	0	0	0	0	0	0	0
Worker's Compensation	0	0	0	0	0	0	0	0
General Assistance (GA), or local program	0	0	0	0	0	0	0	0

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
<i>Households Served by this Activity - STRMU Breakdown</i>	
a. How many households were served with STRMU mortgage assistance only ?	0
b. How many households were served with STRMU rental assistance only ?	0
c. How many households were served with STRMU utilities assistance only ?	0
d. How many households received more than one type of STRMU assistance?	0
<i>STRMU Households Total</i>	0
<i>STRMU Expenditures</i>	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
Total STRMU Expenditures	0
<i>Income Levels for Households Served by this Activity</i>	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
Longevity for Households Served by this Activity	0
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
Households Served by this Activity	
How many households were served with PHP assistance?	0
PHP Expenditures for Households Served by this Activity	
What were the HOPWA funds expended for PHP?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.

See definition of "Housing Information Services" on "Performance Report Cover" tab.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with housing information services?	0
<i>Housing Information Services Expenditures</i>	
What were the HOPWA funds expended for Housing Information Services?	0

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

*Note that this table also collects **HOPWA Supportive Service expenditures.***

Questions	This Report	
	Number of Households	Expenditures
Households and Expenditures for Supportive Service Types		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in ALL Activities from this report for each Activity.	0	0	0	0	0	0	0	0
Housing Subsidy Assistance Household Count Deduplication								
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>								
0	0							
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?								
0								
Total Unduplicated Housing Subsidy Assistance Household Count								
0								
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
Questions								
This Report								
How many households had contact with a case manager?	0							
How many households developed a housing plan for maintaining or establishing stable housing?	0							
How many households accessed and maintained medical insurance and/or assistance?	0							
How many households had contact with a primary health care provider?	0							
How many households accessed or maintained qualification for sources of income?	0							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	0							
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions								
This Report								
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							

Complete for all HOPWA Facility-based Capital Development Projects that received Capital Development funds in this reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this reporting year.

Capital Development means the use of HOPWA funds to construct, acquire, or rehabilitate a housing facility.

Note: Scattered site facilities may be reported as one facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the facility using HOPWA for capital development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation?	0	0	0	0	0
What type of development was funded (new construction, rehabilitation, acquisition)?					
For facilities being rehabilitated only , what is the final value of the building after rehabilitation is complete?	0	0	0	0	0
What type of housing (Permanent or Short-term/Transitional) was developed?					
For Capital Development facilities, what is the purchase or lease date of the property?					
For Capital Development facilities, what is the date the construction or rehabilitation started (if applicable)?					
Capital Development Expenditures					
How much was expended in this year on acquisition, for each facility?	0	0	0	0	0
How much was expended on rehabilitation, for each facility?	0	0	0	0	0
How much was expended on new construction, for each facility?	0	0	0	0	0
Was the development facility placed into service during this program year? Yes or No.					

Complete for Capital Development Facilities Opened This Year ONLY. If the facility was not opened this year, skip this section.					
How many total units were placed into service this year?	0	0	0	0	0
What date did the supportive services begin?					
What date was the construction or rehabilitation completed?					
What date did residents begin to occupy the facility?					
Is there a waiting list maintained for the facility? Yes or No.					
If there is a waiting list, how many households are on the waiting list?	0	0	0	0	0
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	0	0	0	0	0
How many units in this facility were developed with HOPWA funds?	0	0	0	0	0
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units	
For units constructed (new) and/or acquired with or without rehab:	0	0	0	0	0
For rental units rehabbed:	0	0	0	0	0
For homeownership units constructed (if approved):	0	0	0	0	0

Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

Grant ID	Grantee	Sponsor ID	Sponsor	File ID
FALG8522	Alabama	S93012A	S93012A_The Right Place	23025_1884

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	The Right Place
What is the organization's Unique Entity Identifier (UEI)?	78455692
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	45 4568903
What is the HOPWA contract amount for this organization?	\$20,000
What is the organization's business street address?	105 West 15th Street P.O. Box 1061
In what city is the organization's business address?	Anniston
In what county is the organization's business address?	
In what state is the organization's business address?	Alabama
What is the organization's business address zip code?	36201
What is the organization's parent company, if applicable?	N/A
What department administers the organization's grant?	
What is the organization's phone number (including extension)?	(256) 238-6231
What is the organization's fax number?	
What is the organization's website?	www.therightplaceanniston.org
What is the organization's Facebook page?	The Right Place
What is the organization's Twitter handle?	The Right Place
Is this a faith-based organization? Yes or No.	no
Is this a nonprofit organization? Yes or No.	yes
Is this a grassroots organization? Yes or No.	yes
What are the cities of the organization's primary service area?	Anniston
What are the counties of the organization's primary service area?	Etowah
In what congressional district is the organization located?	4
In what congressional district is the primary service area?	4
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	yes

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	0
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Lori Floyd
What is the Primary Program contact title?	Diretor
In what department does the Primary Program contact work?	Social Services Housing
What is the Primary Program contact email?	Lorifloyd@the-right-place.org
What is the Primary Program contact phone number (including extension)?	(256)238-6231
What is the Primary Program contact fax number?	
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Brittni Marable
What is the Secondary Program contact title?	Case Manager
In what department does the Secondary Program contact work?	(256) 238-6231
What is the Secondary Program contact email?	brittnimarable@trpalabama.org
What is the Secondary Program contact phone number (including extension)?	
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	
What is the Services contact title?	
In what department does the Services contact work?	
What is the Services contact email?	
What is the Services contact phone number (including extension)?	
What is the Services contact fax number?	

Complete the age, gender, race, and ethnicity information for all individuals served with all types of HOPWA assistance.

See totals in rows 27 and 28.

A. For each racial category, how many HOPWA-eligible individuals identified as such?	Male					Female					Gender Nonbinary				
	Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older	
Asian	0	0	0	0		0	0	0	0		0	0	0	0	
Asian & White	0	0	0	0		0	0	0	0		0	0	0	0	
Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
Black/African American & White	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native & Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native & White	0	0	0	0		0	0	0	0		0	0	0	0	
Native Hawaiian/Other Pacific Islander	0	0	0	0		0	0	0	0		0	0	0	0	
Other Multi-Racial	0	0	0	0		0	0	0	0		0	0	0	0	
White	0	0	0	0		0	0	0	0		0	0	0	0	
B. For each racial category, how many other household members (beneficiaries) identified as such?	Male					Female					Gender Nonbinary				
	Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older	
b. Asian	0	0	0	0		0	0	0	0		0	0	0	0	
b. Asian & White	0	0	0	0		0	0	0	0		0	0	0	0	
b. Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
b. Black/African American & White	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native & Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native & White	0	0	0	0		0	0	0	0		0	0	0	0	

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1	0	
Other FUNDING_2	0	
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	
Program Income	0	
What was the amount of program income collected from resident rent payments in the program year?	0	

What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
Uses of Program Income	0	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords	0	
What was the amount of resident rent payment that residents paid directly to private landlords?	0	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	0
<i>TBRA Household Total (TBRA + Other)</i>	0
<i>Income Levels for Households Served by this Activity</i>	
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
Longevity for Households Served by this Activity	
	0
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	
	0
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0

Complete this section for all Households served with HOPWA Permanent Facility-Based Housing assistance by your organization in the reporting year.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA V.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information						
What is the name of the housing facility?						
Is the facility a medically assisted living facility? Yes or No.						
Was the housing facility placed into service during this program year?						
Yes or No.						
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0	0
Leasing – Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Leasing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0	0
Operating – Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Operating support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity						
How many households received Other types of Permanent Facility-Based Housing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?	0	0	0	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						
PFBH Deduplication						

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by your organization in the reporting year.

Examples include Short-Term and Transitional Housing Types, Facility Based Housing with a tenure of fewer than 24 months, short-term treatment or health facilities, hotel-motel vouchers.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA Vc

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the housing facility?					
Is the facility a medically assisted living facility? Yes or No.					
Was the housing facility placed into service during this program year? Yes or No.					
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0
Leasing – Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0
Operating – Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0
Hotel-Motel – Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity					

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
<i>Households Served by this Activity - STRMU Breakdown</i>	
a. How many households were served with STRMU mortgage assistance only ?	0
b. How many households were served with STRMU rental assistance only ?	0
c. How many households were served with STRMU utilities assistance only ?	0
d. How many households received more than one type of STRMU assistance?	0
<i>STRMU Households Total</i>	0
<i>STRMU Expenditures</i>	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
Total STRMU Expenditures	0
<i>Income Levels for Households Served by this Activity</i>	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
Longevity for Households Served by this Activity	0
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
Households Served by this Activity	
How many households were served with PHP assistance?	0
PHP Expenditures for Households Served by this Activity	
What were the HOPWA funds expended for PHP?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.

See definition of "Housing Information Services" on "Performance Report Cover" tab.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with housing information services?	0
<i>Housing Information Services Expenditures</i>	
What were the HOPWA funds expended for Housing Information Services?	0

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

Note that this table also collects HOPWA Supportive Service expenditures.

Questions	This Report	
	Number of Households	Expenditures
Households and Expenditures for Supportive Service Types		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

Activity Review	TBRA	P-FBH	SI-TFBH	STMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in All Activities from this report for each Activity.	0	0	0	0	0	0	0	0
Housing Subsidy Assistance Household Count Deduplication								
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-FBH, STMU, PHP, Other Competitive Activity counts above)</i>								
	0							
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, SI-TFBH, STMU, PHP, Other Competitive Activity?								
	0							
Total Unduplicated Housing Subsidy Assistance Household Count								
	0							
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
Questions								
	This Report							
How many households had contact with a case manager?	0							
How many households developed a housing plan for maintaining or establishing stable housing?	0							
How many households accessed and maintained medical insurance and/or assistance?	0							
How many households had contact with a primary health care provider?	0							
How many households accessed or maintained qualification for sources of income?	0							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	0							
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions								
	This Report							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							

Complete for all HOPWA Facility-based Capital Development Projects that received Capital Development funds in this reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this reporting year.

Capital Development means the use of HOPWA funds to construct, acquire, or rehabilitate a housing facility.

Note: Scattered site facilities may be reported as one facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the facility using HOPWA for capital development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation?	0	0	0	0	0
What type of development was funded (new construction, rehabilitation, acquisition)?					
For facilities being rehabilitated only, what is the final value of the building after rehabilitation is complete?	0	0	0	0	0
What type of housing (Permanent or Short-term/Transitional) was developed?					
For Capital Development facilities, what is the purchase or lease date of the property?					
For Capital Development facilities, what is the date the construction or rehabilitation started (if applicable)?					
Capital Development Expenditures					
How much was expended in this year on acquisition, for each facility?	0	0	0	0	0
How much was expended on rehabilitation, for each facility?	0	0	0	0	0
How much was expended on new construction, for each facility?	0	0	0	0	0
Was the development facility placed into service during this program year? Yes or No.					

Complete for Capital Development Facilities Opened This Year ONLY. If the facility was not opened this year, skip this section.					
How many total units were placed into service this year?	0	0	0	0	0
What date did the supportive services begin?					
What date was the construction or rehabilitation completed?					
What date did residents begin to occupy the facility?					
Is there a waiting list maintained for the facility? Yes or No.					
If there is a waiting list, how many households are on the waiting list?	0	0	0	0	0
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	0	0	0	0	0
How many units in this facility were developed with HOPWA funds?	0	0	0	0	0
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units	
For units constructed (new) and/or acquired with or without rehab:	0	0	0	0	0
For rental units rehabbed:	0	0	0	0	0
For homeownership units constructed (if approved):	0	0	0	0	0

Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

Grant ID	Grantee	Sponsor ID	Sponsor	File ID
FALG8522	Alabama	S9308A	S9308A_Unity Wellness Center	23025_18758

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	Unity Wellness Center
What is the organization's Unique Entity Identifier (UEI)?	66459843
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	63 1905476
What is the HOPWA contract amount for this organization?	\$51,521
What is the organization's business street address?	122 n 20th street Building #26
In what city is the organization's business address?	Auburn
In what county is the organization's business address?	Lee
In what state is the organization's business address?	Alabama
What is the organization's business address zip code?	36801
What is the organization's parent company, if applicable?	N/A
What department administers the organization's grant?	
What is the organization's phone number (including extension)?	(334)749-3593
What is the organization's fax number?	(334)749-3594
What is the organization's website?	www.unitywellnesscenter.org
What is the organization's Facebook page?	Unity Wellness Center
What is the organization's Twitter handle?	n/a
Is this a faith-based organization? Yes or No.	no
Is this a nonprofit organization? Yes or No.	yes
Is this a grassroots organization? Yes or No.	yes
What are the cities of the organization's primary service area?	Auburn, Opelika, Dadeville
What are the counties of the organization's primary service area?	Lee, Chambers, Tallapoosa
In what congressional district is the organization located?	3
In what congressional district is the primary service area?	3
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	Yes

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	0
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Tracy Wynne
What is the Primary Program contact title?	Clinical Operations Manager
In what department does the Primary Program contact work?	Social Services
What is the Primary Program contact email?	tracy.wynne@eamc.org
What is the Primary Program contact phone number (including extension)?	(334) 749-3593
What is the Primary Program contact fax number?	(334) 749-3594
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	
What is the Secondary Program contact title?	
In what department does the Secondary Program contact work?	
What is the Secondary Program contact email?	
What is the Secondary Program contact phone number (including extension)?	
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	
What is the Services contact title?	
In what department does the Services contact work?	
What is the Services contact email?	
What is the Services contact phone number (including extension)?	
What is the Services contact fax number?	

Complete the age, gender, race, and ethnicity information for all individuals served with all types of HOPWA assistance.
 See totals in rows 27 and 28.

A. For each racial category, how many HOPWA-eligible individuals identified as such?	Male					Female					Gender Nonbinary					Transgender Female														
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older										
Asian & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
Black/African American & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0										
B. For each racial category, how many other household members (beneficiaries) identified as such?																														
	Male										Female					Gender Nonbinary					Transgender Female									
b. Asian	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Asian & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Black/African American & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total number of HOPWA-eligible Individuals served with HOPWA assistance (rows 4-13):	0																													
Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25):	0																													
How many other household members (beneficiaries) are HIV+?	0																													

How many other household members (beneficiaries) are HIV negative or have an unknown HIV status?	0
Complete Prior Living Situations for HOPWA-eligible individuals served by TBRA, P-FBH, ST-TFBH, or PHP	
How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year?	0
How many individuals newly receiving HOPWA assistance came from:	
A place not meant for human habitation?	0
An emergency shelter?	0
A transitional housing facility for formerly homeless persons?	0
A permanent housing situation for formerly homeless persons?	0
A psychiatric hospital or other psychiatric facility?	0
A substance abuse facility?	0
A non-psychiatric hospital?	0
A foster care home?	0
Jail, prison, or a juvenile detention facility?	0
A rented room, apartment or house?	0
A house the individual owned?	0
Staying at someone else's house?	0
A hotel or motel paid for by the individual?	0
Any other prior living situation?	0
How many individuals newly receiving HOPWA assistance didn't report or refused to report their prior living situation?	0
How many individuals newly receiving HOPWA assistance during this program year reported a prior living situation of homelessness [place not for human habitation, emergency shelter, transitional housing]:	0
Also meet the definition of experiencing chronic homelessness?	0
Also were veterans?	0

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOP/WA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1	0	
Other FUNDING_2	0	
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	
Program Income	0	
What was the amount of program income collected from resident rent payments in the program year?	0	

What was the amount of program income collected from other sources (non-resident payments) in the program year?		0	
Uses of Program Income		0	
What was the amount of total program income that was spent on housing assistance in the program year?		0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?		0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords		0	
What was the amount of resident rent payment that residents paid directly to private landlords?		0	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	0
<i>TBRA Household Total (TBRA + Other)</i>	0
<i>Income Levels for Households Served by this Activity</i>	
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
Longevity for Households Served by this Activity	
	0
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	
	0
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0

Complete this section for all Households served with HOPWA Permanent Facility-Based Housing assistance by your organization in the reporting year.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA V.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information						
What is the name of the housing facility?						
Is the facility a medically assisted living facility? Yes or No.						
Was the housing facility placed into service during this program year? Yes or No.						
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0	0
Leasing – Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Leasing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0	0
Operating – Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Operating support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity						
How many households received Other types of Permanent Facility-Based Housing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?	0	0	0	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						
PFBH Deduplication						

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by your organization in the reporting year.

Examples include Short-Term and Transitional Housing Types, Facility Based Housing with a tenure of fewer than 24 months, short-term treatment or health facilities, hotel-motel vouchers.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA Vc

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the housing facility?					
Is the facility a medically assisted living facility? Yes or No.					
Was the housing facility placed into service during this program year? Yes or No.					
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0
Leasing – Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0
Operating – Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0
Hotel-Motel – Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity					

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	0
b. How many households were served with STRMU rental assistance only ?	0
c. How many households were served with STRMU utilities assistance only ?	0
d. How many households received more than one type of STRMU assistance?	0
STRMU Households Total	0
STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
Total STRMU Expenditures	0
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
Longevity for Households Served by this Activity	0
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
Households Served by this Activity	
How many households were served with PHP assistance?	0
PHP Expenditures for Households Served by this Activity	
What were the HOPWA funds expended for PHP?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.

See definition of "Housing Information Services" on "Performance Report Cover" tab.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with housing information services?	0
<i>Housing Information Services Expenditures</i>	
What were the HOPWA funds expended for Housing Information Services?	0

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

*Note that this table also collects **HOPWA Supportive Service expenditures.***

Questions	This Report	
	Number of Households	Expenditures
Households and Expenditures for Supportive Service Types		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in ALL Activities from this report for each Activity.	0	0	0	0	0	0	0	0
Housing Subsidy Assistance Household Count Deduplication								
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>								
0	0							
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?								
0								
Total Unduplicated Housing Subsidy Assistance Household Count								
0								
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
Questions								
This Report								
How many households had contact with a case manager?	0							
How many households developed a housing plan for maintaining or establishing stable housing?	0							
How many households accessed and maintained medical insurance and/or assistance?	0							
How many households had contact with a primary health care provider?	0							
How many households accessed or maintained qualification for sources of income?	0							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	0							
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions								
This Report								
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							

Complete for all HOPWA Facility-based Capital Development Projects that received Capital Development funds in this reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this reporting year.

Capital Development means the use of HOPWA funds to construct, acquire, or rehabilitate a housing facility.

Note: Scattered site facilities may be reported as one facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the facility using HOPWA for capital development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation?	0	0	0	0	0
What type of development was funded (new construction, rehabilitation, acquisition)?					
For facilities being rehabilitated only , what is the final value of the building after rehabilitation is complete?	0	0	0	0	0
What type of housing (Permanent or Short-term/Transitional) was developed?					
For Capital Development facilities, what is the purchase or lease date of the property?					
For Capital Development facilities, what is the date the construction or rehabilitation started (if applicable)?					
Capital Development Expenditures					
How much was expended in this year on acquisition, for each facility?	0	0	0	0	0
How much was expended on rehabilitation, for each facility?	0	0	0	0	0
How much was expended on new construction, for each facility?	0	0	0	0	0
Was the development facility placed into service during this program year? Yes or No.					

Complete for Capital Development Facilities Opened This Year ONLY. If the facility was not opened this year, skip this section.					
How many total units were placed into service this year?	0	0	0	0	0
What date did the supportive services begin?					
What date was the construction or rehabilitation completed?					
What date did residents begin to occupy the facility?					
Is there a waiting list maintained for the facility? Yes or No.					
If there is a waiting list, how many households are on the waiting list?	0	0	0	0	0
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	0	0	0	0	0
How many units in this facility were developed with HOPWA funds?	0	0	0	0	0
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units	
For units constructed (new) and/or acquired <u>with or</u> without rehab:	0	0	0	0	0
For rental units rehabbed:	0	0	0	0	0
For homeownership units constructed (if approved):	0	0	0	0	0

Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

Grant ID	Grantee	Sponsor ID	Sponsor	File ID
FALG8522	Alabama	S9307A	S9307A_Thrive Alabama, Inc.	23025_18757

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	Thrive Alabama, Inc.
What is the organization's Unique Entity Identifier (UEI)?	57 0889447
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	938035946
What is the HOPWA contract amount for this organization?	\$58,000
What is the organization's business street address?	600 St. Clair Avenue Suit 12
In what city is the organization's business address?	Huntsville
In what county is the organization's business address?	Madison
In what state is the organization's business address?	Alabama
What is the organization's business address zip code?	35801
What is the organization's parent company, if applicable?	N/A
What department administers the organization's grant?	
What is the organization's phone number (including extension)?	(256)536-4700
What is the organization's fax number?	(256) 536-4117
What is the organization's website?	www.thrivealabama.org
What is the organization's Facebook page?	Thrive Alabama
What is the organization's Twitter handle?	Thrive Alabama, Inc.
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	Yes
Is this a grassroots organization? Yes or No.	Yes
What are the cities of the organization's primary service area?	Huntsville, Florence, Athens, Guntersville, Gadsen
What are the counties of the organization's primary service area?	Madison ,Limestone, Lawrence
In what congressional district is the organization located?	5
In what congressional district is the primary service area?	5
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	yes

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	0
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Marry Elizabeth Marr
What is the Primary Program contact title?	Chief Executive Officer
In what department does the Primary Program contact work?	(256) 536-4700
What is the Primary Program contact email?	memarr@thrivealabama.org
What is the Primary Program contact phone number (including extension)?	(256) 536-4700
What is the Primary Program contact fax number?	(256) 536-4117
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Heath Nicholas
What is the Secondary Program contact title?	Director of Case Management
In what department does the Secondary Program contact work?	(256)536-4700
What is the Secondary Program contact email?	hnicholas@thrivealabama.org
What is the Secondary Program contact phone number (including extension)?	2202
What is the Secondary Program contact fax number?	(256)536-4117
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Ashley Lutz
What is the Services contact title?	Social Worker
In what department does the Services contact work?	(256) 536-4700
What is the Services contact email?	alutz@thrivealabama.org
What is the Services contact phone number (including extension)?	2209
What is the Services contact fax number?	(256) 536-417

b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13): 0

Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25): 0

How many other household members (beneficiaries) are HIV+? 0

How many other household members (beneficiaries) are HIV negative or have an unknown HIV status? 0

Complete Prior Living Situations for HOPWA-eligible Individuals served by TBRA, P-FBH, ST-TFBH, or PHP

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year? 0

How many individuals newly receiving HOPWA assistance came from:

A place not meant for human habitation? 0

An emergency shelter? 0

A transitional housing facility for formerly homeless persons? 0

A permanent housing situation for formerly homeless persons? 0

A psychiatric hospital or other psychiatric facility? 0

A substance abuse facility? 0

A non-psychiatric hospital? 0

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1	0	
Other FUNDING_2	0	
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	
Program Income	0	
What was the amount of program income collected from resident rent payments in the program year?	0	

What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
Uses of Program Income	0	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords	0	
What was the amount of resident rent payment that residents paid directly to private landlords?	0	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	0
<i>TBRA Household Total (TBRA + Other)</i>	0
<i>Income Levels for Households Served by this Activity</i>	
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	0
Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
Longevity for Households Served by this Activity	0
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0

Complete this section for all Households served with HOPWA Permanent Facility-Based Housing assistance by your organization in the reporting year.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA V

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information						
What is the name of the housing facility?						
Is the facility a medically assisted living facility? Yes or No.						
Was the housing facility placed into service during this program year? Yes or No.						
For housing facilities placed into service <i>during this program year</i> , how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0	0
Leasing – Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Leasing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0	0
Operating – Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Operating support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity						
How many households received Other types of Permanent Facility-Based Housing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?	0	0	0	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						
PFBH Deduplication						

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by your organization in the reporting year. Examples include Short-Term and Transitional Housing Types, Facility Based Housing with a tenure of fewer than 24 months, short-term treatment or health facilities, hotel-motel vouchers.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA Vc

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the housing facility?					
Is the facility a medically assisted living facility? Yes or No.					
Was the housing facility placed into service during this program year? Yes or No.					
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0
Leasing -- Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0
Operating -- Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0
Hotel-Motel -- Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	0	0	0	0
Other Housing Support -- Households and Expenditures Served by this Activity					

How many households received Other types of Transitional/Short-Term Facility-Based Housing support for each facility?	0	0	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Transitional/Short-Term Facility-Based Housing for each facility?	0	0	0	0	0	0	0	0
For households served with Other Transitional/Short-Term Facility-Based Housing, what type of service were they provided? (150 characters)								
ST-1FBH Deduplication								
How many households received more than one type of ST-1FBH for each facility? (Leasing, Operating, Hotel-Motel, Other)	0	0	0	0	0	0	0	0
Total Deduplicated Household Count	0	0	0	0	0	0	0	0
Income Levels for Households Served by this Activity	0	0	0	0	0	0	0	0
What is the number of households with income below 30% of Area Median Income?	0	0	0	0	0	0	0	0
What is the number of households with income between 31% and 50% of Area Median Income?	0	0	0	0	0	0	0	0
What is the number of households with income between 51% and 80% of Area Median Income?	0	0	0	0	0	0	0	0
Sources of Income for Households Served by this Activity								
How many households accessed or maintained access to the following sources of income in the past year?	0	0	0	0	0	0	0	0
Earned Income from Employment	0	0	0	0	0	0	0	0
Retirement	0	0	0	0	0	0	0	0
SSI	0	0	0	0	0	0	0	0
SSDI	0	0	0	0	0	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0	0	0	0	0	0	0	0
Private Disability Insurance	0	0	0	0	0	0	0	0
Veteran's Disability Payment (service or non-service connected)	0	0	0	0	0	0	0	0
Regular contributions or gifts from organizations or persons not residing in the residence	0	0	0	0	0	0	0	0
Worker's Compensation	0	0	0	0	0	0	0	0
General Assistance (GA), or local program	0	0	0	0	0	0	0	0

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	0
b. How many households were served with STRMU rental assistance only ?	0
c. How many households were served with STRMU utilities assistance only ?	0
d. How many households received more than one type of STRMU assistance?	0
STRMU Households Total	0
STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
Total STRMU Expenditures	0
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
Longevity for Households Served by this Activity	0
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
Households Served by this Activity	
How many households were served with PHP assistance?	0
PHP Expenditures for Households Served by this Activity	
What were the HOPWA funds expended for PHP?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.

See definition of "Housing Information Services" on "Performance Report Cover" tab.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with housing information services?	0
<i>Housing Information Services Expenditures</i>	
What were the HOPWA funds expended for Housing Information Services?	0

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

Note that this table also collects HOPWA Supportive Service expenditures.

Questions	This Report	
	Number of Households	Expenditures
Households and Expenditures for Supportive Service Types		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in All Activities from this report for each Activity .	0	0	0	0	0	0	0	0
Housing Subsidy Assistance Household Count Deduplication								
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	0							
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							
Total Unduplicated Housing Subsidy Assistance Household Count	0							
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
Questions								
How many households had contact with a case manager?	This Report							
How many households developed a housing plan for maintaining or establishing stable housing?	0							
How many households accessed and maintained medical insurance and/or assistance?	0							
How many households had contact with a primary health care provider?	0							
How many households accessed or maintained qualification for sources of income?	0							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	0							
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions								
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	This Report							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							

Complete for all HOPWA Facility-based Capital Development Projects that received Capital Development funds in this reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this reporting year.

Capital Development means the use of HOPWA funds to construct, acquire, or rehabilitate a housing facility.

Note: Scattered site facilities may be reported as one facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the facility using HOPWA for capital development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation?	0	0	0	0	0
What type of development was funded (new construction, rehabilitation, acquisition)?					
For facilities being rehabilitated only, what is the final value of the building after rehabilitation is complete?	0	0	0	0	0
What type of housing (Permanent or Short-term/Transitional) was developed?					
For Capital Development facilities, what is the purchase or lease date of the property?					
For Capital Development facilities, what is the date the construction or rehabilitation started (if applicable)?					
Capital Development Expenditures					
How much was expended in this year on acquisition, for each facility?	0	0	0	0	0
How much was expended on rehabilitation, for each facility?	0	0	0	0	0
How much was expended on new construction, for each facility?	0	0	0	0	0
Was the development facility placed into service during this program year? Yes or No.					

<i>Complete for Capital Development Facilities Opened This Year ONLY. If the facility was not opened this year, skip this section.</i>					
How many total units were placed into service this year?	0	0	0	0	0
What date did the supportive services begin?					
What date was the construction or rehabilitation completed?					
What date did residents begin to occupy the facility?					
Is there a waiting list maintained for the facility? Yes or No.					
If there is a waiting list, how many households are on the waiting list?	0	0	0	0	0
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	0	0	0	0	0
How many units in this facility were developed with HOPWA funds?	0	0	0	0	0
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units	
For units constructed (new) and/or acquired with or without rehab:	0	0	0	0	0
For rental units rehabbed:	0	0	0	0	0
For homeownership units constructed (if approved):	0	0	0	0	0

Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

Grant ID	Grantee	Sponsor ID	Sponsor	File ID
FALG8522	Alabama	S93013A	S93013A_Medical Advocacy and Outreach	23025_1886

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	Medical Advocacy and Outreach
What is the organization's Unique Entity Identifier (UEI)?	81155926
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	63 0959627
What is the HOPWA contract amount for this organization?	\$53,075
What is the organization's business street address?	2900 Mcgehee Road
In what city is the organization's business address?	Montgomery
In what county is the organization's business address?	Montgomery
In what state is the organization's business address?	Alabama
What is the organization's business address zip code?	36111
What is the organization's parent company, if applicable?	N/A
What department administers the organization's grant?	
What is the organization's phone number (including extension)?	(334) 280-3349
What is the organization's fax number?	(334) 281-1970
What is the organization's website?	www.maoi.org
What is the organization's Facebook page?	Medical Advocacy and Outreach
What is the organization's Twitter handle?	Medical Advocacy and Outreach
Is this a faith-based organization? Yes or No.	NO
Is this a nonprofit organization? Yes or No.	YES
Is this a grassroots organization? Yes or No.	YES
What are the cities of the organization's primary service area?	Montgomery, Dothan, Clanton
What are the counties of the organization's primary service area?	Montgomery, Autuga, Barbour
In what congressional district is the organization located?	3
In what congressional district is the primary service area?	2,3
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	Yes

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	0
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Ashley Tarrant
What is the Primary Program contact title?	Chief Operations Officer
In what department does the Primary Program contact work?	
What is the Primary Program contact email?	atarrant@maoi.org
What is the Primary Program contact phone number (including extension)?	(334) 280-3349
What is the Primary Program contact fax number?	(334)281-1970
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	
What is the Secondary Program contact title?	
In what department does the Secondary Program contact work?	
What is the Secondary Program contact email?	
What is the Secondary Program contact phone number (including extension)?	
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Vanessa Sowell
What is the Services contact title?	Case Manager
In what department does the Services contact work?	Housing Social Services
What is the Services contact email?	Vsowell@Maoi.org
What is the Services contact phone number (including extension)?	(334)280-3349
What is the Services contact fax number?	(334) 281-1970

Complete the age, gender, race, and ethnicity information for all individuals served with all types of HOPWA assistance.

See totals in rows 27 and 28.

A. For each racial category, how many HOPWA-eligible individuals identified as such?	Male					Female					Gender Nonbinary				
	Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older	
	Male					Female					Gender Nonbinary				
Asian	0	0	0	0		0	0	0	0		0	0	0	0	
Asian & White	0	0	0	0		0	0	0	0		0	0	0	0	
Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
Black/African American & White	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native & Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native & White	0	0	0	0		0	0	0	0		0	0	0	0	
Native Hawaiian/Other Pacific Islander	0	0	0	0		0	0	0	0		0	0	0	0	
Other Multi-Racial	0	0	0	0		0	0	0	0		0	0	0	0	
White	0	0	0	0		0	0	0	0		0	0	0	0	
B. For each racial category, how many other household members (beneficiaries) identified as such?															
	Male					Female					Gender Nonbinary				
	Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older	
b. Asian	0	0	0	0		0	0	0	0		0	0	0	0	
b. Asian & White	0	0	0	0		0	0	0	0		0	0	0	0	
b. Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
b. Black/African American & White	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native & Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native & White	0	0	0	0		0	0	0	0		0	0	0	0	

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1	0	
Other FUNDING_2	0	
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	
Program Income	0	
What was the amount of program income collected from resident rent payments in the program year?	0	

What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	0	
Uses of Program Income	0		
What was the amount of total program income that was spent on housing assistance in the program year?	0	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?		0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords	0		
What was the amount of resident rent payment that residents paid directly to private landlords?		0	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	0
<i>TBRA Household Total (TBRA + Other)</i>	0
<i>Income Levels for Households Served by this Activity</i>	
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
Longevity for Households Served by this Activity	
	0
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	
	0
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0

Complete this section for all Households served with HOPWA Permanent Facility-Based Housing assistance by your organization in the reporting year.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA V.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information						
What is the name of the housing facility?						
Is the facility a medically assisted living facility? Yes or No.						
Was the housing facility placed into service during this program year?						
Yes or No.						
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0	0
Leasing -- Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Leasing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0	0
Operating -- Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Operating support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0	0
Other Housing Support -- Households and Expenditures Served by this Activity						
How many households received Other types of Permanent Facility-Based Housing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?	0	0	0	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						
PFBH Deduplication						

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by your organization in the reporting year.

Examples include Short-Term and Transitional Housing Types, Facility Based Housing with a tenure of fewer than 24 months, short-term treatment or health facilities, hotel-motel vouchers.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA Va

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the housing facility?					
Is the facility a medically assisted living facility? Yes or No.					
Was the housing facility placed into service during this program year? Yes or No.					
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0
Leasing – Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0
Operating – Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0
Hotel-Motel – Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity					

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	0
b. How many households were served with STRMU rental assistance only ?	0
c. How many households were served with STRMU utilities assistance only ?	0
d. How many households received more than one type of STRMU assistance?	0
STRMU Households Total	0
STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
Total STRMU Expenditures	0
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
Longevity for Households Served by this Activity	0
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
Households Served by this Activity	
How many households were served with PHP assistance?	0
PHP Expenditures for Households Served by this Activity	
What were the HOPWA funds expended for PHP?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.

See definition of "Housing Information Services" on "Performance Report Cover" tab.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with housing information services?	0
<i>Housing Information Services Expenditures</i>	
What were the HOPWA funds expended for Housing Information Services?	0

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

Note that this table also collects HOPWA Supportive Service expenditures.

Questions	This Report	
	Number of Households	Expenditures
Households and Expenditures for Supportive Service Types		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served In ALL Activities from this report for each Activity.	0	0	0	0	0	0	0	0
Housing Subsidy Assistance Household Count Deduplication								
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	0							
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							
Total Unduplicated Housing Subsidy Assistance Household Count	0							
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
Questions								
How many households had contact with a case manager?	This Report	0						
How many households developed a housing plan for maintaining or establishing stable housing?		0						
How many households accessed and maintained medical insurance and/or assistance?		0						
How many households had contact with a primary health care provider?		0						
How many households accessed or maintained qualification for sources of income?		0						
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?		0						
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions								
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	This Report	0						
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?		0						

Complete for all HOPWA Facility-based Capital Development Projects that received Capital Development funds in this reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this reporting year.

Capital Development means the use of HOPWA funds to construct, acquire, or rehabilitate a housing facility.

Note: Scattered site facilities may be reported as one facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the facility using HOPWA for capital development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation?	0	0	0	0	0
What type of development was funded (new construction, rehabilitation, acquisition)?					
For facilities being rehabilitated only , what is the final value of the building after rehabilitation is complete?	0	0	0	0	0
What type of housing (Permanent or Short-term/Transitional) was developed?					
For Capital Development facilities, what is the purchase or lease date of the property?					
For Capital Development facilities, what is the date the construction or rehabilitation started (if applicable)?					
Capital Development Expenditures					
How much was expended in this year on acquisition, for each facility?	0	0	0	0	0
How much was expended on rehabilitation, for each facility?	0	0	0	0	0
How much was expended on new construction, for each facility?	0	0	0	0	0
Was the development facility placed into service during this program year? Yes or No.					

<i>Complete for Capital Development Facilities Opened This Year ONLY. If the facility was not opened this year, skip this section.</i>					
How many total units were placed into service this year?	0	0	0	0	0
What date did the supportive services begin?					
What date was the construction or rehabilitation completed?					
What date did residents begin to occupy the facility?					
Is there a waiting list maintained for the facility? Yes or No.					
If there is a waiting list, how many households are on the waiting list?	0	0	0	0	0
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	0	0	0	0	0
How many units in this facility were developed with HOPWA funds?	0	0	0	0	0
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units	
For units constructed (new) and/or acquired <u>with or without</u> rehab:	0	0	0	0	0
For rental units rehabbed:	0	0	0	0	0
For homeownership units constructed (if approved):	0	0	0	0	0

Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

Grant ID	Grantee	Sponsor ID	Sponsor	File ID
FALG8522	Alabama	S93010A	S93010A_Five Horizons Health Services Inc	23025_1881

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	Five Horizons
What is the organization's Unique Entity Identifier (UEI)?	63 0995963
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	037623191
What is the HOPWA contract amount for this organization?	\$45,000
What is the organization's business street address?	2720 6th Street #100
In what city is the organization's business address?	Tuscaloosa
In what county is the organization's business address?	Tuscaloosa
In what state is the organization's business address?	Alabama
What is the organization's business address zip code?	35401
What is the organization's parent company, if applicable?	N/A
What department administers the organization's grant?	
What is the organization's phone number (including extension)?	(205)759-8470
What is the organization's fax number?	(205) 366-9001
What is the organization's website?	www.fivehorizons.org
What is the organization's Facebook page?	Five Horizons
What is the organization's Twitter handle?	Five Horizons
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	Yes
Is this a grassroots organization? Yes or No.	Yes
What are the cities of the organization's primary service area?	Tuscaloosa, Greenville, Reform
What are the counties of the organization's primary service area?	Tuscaloosa, Pickens, Hale
In what congressional district is the organization located?	6
In what congressional district is the primary service area?	4,6,7
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	Yes

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	0
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Billy Kirkpatrick
What is the Primary Program contact title?	Executive Director
In what department does the Primary Program contact work?	(205) 759-8470
What is the Primary Program contact email?	bkirkpatrick@fivehorizons.org
What is the Primary Program contact phone number (including extension)?	(205) 366-9001
What is the Primary Program contact fax number?	
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Barbara Lowery
What is the Secondary Program contact title?	Director of Social Services
In what department does the Secondary Program contact work?	Case Management Housing
What is the Secondary Program contact email?	blowery@fivehorizons.org
What is the Secondary Program contact phone number (including extension)?	
What is the Secondary Program contact fax number?	(205)366-9001
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Rodney Williams
What is the Services contact title?	Case Manager
In what department does the Services contact work?	Housing
What is the Services contact email?	rwilliams@fivehorizons.org
What is the Services contact phone number (including extension)?	(205) 759-8470 #107
What is the Services contact fax number?	(205) 366-9001

Complete the age, gender, race, and ethnicity information for all individuals served with all types of HOPWA assistance.

See totals in rows 27 and 28.

A. For each racial category, how many HOPWA-eligible individuals identified as such?	Male					Female					Gender Nonbinary				
	Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older	
Asian	0	0	0	0		0	0	0	0		0	0	0	0	
Asian & White	0	0	0	0		0	0	0	0		0	0	0	0	
Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
Black/African American & White	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native & Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native & White	0	0	0	0		0	0	0	0		0	0	0	0	
Native Hawaiian/Other Pacific Islander	0	0	0	0		0	0	0	0		0	0	0	0	
Other Multi-Racial	0	0	0	0		0	0	0	0		0	0	0	0	
White	0	0	0	0		0	0	0	0		0	0	0	0	
B. For each racial category, how many other household members (beneficiaries) identified as such?	Male														
	Male					Female					Gender Nonbinary				
	Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older	
b. Asian	0	0	0	0		0	0	0	0		0	0	0	0	
b. Asian & White	0	0	0	0		0	0	0	0		0	0	0	0	
b. Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
b. Black/African American & White	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native & Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native & White	0	0	0	0		0	0	0	0		0	0	0	0	

b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13): 0

Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25): 0

How many other household members (beneficiaries) are HIV+? 0

How many other household members (beneficiaries) are HIV negative or have an unknown HIV status? 0

Complete Prior Living Situations for HOPWA-eligible Individuals served by TBRA, P-FBH, ST-TFBH, or PHP

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year? 0

How many individuals newly receiving HOPWA assistance came from:

A place not meant for human habitation? 0

An emergency shelter? 0

A transitional housing facility for formerly homeless persons? 0

A permanent housing situation for formerly homeless persons? 0

A psychiatric hospital or other psychiatric facility? 0

A substance abuse facility? 0

A non-psychiatric hospital? 0

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1	0	
Other FUNDING_2	0	
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	
Program Income	0	
What was the amount of program income collected from resident rent payments in the program year?	0	

What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	0	
Uses of Program Income	0	0	
What was the amount of total program income that was spent on housing assistance in the program year?		0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?		0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords	0	0	
What was the amount of resident rent payment that residents paid directly to private landlords?		0	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	0
<i>TBRA Household Total (TBRA + Other)</i>	0
<i>Income Levels for Households Served by this Activity</i>	
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
Longevity for Households Served by this Activity	0
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0

Complete this section for all Households served with HOPWA Permanent Facility-Based Housing assistance by your organization in the reporting year.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA V.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information						
What is the name of the housing facility?						
Is the facility a medically assisted living facility? Yes or No.						
Was the housing facility placed into service during this program year? Yes or No.						
For housing facilities placed into service <i>during this program year</i> , how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0	0
Leasing -- Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing leasing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0	0
Operating -- Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Operating support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0	0
Other Housing Support -- Households and Expenditures Served by this Activity						
How many households received Other types of Permanent Facility-Based Housing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?	0	0	0	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						
PFBH Deduplication						

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by your organization in the reporting year.

Examples include Short-Term and Transitional Housing Types, Facility Based Housing with a tenure of fewer than 24 months, short-term treatment or health facilities, hotel-motel vouchers.

Question	Facility 1
Facility Information	
What is the name of the housing facility?	
Is the facility a medically assisted living facility? Yes or No.	
Was the housing facility placed into service during this program year? Yes or No.	
For housing facilities placed into service <i>during this program year</i> , how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0
Leasing -- Households and Expenditures Served by this Activity	
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0
Operating -- Households and Expenditures Served by this Activity	
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	0
Hotel-Motel -- Households and Expenditures Served by this Activity	
How many households received Hotel-Motel cost support for each	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0
Other Housing Support -- Households and Expenditures Served by this Activity	
How many households received Other types of Transitional/Short-Term Facility-Based Housing support for each facility?	0
What were the HOPWA funds expended for Other types of Transitional/Short-Term Facility-Based Housing for each facility?	0
For households served with Other Transitional/Short-Term Facility-Based Housing, what type of service were they provided? (150 characters)	
ST-TFBH Deduplication	
How many households received more than one type of ST-TFBH for each facility? (Leasing, Operating, Hotel-Motel, Other)	0
Total Deduplicated Household Count	0

<i>Income Levels for Households Served by this Activity</i>	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<i>Medical Insurance for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<i>Longevity for Households Served by this Activity</i>	0
How many households have been served by short-term/transitional facility-based housing for less than one year?	0
How many households have been served by short-term/transitional facility-based housing for more than one year, but less than five years?	0
How many households have been served by short-term/transitional facility-based housing for more than five years, but less than 10 years?	0
How many households have been served by short-term/transitional facility-based housing for more than 10 years, but less than 15 years?	0
How many households have been served by short-term/transitional facility-based housing for more than 15 years?	0

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by your organization in the reporting year.

Examples include Short-Term and Transitional Housing Types, Facility Based Housing with a tenure of fewer than 24 months, short-term treatment or health facilities, hotel-motel vouchers.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA Va

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the housing facility?					
Is the facility a medically assisted living facility? Yes or No.					
Was the housing facility placed into service during this program year? Yes or No.					
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0
Leasing – Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0
Operating – Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0
Hotel-Motel – Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity					

How many households received Other types of Transitional/Short-Term Facility-Based Housing support for each facility?	0	0	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Transitional/Short-Term Facility-Based Housing for each facility?	0	0	0	0	0	0	0	0
For households served with Other Transitional/Short-Term Facility-Based Housing, what type of service were they provided? (150 characters)								
ST-TFBH Deduplication								
How many households received more than one type of ST-TFBH for each facility? (Leasing, Operating, Hotel/Motel, Other)	0	0	0	0	0	0	0	0
Total Deduplicated Household Count	0	0	0	0	0	0	0	0
Income Levels for Households Served by this Activity	0	0	0	0	0	0	0	0
What is the number of households with income below 30% of Area Median Income?	0	0	0	0	0	0	0	0
What is the number of households with income between 31% and 50% of Area Median Income?	0	0	0	0	0	0	0	0
What is the number of households with income between 51% and 80% of Area Median Income?	0	0	0	0	0	0	0	0
Sources of Income for Households Served by this Activity								
How many households accessed or maintained access to the following sources of income in the past year?	0	0	0	0	0	0	0	0
Earned Income from Employment	0	0	0	0	0	0	0	0
Retirement	0	0	0	0	0	0	0	0
SSI	0	0	0	0	0	0	0	0
SSDI	0	0	0	0	0	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0	0	0	0	0	0	0	0
Private Disability Insurance	0	0	0	0	0	0	0	0
Veteran's Disability Payment (service or non-service connected)	0	0	0	0	0	0	0	0
Regular contributions or gifts from organizations or persons not residing in the residence	0	0	0	0	0	0	0	0
Worker's Compensation	0	0	0	0	0	0	0	0
General Assistance (GA) or local program	0	0	0	0	0	0	0	0

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	0
b. How many households were served with STRMU rental assistance only ?	0
c. How many households were served with STRMU utilities assistance only ?	0
d. How many households received more than one type of STRMU assistance?	0
STRMU Households Total	0
STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
Total STRMU Expenditures	0
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
Longevity for Households Served by this Activity	0
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
Households Served by this Activity	
How many households were served with PHP assistance?	0
PHP Expenditures for Households Served by this Activity	
What were the HOPWA funds expended for PHP?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.

See definition of "Housing Information Services" on "Performance Report Cover" tab.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with housing information services?	0
<i>Housing Information Services Expenditures</i>	
What were the HOPWA funds expended for Housing Information Services?	0

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

Note that this table also collects HOPWA Supportive Service expenditures.

Questions	This Report	
	Number of Households	Expenditures
Households and Expenditures for Supportive Service Types		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in ALL Activities from this report for each Activity .	0	0	0	0	0	0	0	0

Housing Subsidy Assistance Household Count Deduplication

Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)	0
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0
Total Unduplicated Housing Subsidy Assistance Household Count	0

Access to Care (ATC)

Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.

Questions	This Report
How many households had contact with a case manager?	0
How many households developed a housing plan for maintaining or establishing stable housing?	0
How many households accessed and maintained medical insurance and/or assistance?	0
How many households had contact with a primary health care provider?	0
How many households accessed or maintained qualification for sources of income?	0
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	0
Subsidy Assistance with Supportive Service, Funded Case Management	
Questions	This Report
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0

Complete for all HOPWA Facility-based Capital Development Projects that received Capital Development funds in this reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this reporting year.

Capital Development means the use of HOPWA funds to construct, acquire, or rehabilitate a housing facility.

Note: Scattered site facilities may be reported as one facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the facility using HOPWA for capital development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation?	0	0	0	0	0
What type of development was funded (new construction, rehabilitation, acquisition)?					
For facilities being rehabilitated only , what is the final value of the building after rehabilitation is complete?	0	0	0	0	0
What type of housing (Permanent or Short-term/Transitional) was developed?					
For Capital Development facilities, what is the purchase or lease date of the property?					
For Capital Development facilities, what is the date the construction or rehabilitation started (if applicable)?					
Capital Development Expenditures					
How much was expended in this year on acquisition, for each facility?	0	0	0	0	0
How much was expended on rehabilitation, for each facility?	0	0	0	0	0
How much was expended on new construction, for each facility?	0	0	0	0	0
Was the development facility placed into service during this program year? Yes or No.					

Complete for Capital Development Facilities Opened This Year ONLY. If the facility was not opened this year, skip this section.						
How many total units were placed into service this year?	0	0	0	0	0	0
What date did the supportive services begin?						
What date was the construction or rehabilitation completed?						
What date did residents begin to occupy the facility?						
Is there a waiting list maintained for the facility? Yes or No.						
If there is a waiting list, how many households are on the waiting list?	0	0	0	0	0	0
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	0	0	0	0	0	0
How many units in this facility were developed with HOPWA funds?	0	0	0	0	0	0
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units		
For units constructed (new) and/or acquired with or without rehab:	0	0	0	0		0
For rental units rehabbed:	0	0	0	0		0
For homeownership units constructed (if approved):	0	0	0	0		0

Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

Grant ID Grantee Sponsor ID Sponsor
FALG8522 Alabama S9309A S9309A_AIDS Alabama South (formerly South Alabama Cares)

File ID
23025_1880

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	AIDS Alabama South
What is the organization's Unique Entity Identifier (UEI)?	785542564
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	58 1989250
What is the HOPWA contract amount for this organization?	\$90,000
What is the organization's business street address?	4321 Downtown Loop North
In what city is the organization's business address?	Mobile
In what county is the organization's business address?	Mobile
In what state is the organization's business address?	Alabama
What is the organization's business address zip code?	36609
What is the organization's parent company, if applicable?	AIDS Alabama
What department administers the organization's grant?	Financial Department
What is the organization's phone number (including extension)?	(251) 471-5277
What is the organization's fax number?	(251) 471-5294
What is the organization's website?	www.aidsalabamasouth.org
What is the organization's Facebook page?	AIDS Alabama South
What is the organization's Twitter handle?	AIDS Alabama South
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	Yes
Is this a grassroots organization? Yes or No.	Yes
What are the cities of the organization's primary service area?	Mobile, Loxley, Marion
What are the counties of the organization's primary service area?	Mobile, Baldwin, Perry
In what congressional district is the organization located?	1
In what congressional district is the primary service area?	1
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	Yes

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	0
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Candace Taylor
What is the Primary Program contact title?	Executive Director
In what department does the Primary Program contact work?	Social Services
What is the Primary Program contact email?	candace.taylor@aidsalabama.org
What is the Primary Program contact phone number (including extension)?	(251) 471-5277
What is the Primary Program contact fax number?	(251) 471-5294
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Johnita Tucker
What is the Secondary Program contact title?	Director Programs
In what department does the Secondary Program contact work?	(251) 287-3052
What is the Secondary Program contact email?	johnita.tucker@aidsalabama.org
What is the Secondary Program contact phone number (including extension)?	6121
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	
What is the Services contact title?	
In what department does the Services contact work?	
What is the Services contact email?	
What is the Services contact phone number (including extension)?	
What is the Services contact fax number?	

Complete the age, gender, race, and ethnicity information for all individuals served with all types of HOPWA assistance.

See totals in rows 27 and 28.

A. For each racial category, how many HOPWA-eligible individuals identified as such?	Male					Female					Gender Nonbinary				
	Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older	
Asian	0	0	0	0		0	0	0	0		0	0	0	0	
Asian & White	0	0	0	0		0	0	0	0		0	0	0	0	
Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
Black/African American & White	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native & Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
American	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native & White	0	0	0	0		0	0	0	0		0	0	0	0	
Native Hawaiian/Other Pacific Islander	0	0	0	0		0	0	0	0		0	0	0	0	
Other Multi-Racial	0	0	0	0		0	0	0	0		0	0	0	0	
White	0	0	0	0		0	0	0	0		0	0	0	0	
B. For each racial category, how many other household members (beneficiaries) identified as such?	Male														
	Male					Female					Gender Nonbinary				
	Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older	
b. Asian	0	0	0	0		0	0	0	0		0	0	0	0	
b. Asian & White	0	0	0	0		0	0	0	0		0	0	0	0	
b. Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
b. Black/African American & White	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native & Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native & White	0	0	0	0		0	0	0	0		0	0	0	0	

b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13): 0

Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25): 0

How many other household members (beneficiaries) are HIV+? 0

How many other household members (beneficiaries) are HIV negative or have an unknown HIV status? 0

Complete Prior Living Situations for HOPWA-eligible Individuals served by TBRA, P-FBH, ST-FBH, or PHP

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year? 0

How many individuals newly receiving HOPWA assistance came from:

A place not meant for human habitation?	0
An emergency shelter?	0
A transitional housing facility for formerly homeless persons?	0
A permanent housing situation for formerly homeless persons?	0
A psychiatric hospital or other psychiatric facility?	0
A substance abuse facility?	0
A non-psychiatric hospital?	0

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1	0	
Other FUNDING_2	0	
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	
Program Income	0	
What was the amount of program income collected from resident rent payments in the program year?	0	

What was the amount of program income collected from other sources (non-resident payments) in the program year?		0	
Uses of Program Income		0	
What was the amount of total program income that was spent on housing assistance in the program year?		0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?		0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords		0	
What was the amount of resident rent payment that residents paid directly to private landlords?		0	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	0
<i>TBRA Household Total (TBRA + Other)</i>	0
<i>Income Levels for Households Served by this Activity</i>	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
Longevity for Households Served by this Activity	0
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0

Complete this section for all Households served with HOPWA Permanent Facility-Based Housing assistance by your organization in the reporting year.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA VI

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information						
What is the name of the housing facility?						
Is the facility a medically assisted living facility? Yes or No.						
Was the housing facility placed into service during this program year?						
Yes or No.						
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0	0
Leasing – Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Leasing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0	0
Operating – Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Operating support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity						
How many households received Other types of Permanent Facility-Based Housing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?	0	0	0	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						
PFBH Deduplication						

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by your organization in the reporting year.

Examples include Short-Term and Transitional Housing Types, Facility Based Housing with a tenure of fewer than 24 months, short-term treatment or health facilities, hotel-motel vouchers.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA Va

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the housing facility?					
Is the facility a medically assisted living facility? Yes or No.					
Was the housing facility placed into service during this program year? Yes or No.					
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0
Leasing -- Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0
Operating -- Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0
Hotel-Motel -- Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	0	0	0	0
Other Housing Support -- Households and Expenditures Served by this Activity					

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	0
b. How many households were served with STRMU rental assistance only ?	0
c. How many households were served with STRMU utilities assistance only ?	0
d. How many households received more than one type of STRMU assistance?	0
STRMU Households Total	0
STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
Total STRMU Expenditures	0
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
Longevity for Households Served by this Activity	0
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
Households Served by this Activity	
How many households were served with PHP assistance?	0
PHP Expenditures for Households Served by this Activity	
What were the HOPWA funds expended for PHP?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.

See definition of "Housing Information Services" on "Performance Report Cover" tab.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with housing information services?	0
<i>Housing Information Services Expenditures</i>	
What were the HOPWA funds expended for Housing Information Services?	0

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

Note that this table also collects HOPWA Supportive Service expenditures.

Questions	This Report	
	Number of Households	Expenditures
Households and Expenditures for Supportive Service Types		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in All Activities from this report for each Activity.	0	0	0	0	0	0	0	0
Housing Subsidy Assistance Household Count Deduplication								
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>								
0								
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							
Total Unduplicated Housing Subsidy Assistance Household Count	0							
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
Questions								
How many households had contact with a case manager?	0							
How many households developed a housing plan for maintaining or establishing stable housing?	0							
How many households accessed and maintained medical insurance and/or assistance?	0							
How many households had contact with a primary health care provider?	0							
How many households accessed or maintained qualification for sources of income?	0							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	0							
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions								
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							

Complete for all HOPWA Facility-based Capital Development Projects that received Capital Development funds in this reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this reporting year.

Capital Development means the use of HOPWA funds to construct, acquire, or rehabilitate a housing facility.

Note: Scattered site facilities may be reported as one facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the facility using HOPWA for capital development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation?	0	0	0	0	0
What type of development was funded (new construction, rehabilitation, acquisition)?					
For facilities being rehabilitated only, what is the final value of the building after rehabilitation is complete?	0	0	0	0	0
What type of housing (Permanent or Short-term/Transitional) was developed?					
For Capital Development facilities, what is the purchase or lease date of the property?					
For Capital Development facilities, what is the date the construction or rehabilitation started (if applicable)?					
Capital Development Expenditures					
How much was expended in this year on acquisition, for each facility?	0	0	0	0	0
How much was expended on rehabilitation, for each facility?	0	0	0	0	0
How much was expended on new construction, for each facility?	0	0	0	0	0
Was the development facility placed into service during this program year? Yes or No.					

<i>Complete for Capital Development Facilities Opened This Year ONLY. If the facility was not opened this year, skip this section.</i>					
How many total units were placed into service this year?	0	0	0	0	0
What date did the supportive services begin?					
What date was the construction or rehabilitation completed?					
What date did residents begin to occupy the facility?					
Is there a waiting list maintained for the facility? Yes or No.					
If there is a waiting list, how many households are on the waiting list?	0	0	0	0	0
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	0	0	0	0	0
How many units in this facility were developed with HOPWA funds?	0	0	0	0	0
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units	
For units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab:	0	0	0	0	0
For rental units rehabbed:	0	0	0	0	0
For homeownership units constructed (if approved):	0	0	0	0	0

Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

Grant ID	Grantee	Sponsor ID	Sponsor	File ID
FALG8522	Alabama	S93014A	S93014A_Selma AIDS Information and Referral (AIR)	23025_1888

Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.

Project Sponsor Questions	Responses
What is the organization's name?	Selma Air Information and Referral
What is the organization's Unique Entity Identifier (UEI)?	63 1133272
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	959884743
What is the HOPWA contract amount for this organization?	\$50,000
What is the organization's business street address?	1432 Broad Street
In what city is the organization's business address?	Selma
In what county is the organization's business address?	Dallas
In what state is the organization's business address?	Alabama
What is the organization's business address zip code?	36701
What is the organization's parent company, if applicable?	N/A
What department administers the organization's grant?	
What is the organization's phone number (including extension)?	(334) 872-6795
What is the organization's fax number?	(334) 872-3632
What is the organization's website?	Selmair.org
What is the organization's Facebook page?	Selma Air Information and Referral
What is the organization's Twitter handle?	Selma Air Information and Referral
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	YES
Is this a grassroots organization? Yes or No.	YES
What are the cities of the organization's primary service area?	Selma
What are the counties of the organization's primary service area?	Dallas
In what congressional district is the organization located?	7
In what congressional district is the primary service area?	7
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	Yes

Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	0
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

Contact Information for your Organization

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Larry Cowan
What is the Primary Program contact title?	Managing Director
In what department does the Primary Program contact work?	Social Services
What is the Primary Program contact email?	cowanlarryj@gmail.com
What is the Primary Program contact phone number (including extension)?	n/a
What is the Primary Program contact fax number?	(334) 872-3632
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	
What is the Secondary Program contact title?	
In what department does the Secondary Program contact work?	
What is the Secondary Program contact email?	
What is the Secondary Program contact phone number (including extension)?	
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Lawanda Richardson
What is the Services contact title?	Case Manager
In what department does the Services contact work?	Social Services
What is the Services contact email?	lrichardson@blackbeltwc.com
What is the Services contact phone number (including extension)?	(334) 872-6795
What is the Services contact fax number?	(334) 872-3632

Complete the age, gender, race, and ethnicity information for all individuals served with all types of HOPWA assistance.

See totals in rows 27 and 28.

A. For each racial category, how many HOPWA-eligible individuals identified as such?	Male					Female					Gender Nonbinary				
	Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older	
Asian	0	0	0	0		0	0	0	0		0	0	0	0	
Asian & White	0	0	0	0		0	0	0	0		0	0	0	0	
Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
Black/African American & White	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native & Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
American Indian/Alaskan Native & White	0	0	0	0		0	0	0	0		0	0	0	0	
Native Hawaiian/Other Pacific Islander	0	0	0	0		0	0	0	0		0	0	0	0	
Other Multi-Racial	0	0	0	0		0	0	0	0		0	0	0	0	
White	0	0	0	0		0	0	0	0		0	0	0	0	
B. For each racial category, how many other household members (beneficiaries) identified as such?	Male														
	Male					Female					Gender Nonbinary				
	Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older		Younger Than 18	18-30	31-50	51 or Older	
b. Asian	0	0	0	0		0	0	0	0		0	0	0	0	
b. Asian & White	0	0	0	0		0	0	0	0		0	0	0	0	
b. Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
b. Black/African American & White	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native & Black/African American	0	0	0	0		0	0	0	0		0	0	0	0	
b. American Indian/Alaskan Native & White	0	0	0	0		0	0	0	0		0	0	0	0	

b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
b. White	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13): 0

Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25): 0

How many other household members (beneficiaries) are HIV+? 0

How many other household members (beneficiaries) are HIV negative or have an unknown HIV status? 0

Complete Prior Living Situations for HOPWA-eligible Individuals served by TBRA, P-FBH, ST-TFBH, or PHP

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year? 0

How many individuals newly receiving HOPWA assistance came from:

A place not meant for human habitation? 0

An emergency shelter? 0

A transitional housing facility for formerly homeless persons? 0

A permanent housing situation for formerly homeless persons? 0

A psychiatric hospital or other psychiatric facility? 0

A substance abuse facility? 0

A non-psychiatric hospital? 0

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG		
HOME		
Ryan White		
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1		
Other FUNDING_2	0	
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	
Program Income	0	
What was the amount of program income collected from resident rent payments in the program year?	0	

What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
Uses of Program Income	0	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords	0	
What was the amount of resident rent payment that residents paid directly to private landlords?	0	

Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	0
<i>TBRA Household Total (TBRA + Other)</i>	0
<i>Income Levels for Households Served by this Activity</i>	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<i>Sources of Income for Households Served by this Activity</i>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0

Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
Longevity for Households Served by this Activity	
	0
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
Housing Outcomes for Households Served by this Activity	
	0
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0

Complete this section for all Households served with HOPWA Permanent Facility-Based Housing assistance by your organization in the reporting year.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA V.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information						
What is the name of the housing facility?						
Is the facility a medically assisted living facility? Yes or No.						
Was the housing facility placed into service during this program year? Yes or No.						
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0	0
Leasing -- Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Leasing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0	0
Operating -- Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing Operating support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0	0
Other Housing Support -- Households and Expenditures Served by this Activity						
How many households received Other types of Permanent Facility-Based Housing support for each facility?	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?	0	0	0	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						
PFH Deduplication						

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by your organization in the reporting year. Examples include Short-Term and Transitional Housing Types, Facility Based Housing with a tenure of fewer than 24 months, short-term treatment or health facilities, hotel-motel vouchers.

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA VC

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the housing facility?					
Is the facility a medically assisted living facility? Yes or No.					
Was the housing facility placed into service during this program year? Yes or No.					
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0	0	0
Leasing -- Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0	0	0	0	0
Operating -- Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	0	0	0	0	0
Hotel-Motel -- Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	0	0	0	0
Other Housing Support -- Households and Expenditures Served by this Activity					
How many households received Other Housing Support for each facility?	0	0	0	0	0
What were the HOPWA funds expended for Other Housing Support Costs for each facility?	0	0	0	0	0

Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.

Question	This Report
Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	0
b. How many households were served with STRMU rental assistance only ?	0
c. How many households were served with STRMU utilities assistance only ?	0
d. How many households received more than one type of STRMU assistance?	0
STRMU Households Total	0
STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
Total STRMU Expenditures	0
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
Longevity for Households Served by this Activity	
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
Housing Outcomes for Households Served by this Activity	
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0

Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.

Question	This Report
Households Served by this Activity	
How many households were served with PHP assistance?	0
PHP Expenditures for Households Served by this Activity	
What were the HOPWA funds expended for PHP?	0
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.

See definition of "Housing Information Services" on "Performance Report Cover" tab.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with housing information services?	0
<i>Housing Information Services Expenditures</i>	
What were the HOPWA funds expended for Housing Information Services?	0

Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.

*Note that this table also collects **HOPWA Supportive Service expenditures.***

Questions	This Report	
	Number of Households	Expenditures
Households and Expenditures for Supportive Service Types		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

Activity Review		TBRA	P-FBH	ST-TFBH	STRMU	PPP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in All Activities from this report for each Activity.									
Housing Subsidy Assistance Household Count Deduplication		0	0	0	0	0	0	0	0
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PPP, Other Competitive Activity counts above)</i>									
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PPP, Other Competitive Activity?		0							
Total Unduplicated Housing Subsidy Assistance Household Count		0							
Access to Care (ATC)									
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.									
Questions									
How many households had contact with a case manager?		This Report							
How many households developed a housing plan for maintaining or establishing stable housing?		0							
How many households accessed and maintained medical insurance and/or assistance?		0							
How many households had contact with a primary health care provider?		0							
How many households accessed or maintained qualification for sources of income?		0							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?		0							
Subsidy Assistance with Supportive Service, Funded Case Management									
Questions									
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?		This Report							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?		0							

Complete for all HOPWA Facility-based Capital Development Projects that received Capital Development funds in this reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this reporting year.

Note: Scattered site facilities may be reported as one facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information					
What is the name of the facility using HOPWA for capital development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation?	0	0	0	0	0
What type of development was funded (new construction, rehabilitation, acquisition)?					
For facilities being rehabilitated only , what is the final value of the building after rehabilitation is complete?	0	0	0	0	0
What type of housing (Permanent or Short-term/Transitional) was developed?					
For Capital Development facilities, what is the purchase or lease date of the property?					
For Capital Development facilities, what is the date the construction or rehabilitation started (if applicable)?					
Capital Development Expenditures					
How much was expended in this year on acquisition, for each facility?	0	0	0	0	0
How much was expended on rehabilitation, for each facility?	0	0	0	0	0
How much was expended on new construction, for each facility?	0	0	0	0	0
Was the development facility placed into service during this program year? Yes or No.					

Capital Development means the use of HOPWA funds to construct, acquire, or rehabilitate a housing facility.

Complete for Capital Development Facilities Opened This Year ONLY. If the facility was not opened this year, skip this section.

How many total units were placed into service this year?						
What date did the supportive services begin?						
What date was the construction or rehabilitation completed?						
What date did residents begin to occupy the facility?						
Is there a waiting list maintained for the facility? Yes or No.						
If there is a waiting list, how many households are on the waiting list?						
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	0	0	0	0	0	0
How many units in this facility were developed with HOPWA funds?	0	0	0	0	0	0
For all Facilities						
For units constructed (new) and/or acquired without rehab:		Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units	
For rental units rehabbed:	0	0	0	0	0	0
For homeownership units constructed (if approved):	0	0	0	0	0	0

Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0