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 modical 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.

Housing Stability: The degree to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year.

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 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 hills of sales, advertised prices, appraisals, or other information for comparable property similarly situated. Leveraged Funds: The amount of funds expended during the operating year from non-HOPWA federal, state, local, and private sources by grantees or sponsors in dedicating assistance to this client population. Leveraged funds or other assistance are used directly in or in support of HOPWA program delivery.

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

Master Leasing: Applies to a nonprofit or public agency that leases units of housing (scattered-sites or entire buildings) from a landlord and subleases the units to homeless or low-income tenants. By assuming the tenancy burden, the agency facilitates housing of clients who may not be able to maintain a lease on their own due to 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 Nonbinary: A gender other than singularly female or male.

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.

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 Output: The number of units of housing or households that receive HOPWA assistance during the operating Permanent Housing Placement: A supportive housing service that helps establish the household in the housing unit, including but not limited to reasonable costs for security deposits not to exceed two months of rent costs.

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income at 2 CFR 200.307.

Project-Based Rental Assistance (PBRA): A rental subsidy program that is tied to specific facilities or units owned or controlled by a project sponsor. Assistance is tied directly to the properties and is not portable or Project Sponsor Organizations: Per HOPWA regulations at 24 CFR 574.3, any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to provide eligible housing and other support services or administrative services as defined in 24 CFR 574.300. Project Sponsor organizations are required to provide performance data on households served and funds expended.

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

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

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

Jnits.

operate the building or structure for HOPWA-eligible beneficiaries for a ten (10) years period. Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation of a building or structure are required to

workbook, the grantee must complete an Annual Report of Continued Project Operation throughout the required use periods found on the If no further HOPWA funds are used to support the facility, in place of completing the "CAP DEV" tab in the Sponsor Performance Report "STEWARD" 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

- 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.

system relative to the Grantee's Accomplishment Year on which it will be reporting. 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 I

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

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

- 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 informa

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
For Competitive Grantees Only	
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)?	
For All HOPWA Grantees	
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?	NO
Yes or No.	
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.	
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?	
What is the congressional district of the Grantee's primary service area?	6,7

Yes
Yes
Yes
Yes

Contact Information for your Organization	
Question	Responses
Contact Information for Authorizing Official	
e;	Kathie Hiers
	CEO
icial contact work?	Operations
	kathie.hiers@aidsalabama.org_
number (including extension)?	
Authorizing Official contact fax number?	(205)324-9981
Contact Information for Reporting (APR/CAPER) Contact	
	Lakreash Dixon
	Director of Grants Management
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
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
number (including extension)?	(205) 788-8009
	(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	(205) 780-6058
extension)?	
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. Chara-	Character Count
Provide a maximum of 4,000 characters narrative summarizing major achievements and highlights	Highlights and achievements during this reporting year includes services AIDS Alabama	0
7	provided to persons throughout the state of Alabama. AIDS Alabama uses HOPWA funding	
organization, area of service, the name(s) of the program contact(s), and an overview of the	for rental assistance, supportive services (including case management and transportation),	
range/type of housing activities provided. This overview may be used for public information,	and continued operation of existing housing across the State. Collaboration between the	
	AIDS Service Organization Network of Alabama (ASONA) members allow services to reach	
Assess your program's success in enabling HOPWA beneficiaries to establish and/or better maintain	Goals listed are for the April 1, 2022 -March 31, 2023 grant cycle. Goal 1: Support a	3990
a stable living environment in housing that is safe, decent, and sanitary, and improve access to care. statewide rental assistance program through qualified AIDS Service Organizations. Objective	statewide rental assistance program through qualified AIDS Service Organizations. Objective	
Compare current year results to baseline results for clients. Describe how program	1 -Provide 50 households with emergency Short-Term Rent/Mortgage and Utility (STRMU)	
expected targets,	assistance. Outcome 1- AIDS Alabama provided 62 households with short-term rental,	
please describe how your program plans to address challenges in program implementation and the	mortgage and utility assistance during this reporting period. AIDS Alabama surpassed 100%	
steps currently being taken to achieve goals in next operating year. If your program exceeded	percent of this goal, which allowed consumers to remain stably housed without further	
program targets, please describe strategies the program utilized and how those contributed to	assistance. Obejective 2- Provide 100 households with long-term, Tenant-Based Rental	
program successes	Assistance Outcome 2-AIDS Alahama provided 68 households with TRRA assistance, which	
Describe significant accomplishments or challenges in achieving the number of housing units	This reporting year accomplishments consisted of 226 unduplicated qualified households	2623
supported and the number households assisted with HOPWA funds during this operating year	receiving assistance for housing security and long-term stability with the usage of HOPWA	
compared to plans for this assistance, as approved in the Consolidated Plan/Action Plan. Describe	funds. Transportation accomplishments conssisted of 20,062 transportations trips for 284	
how HOPWA funds were distributed during your operating year among different categories of	unduplicated consumers. Suppportive services accomplishments consisted of 226 HOPWA	
housing and geographic areas to address needs throughout the grant service area, consistent with	eigible consumers receiving case management services to aid in housing security, medical,	
approved plans.	mental health wellness and food security. Housing Information Services consisted of linking	
Report on program coordination with other mainstream housing and supportive services resources,	City of Birmingham Community Development consist of:	325/
including the use of committed leveraging from other public and private sources that helped to	Birmingham AIDS Outreach;	
address needs for eligible persons identified in the Consolidated Plan/Strategic Plan.	West Alabama AIDS Outreach;	
Describe any program technical assistance needs and how they would benefit program	As AIDS Alabama continues the management of the ADECA's HOPWA program, the	1797
beneficiaries.	technical assistance needs relate primarily to developing additional funding streams,	
Describe any barriers (including regulatory and non-regulatory) encountered in the administration	AIDS Alabama continues to struggle with high demands for housing and supportive services	1095
or implementation of the HOPWA program, how they affected your program's ability to achieve the	coupled. The lack of decent, safe, and affordable housing is also an ongoing problem for	
objectives and outcomes discussed, and, actions taken in response to barriers, and	individuals living with HIV in the State of Alabama. Typically, units affordable to a very-low	
recommendations for program improvement. Provide an explanation for each barrier selected.	income household are not in a desired neighborhood and may not be considered decent or	
Describe any trends in the community that may affect the way in which the needs of persons living	safe. Secondly, the state has an estimated shortage of more than 75,000 affordable housing	
with HIV/AIDS are being addressed, and provide any other information important to the future	units. Furthermore, according to the Low Income Housing Coalition of Alabama, extremely	
provision of services to this population. Identify any evaluations, studies, or other assessments of	low-income renters must also compete with higher-income households for the limited	

Complete the Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units, as defined in the	ity-Based Ste	ewardship L	Jnits, as defi	ned in the		There are sixt	There are sixty columns for fac
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
What is the amount of non-HOPWA funds expended on the stewardship facilities?		0	0	0	0	0	0
What is the name of the authorized official 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	STULKA42ZA45
Identifier (UEI)?	
What is the organization's Employer ID Number	58 1727755
(EIN) or Tax ID Number (TIN)?	
What is the HOPWA contract amount for this	0
organization?	
What is the organization's business street	3529 7th Ave South
address?	
In what city is the organization's business	Birmingham
address?	
In what county is the organization's business	Jefferson
address?	× 1
In what state is the organization's business	Alabama
address?	
What is the organization's business address zip	35222
code?	Y 2
What is the organization's parent company, if	-
applicable?	2
What department administers the organization's	Finanacial Department
grant?	
What is the organization's phone number	(205)324-9822
(including extension)?	
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.	vas
	yes
Is this a grassroots organization? Yes or No.	Pirmingham Hoover Jasper Opeonta
What are the cities of the organization's primary	Birmingham, Hoover, Jasper, Oneonta, Leeds
service area?	Jefferson, Shelby, St.Clair, Blount, Walker
What are the counties of the organization's	Jenerson, Shelby, St.Clair, Blount, Walker
primary service area?	7
In what congressional district is the organization	/
located?	C 7
In what congressional district is the primary	6. 7
service area?	lu-
Is there a waiting list for HOPWA housing subsidy	Yes
assistance services in the organization's service	
area? Yes or No.	

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

Contact Information for your Organization

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

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

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.

see totals in rows 27 una 20.												
A. For each racial category, how many HOPWA-eligible Individuals identified as such?		Male	Е			Fer	Female			Gender Nonbinary	onbinary	
	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		
Asian & White	0	0	0	0	0	0	0			0 0		
Black/African American	0	15	37	62	0	5	34					
Black/African American & White	0	1	0	0	0	0	0) 0) c	0 0	0 0
American Indian/Alaskan Native	0	0	0	0	0	0	0		0 0	0 0	0 0	0 0
American Indian/Alaskan Native & Black/African	0	0	0	0	0	0	0	0	C	c	c	c
American												
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 0
Other Multi-Racial	0	0	0	0	0	0	0		0 0		0 0	
White	0	0	9	5	0	1	,			0	0	c
B. For each racial category, how many other household members (beneficiaries) identified as such?		Male	ē			Fe	Female			Gender Nonbinary	onbinary	
	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	
b. Asian & White	0	0	0	0							5 0	
b. Black/African American	25	4	5	6			0			o C		
b. Black/African American & White	∞	1	0	0	1		1) (5 0	
b. American Indian/Alaskan Native	0	0	0	0			0				0 0	0 0
b. American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0						
b. American Indian/Alaskan Native & White	0	0	0	0	0	0	0					

					_	1	-	c	C	F	b. White
	0	0	1	<u> </u>	0	4	-		0	4	
c	c	c	C	С	0	0	0	0	0	0	b. Other Multi-Racial
0	>	5		,	0 2		,		<	c	b. Native Hawaiian/Other Pacific Islatines
	C	_	C	0	0	0	0	<u> </u>	2	2	· · · · · · · · · · · · · · · · · · ·

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	4
(beneficiaries) are HIV+?	
How many other household members	104
(beneficiaries) are HIV negative or have an	
unknown HIV status?	
Complete Prior Living Situations for HOPWA-)PWA-

Complete Prior Living Situations for HOPWA-	PWA-
eligible Individuals served by TBRA, P-FBH, ST-	BH, ST-
TFBH, or PHP	
How many HOPWA-eligible individuals	131
continued receiving HOPWA assistance from the	
previous year?	
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	Н
homeless persons?	
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

0	Also were veterans?
	chronic homelessness?
0	Also meet the definition of experiencing
	•
100000000000000000000000000000000000000	transitional housing]:
	for human habitation, emergency shelter,
7	prior living situation of homelessness [place not
	assistance during this program year reported a
	How many individuals newly receiving HOPWA
	their prior living situation?
	assistance didn't report or refused to report
0	How many individuals newly receiving HOPWA
	Any other prior living situation?
0	A hotel or motel paid for by the individual?
ω	Staying at someone else's house?
0	A house the individual owned?
16	A rented room, apartment or house?
٢	Jall, prison, or a Juvenile determinant facility:
۷.	· · · · · · · · · · · · · · · · · · ·
0	A foster care home?

	0	0	0	0	0	0	0	0	0	0		
							,				c	
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	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
		c	C		0	0	0	0	0	0	0	0
Total Hispanic or Latinx	51 or Older	31-50	18-30	Younger Than 18	51 or Older	31-50	18-30	Younger Than 18	51 or Older	31-50	18-30	Younger Than 18
Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?		Disclosed	Gender not Disclosed			der Male	Transgender Male			Transgender Female	Transgeno	
	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
U	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0
	C		C	C	0	0	0	0	0	0	0	0
	0 0	0 0		0 0	C	C	0	0	0	0	0	0
	0 0		0 0		0	0	0	0	0	0	0	0
				0	0	0	0	0	1	5	2	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 Hispanic or Latinx	51 or Older	31-50	18-30	Younger Than 18	51 or Older	31-50	18-30	Younger Than 18	51 or Older	31-50	18-30	Younger Than 18
Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?		Disclosed	Gender not Disclosed			er Male	Transgender Male		1	er Female	Transgender Female	

0	0	0 0	0	0	0	0	0	0	0	0	
0 0	C	1	0	0		0	0	0	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	Funding for this Report	Was this a Housing Subsidy Assistance?
of these sources?		Yes or No.
ESG		
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		
In-kind resources	c	
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		
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		
Other FUNDING_15		
Program Income	101946.37	
What was the amount of program income collected from resident rent	\$6,559.00	
payments in the program year?		
What was the amount of program income collected from other sources (non-		
Uses of Program Income	6559	
What was the amount of total program income that was spent on housing	\$6,559.00	
what was the amount of total program income that was spent on supportive	0	
services or other non-housing costs in the program year?		
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients	6559	
What was the amount of resident rent payment that residents paid directly to	\$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
TBRA Households Served and Expenditures	
How many households were served with HOPWA TBRA	68
assistance?	
What were the total HOPWA funds expended for TBRA	\$221,014.59
rental assistance?	
Other (Non-TBRA) Rental Assistance	
Households Served and Expenditures (Other Non-TBRA	
Rental Assistance activities must be approved in the	
grant agreement).	
How many total households were served with Other (non-	0
TBRA) Rental Assistance?	(m +)
What were the total HOPWA funds expended for Other	0
(non-TBRA) Rental Assistance, as approved in the grant	
agreement?	
Describe the Other (non-TBRA) Rental Assistance provided.	0
(150 characters).	
TBRA Household Total (TBRA + Other)	68
Income Levels for Households Served by this Activity	68
What is the number of households with income below 30%	63
of Area Median Income?	
What is the number of households with income between	5
31% and 50% of Area Median Income?	
What is the number of households with income between	0
51% and 80% of Area Median Income?	
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?	66
Earned Income from Employment	17
Retirement	1
SSI	43
SSDI	3
Other Welfare Assistance (Supplemental Nutrition	0
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
connected payment)	
Regular contributions or gifts from organizations or	C
persons not residing in the residence	
Worker's Compensation	C
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	10.75 p. 10.15 p. 10	
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	0	
Ryan White-funded Medical or Dental Assistance	1	
Health Outcomes for Households Served by this Activity		
How many HOPWA-eligible individuals served with TBRA	68	
this year have <i>ever</i> been prescribed Anti-Retroviral		
Therapy?	54	
How many HOPWA-eligible persons served with TBRA have	68	
shown an improved viral load or achieved viral		
suppression?	_	
Longevity for Households Served by this Activity	68	
How many households have been served with TBRA for	12	
less than one year?		
How many households have been served with TBRA for	24	
more than one year, but less than five years?		
more than one year, wat toos than the years		
How many households have been served with TBRA for	20	
more than five years, but less than 10 years?		
How many households have been served with TBRA for	2	
more than 10 years, but less than 15 years?		
How many households have been served with TBRA for	10	
more than 15 years?		
Housing Outcomes for Households Served by this Activity		
	68	
How many households continued receiving HOPWA TBRA	56	
assistance into the next year?		
How many households exited to other HOPWA housing	0	
programs?		
How many households exited to other housing subsidy	1	
programs?	[
DI OSTUTIO I		
	0	
How many households exited to an emergency shelter?	U	

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

organization in the reporting year.						
Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information					THE PERSON NAMED IN	2
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?	No	No	No	No	No	No
Yes or No.						
For housing facilities placed into service during this program year, how		0	0	0		
many units were placed into service? [Do not complete if facility placed in service in prior years.]						
Leasing Households and Expenditures Served by this Activity						PARTICIONAL STATES
How many households received Permanent Facility-Based Housing leasing support for each facility?		0	0			
What were the HOPWA funds expended for Permanent 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 Permanent Facility-Based Housing Operating support for each facility?		18 12		4 12		
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	\$99,259.58	8 53,181.48	8 \$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	
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?		0	0	0		
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						m

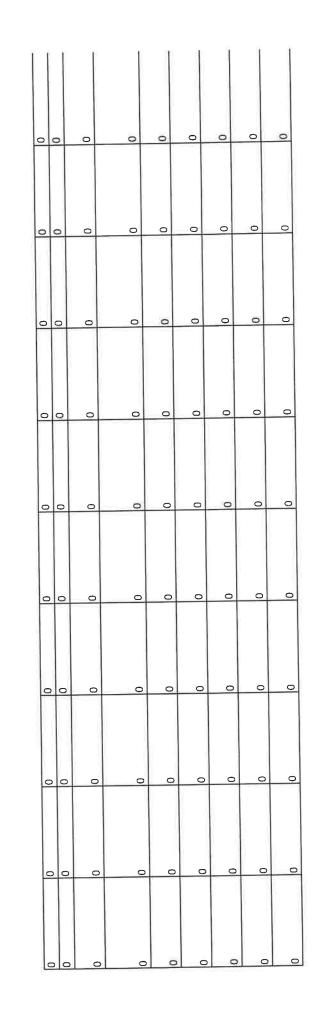
PFBH Deduplication				The state of the s		
How many households received more than one type of PFBH for each	0	0	0	0	0	
facility? (Leasing, Operating, Other)						7.7
Total Deduplicated Household Count	18	12	4	12	1	17
Income Levels for Households Served by this Activity	18	12	4	12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17
What is the number of households with income below 30% of Area	18	12	4	12	Ь	16
Median Income?						
What is the number of households with income between 31% and 50%	0	0	0	0	c	
of Area Median Income?						
What is the number of households with income between 51% and 80%	0	0	0	0	C	
of Area Median Income?						
Sources of Income for Households Served by this Activity						
How many households accessed or maintained access to the following	18	14	4	13	1	16
sources of income in the past year?			Manager of the Control of the Contro	STATE OF THE STATE		
Earned Income from Employment	1	12	. ⊢¹			
Retirement	0	0	0			
SSI	12	5	2	9	ء اد	
SSDI	2	2	0			
Other Welfare Assistance (Supplemental Nutrition Assistance	ω	6	4-1	2	C	
Program, WIC, TANF, etc.)						
Private Disability Insurance	0	0	0	0		
Veteran's Disability Payment (service or non-service connected	0	0	0	0	_	
payment)						
Regular contributions or gifts from organizations or persons not	0	0	0	С		
residing in the residence						
Worker's Compensation	0	0	0	C	0	
General Assistance (GA), or local program	0	0	0	0	0	
Unemployment Insurance	0	0	0	0	0	
Other Sources of Income	0	0	0	0	0	
How many households maintained no sources of income?	0	0	0	0	0	
Medical Insurance for Households Served by this Activity	THE STATE OF THE					
How many households accessed or maintained access to the following						-6
sources of medical insurance in the past year?		788				
MEDICAID Health Program or local program equivalent	9	10	4	9		

0	0	1	0	н	0	How many households exited to private housing?
		0	0	0	0	How many households exited to an emergency shelter?
	0	0	0	0	0	How many households exited to other housing subsidy programs?
	c	0	0	0	0	How many households exited to other HOPWA housing programs?
		, 1	ω	11	15	How many households continued receiving this type of HOPWA assistance into the next year?
17		12	4	12	18	Housing Outcomes for Households Served by this Activity
17	Н	12	4	12	18	How many HOPWA-eligible persons served with PFBH have shown an improved viral load or achieved viral suppression, by facility?
Ļ	<u> </u>	12	4	12	18	How many HOPWA-eligible individuals served with PFBH this year have <i>ever</i> been prescribed Anti-Retroviral Therapy, by facility?
17						Health Outcomes for Households Served by this Activity
2	0		0	5	4	How many households have been served by permanent facility-based housing for more than 15 years?
				1	ŀ	How many households have been served by perindhelic lacinity-based housing for more than 10 years, but less than 15 years?
4	0	4	0	2		housing for more than 5 years, but less than 10 years:
2	ь	2	1	ω	ω	How many households have been served by permanent facility-based
	c	C	2	2	9	How many households have been served by permanent facility-based
n					F	How many households have been served by permanent facility-based housing for less than one year?
ω	0	57	1	12	18	Longevity for Households Served by this Activity
17		11			0	Ryan White-funded Medical or Dental Assistance
0	0		5		,	equivalent
4	C	F	0	2	6	State Children's Health Insurance Program (SCHIP) or local program
A (0 0	, C	0	0	0	AIDS Drug Assistance Program
0 0		0 0	, _	0	0	Veterans Affairs Medical Services
	0 0	5 L) 	4	ω	MEDICARE Health Insurance or local program equivalent
<u>∞</u>	0	J.	1	4	2	

How many households exited to transitional housing (time limited - up	0	0	0	0	0	0
to 24 months)?						
How many households exited to institutional arrangement expected to	0	0	0	c	c	
last less than six months?						
How many households exited to institutional arrangement expected to	0	0	0	c	C	c
last more than six months?						
How many households exited to a jail/prison term expected to last less	0	0	C	_	c	
than six months?						5
How many households exited to a jail/prison term expected to last	0	0		C	C	c
more than six months?						0
How many households exited to a situation that isn't transitional, but is	0	0			c	c
not expected to last more than 90 days and their housing situation						
after those 90 days is uncertain?						
How many households exited to a place not meant for human	0	0		0	C	
habitation?						
How many households were disconnected from care?	2	0				
How many of the HOPWA eligible individuals died?	ь	0		0	U	

Facility 7	Facility 8	Facility 9	Facility 10	Facility 11	Facility 12	Facility 13	Facility 14	Facility 15	Facility 16
Ascension Rapid Re-Housing	Lee Transclisive								
No	No								
No	No								
0	0		0	0	0	0	0	0	0
	0		0	0	0				
	0		0	0	0	0	0	0	0
	1 13		0	0	0	0	0	0	
\$6,820.00	\$66,603.70		0	0	0	0	0	0	
	0)	0	0	0	0	0	0	
	0		0	0	0	0	0	0	0

															2					1	1		
0		0	0	0	0	0	0	0	0	0	0	1	0	1	() () () () () () () () () ()		0	0	<u>н</u>			0	
6		0	1	0	0	0	0	0	0	0	0	4	0	ω	8		0	0	13	13	13	0	
															0					0	0		
0	1	0	0	0	0	0	0	0	0	0	0	0	0	0			0	0	0			0	
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0		0				٥							0	c			0	0				0	



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

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.

	0 0		
0 0 0	0	0	What were the HOPWA funds expended for Hotel-Motel Costs for each facility?
0 0		0	How many households received Hotel-Motel cost support for each
0 0			Hotel-Matel Households and Expenditures Served by this Activity
0	\$55,461.79	\$28,500.00	What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?
	13	1	How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?
			Operating Households and Expenditures Served by this Activity
C	0	0	What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?
	O	0	How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?
			Leasing Households and Expenditures Served by this Activity
			in service in prior years.]
0	0	0	For housing facilities placed into service during this program year, how
	NO	20	Was the housing facility placed into service during this program year? Yes or No.
	NO		is the facility a medically assisted living facility? Yes or No.
	Rectory	WAY Station R	What is the name of the housing facility?
			Facility Information
Facility 4 Facility 5	Facility 2 Facility 3	Facility 1 Facility 1	Question

	0 0	0		Worker's Compensation
0	o c	2	0	
0	C	i i		residing in the residence
0		c	C	Regular contributions or gifts from organizations or persons not
0		0 0	0	Veteran's Disability Payment (service or non-service connected
0				Private Disability Insurance
0	0	0		WIC, TANF, etc.)
0	C	u	0	Other Welfare Assistance (Supplemental Nutrition Assistance Program,
0		2	c	SSDI
0	0	> 0	.	SSI
0	0	0	2 9	Retirement
0	0	0	O +	Earned Income from Employment
0	0		-	sources of income in the past year?
	0	8	1	How many households accessed or maintained access to the following
				Sources of Income for Households Served by this Activity
				of Area Median Income?
	C	C	C	What is the number of households with income between 51% and 80%
0	D			of Area Median Income?
	c	c	c	What is the number of households with income between 31% and 50%
0	D.	>		Median Income?
	C	13	F	What is the number of households with income below 30% of Area
0	0		dreamen a	Income Levels for Households Served by this Activity
0	0 0			Total Deduplicated Household Count
0	0	13		facility? (Leasing, Operating, Hotel-Motel, Other)
	188	c	c	How many households received more than one type of SI-IFBH for each
0 0	0	0		ST-TFBH Deduplication
				Housing, what type of service were they provided? (150 characters)
		c		For households served with Other Transitional/Short-Term Facility-Based
		>		Transitional/Short-Term Facility-Based Housing for each facility?
0	0	0	0	What were the HOPWA funds expended for Other types of
		ğ	c	How many households received Other types of Transitional/Snort-Term Facility-Based Housing support for each facility?
0 0	0	0	0	C

he following 0 0 0 0 0 0 0 0 0		_	=			
he following			0	1	0	How many households exited to an emergency shelter?
he following		0	0	0	0	How many households exited to other housing subsidy programs?
he following 0 <t< td=""><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>How many households exited to other HOPWA housing programs?</td></t<>		0	0	0	0	How many households exited to other HOPWA housing programs?
he following			c	C	0	How many households continued receiving this type of HOPWA assistance into the next year?
he following 0 0 0 0 0 0 0 0 0				13	1	Housing Outcomes for Households Served by this Activity
he following 0 0 0 0 0 0 0 0 0 0 0 0 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?
he following 0 0 0 0 0 0 0 0 0	c	c	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?
he following 0 0 0 0 0 1 0 2 0 0 0 2 0 0 0 0 0 3 0 0 0 0 0 4 1 1 0 0 0 0 7 1 1 0 0 0 0 0 8 1 1 1 0 </td <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>How many households have been served by short-term/transitional facility-based housing for more than five years, but less than 10 years?</td>			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?
he following		o (11	0	How many households have been served by short-term/transitional facility-based housing for more than one year, but less than five years?
he following 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0					facility-based housing for less than one year?
he following	0					Longevity for Households Served by this Activity Low many households have been served by short-term/transitional
he following	0	No. of the last of	NA III			Ryan White-funded Medical or Dental Assistance
he following 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	0		equivalent
he following 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	c	c		Ľ	0	State Children's Health Insurance Program (SCHIP) or local program
he following 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0		0 0		0	AIDS Drug Assistance Program
he following 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	Veterans Affairs Medical Services
he following 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0		0 0	2	0	MEDICARE Health Insurance or local program equivalent
he following	0	0 0		2 2	C	MEDICAID Health Program or local program equivalent
0 0 0 0 0 he following	0	0				sources of medical insurance in the past year?
0 0 0						How many households accessed or maintained access to the following
0 0 0						Medical Insurance for Households Served by this Activity
			U	0	0	How many households maintained no sources of income?
c	0		0 0	0 0	0	Other Sources of Income
0 0	0				C	Unemployment Insurance

)
How many households exited to transitional housing (time limited - up to	0	0	0	C	
24 months)?					0
How many households exited to institutional arrangement expected to	0	0		C	Č
last less than six months?					
How many households exited to institutional arrangement expected to	0	0	0	c	
last more than six months?					
How many households exited to a jail/prison term expected to last less	0	0	0	C	
than six months?					
How many households exited to a jail/prison term expected to last more	0	0	C	C	c
than six months?					
How many households exited to a situation that isn't transitional, but is	0	0		c	
not expected to last more than 90 days and their housing situation after					
those 90 days is uncertain?					2
How many households exited to a place not meant for human habitation?	0	0	0		
How many households were disconnected from care?	0	7	0	0	
How many of the HOPWA eligible individuals died?	0	0	0	C	

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	The state of the s
a. How many households were served with STRMU	3
mortgage assistance only?	
b. How many households were served with STRMU	50
rental assistance only?	
c. How many households were served with STRMU	3
utilities assistance only?	
d. How many households received more than one type	6
of STRMU assistance?	
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	49
30% of Area Median Income?	
What is the number of households with income	13
between 31% and 50% of Area Median Income?	
What is the number of households with income	- 0
between 51% and 80% of Area Median Income?	
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	C
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	C
Worker's Compensation	C
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of	22
income?	
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	35
equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	10
State Children's Health Insurance Program (SCHIP) or	0
local program equivalent	
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	62
the first time this year?	
How many households also received STRMU assistance	0
during the previous STRMU eligibility period?	
How many households received STRMU assistance	0
more than twice during the previous five eligibility	0
more than twice during the previous five eligibility periods?	0
more than twice during the previous five eligibility	
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods?	0
more than twice during the previous five eligibility periods? How many households received STRMU assistance	
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity	0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year?	62
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year?	62
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of	62
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing	62
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs?	62 1
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy	62 1
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs?	62 1 3
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs? How many households exited to an emergency shelter? How many households served with STRMU were able to	62 1 3 0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs? How many households exited to an emergency shelter? How many households served with STRMU were able to maintain a private housing situation without subsidy? How many households exited to transitional housing	62 1 3 0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs? How many households exited to an emergency shelter? How many households served with STRMU were able to maintain a private housing situation without subsidy?	0 62 1 3 0 0

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

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?	78
PHP Expenditures for Households Served by this	
Activity	
What were the HOPWA funds expended for PHP?	\$376,612.47
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to	87
the following sources of income in the past year?	
Earned Income from Employment	8
Retirement	2
SSI	38
SSDI	12
Other Welfare Assistance (Supplemental Nutrition	16
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
connected payment)	
Regular contributions or gifts from organizations or	0
persons not residing in the residence	
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	6
income?	
Medical Insurance for Households Served by this	
Activity	TENNET STORY OF THE SECOND
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	18
equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	16
local program equivalent	
Ryan White-funded Medical or Dental Assistance	4

Housing Outcomes for Households Served by this Activity	0
In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.	
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
Households Served by this Activity	
How many households were served with	159
housing information services?	
Housing Information Services Expenditures	
What were the HOPWA funds expended for	\$64,953.32
Housing Information Services?	

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 F	Report
Households and Expenditures for Supportive Service Types	Number of Households	Expenditures
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	
Child Care Case Management	226	
Education	0	
Employment Assistance and Training	0	
Health/Medical Services Legal Services	0	
Life Skills Management	0	
Meals/Nutritional Services Mental Health Services	0	
Outreach	0	
Transportation Any other type of HOPWA funded, HUD approved supportive service?	10	
What were the other type(s) of supportive services provided? (150 characters)	Infcetion Control Items	
Deduplication of Supportive Services		The profession and the factor
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	This Report
Expenditures Served by this Activity	
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)	

Housing Subsidy Assistance Household Count Deduplication Total Housing Subsidy Assistance (from the TBRA, PFBH, ST- TRBH, STRMU, PHP, Other Competitive Activity counts above? THOW many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TBH, STRMU, PHP, Other Competitive Activity? Total Indisplicated Housing Subsidy Assistance Household Count 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. This Report Lever many households developed a housing plan for maintaining Or establishing Stable housing? They many households developed and maintained medical Insurance and/or assistance? How many households accessed and maintained medical Insurance and/or assistance? How many households accessed and maintained medical Insurance and/or assistance? How many households obtained/maintained an income- producing job during the program year (with or without any HOPWA, Felated assistance)? HOPWA, Felated assistance? Subsidy Assistance with Supportive Service, Funded Case Management This Report	Activity Review Total Households Served in ALL Activities from this report for each Activity	TBRA 68	P-FBH 78	ST-TFBH 14	STRMU 62	PHP 78	Housing Info
300 300 300 This Report This Report This Report	Housing Subsidy Assistance Household Count Ded	luplication					
300 out for all other This Report This Report This Report	Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST- TFBH, STRMU, PHP, Other Competitive Activity counts above)	300					
Access to Care (ATC) lete HOPWA Outcomes for Access to Care and Support for all tholds served with HOPWA housing assistance and "other etitive activities" in the reporting year. Inny households had contact with a case manager? nany households developed a housing plan for maintaining ablishing stable housing? nany households accessed and maintained medical nany households accessed and maintained medical nany households accessed or maintained and income and/or assistance? nany households accessed or maintained qualification for as of income? sof income? sof income? yA-related assistance)? bidy Assistance with Supportive Service, Funded Case Management? this Report This Report This Report without any year (with or without any year for many households received any type of HOPWA Housing	How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU,	0					
Access to Care (ATC) lete HOPWA Outcomes for Access to Care and Support for all holds served with HOPWA housing assistance and "other etitive activities" in the reporting year. In the reporting assistance and "other etitive activities" in the reporting year. In this Report in the reporting year. In this Report in the reporting year. In this Report in the reporting year with a primary health care ler? In any households accessed or maintained qualification for assistance? In any households accessed or maintained an incomese of income? In any households accessed or maintained an incomese of income? In this Report in the program year (with or without any large with Supportive Service, Funded Case Management in this Report in the program of the prog	Total Unduplicated Housing Subsidy Assistance Household	300					
port	Count	100					
emen	Access to Care (ATC)						
This Report This Report	Complete HOPWA Outcomes for Access to Care and Support households served with HOPWA housing assistance and "oth	for <u>all</u> her					
This Report		This Report					
te Managemen	1000						
This Report	How many households developed a housing plan for maintaining	226					
ase Managemen	or establishing stable housing?	355					
ase Managemen	How many households accessed and maintained medical insurance and/or assistance?	077					
this Report	How many households had contact with a primary health care	226					
Ise Managemen	How many households accessed or maintained qualification for	220					
any ded Case Managemen This Report using ent? using	sources of income?						
any ded Case Managemen This Report using ent? using	How many households obtained/maintained an income-	226					
Supportive Service, Funded Case Managemen This Report /ed any type of HOPWA Housing WA Funded Case Management? wed any type of HOPWA Housing	producing job during the program year (with or without any						
Case Managemen This Report	HOPWA-related assistance)?						
This Report	Subsidy Assistance with Supportive Service, Funded Case	Management					
uu uu	Ouestions	This Report					
ou	Ųď						
	How many households received any type of HOPWA Housing	226					

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

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

> > There are sixty columns for facilities. If more column

Mote, or affected and indicated many in a letter and in a lett	,						1 1201111111111111111111111111111111111	
Question		Facility 2	Facility 3	Facility 4	racility 5	Facility o	racinty /	i doine) o
Facility Information								
What is the name of the facility using HOPWA for capital	WAY Station							
development (acquisition or rehabilitation)?				2	0	0	0	0
For facilities being rehabilitated, what was the total	0		0			(
amount of funding spent on rehabilitation?								
What type of development was funded (new construction,	New Construction							
rehabilitation, acquisition)?				5	0	0	0	0
For facilities being rehabilitated only, what is the final	0				g			
value of the building after rehabilitation is complete?								
What type of housing (Permanent or Short-	Short Term Transitional							
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							2	0
How much was expended in this year on acquisition, for	0		C	c				
each facility?	10.0			0	0	0	0	0
How much was expended on rehabilitation, for each	0		C	_ c		(
facility?			2	5	0	0	0	0
How much was expended on new construction, for each	\$400,000.00		c	(
facility?								
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							Ži.	
this section.			0	0	0	0	0	0
How many total units were placed into service this year?	00			C	C			
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.	VAC		_	_			_	

If there is a waiting list, how many households are on the	2	0	0	0	0	0	0
waiting list?		0		0	0	0	0
How many total units (HOPWA and non-HOPWA units)	40	C		c		3	
were developed in this facility?			0	0	0	0	0
How many units in this facility were developed with	00	c	c	č	1		3
HOPWA Tunds? For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated Total Units Energy-Star to Assist the Homeless Compliant	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units			
For units constructed (new) and/or acquired with or	00	0	0	0			
without renap:		0	0	0			
For rental units rehabbed:				0			
For homeownership units constructed (if approved):	0	0	0	c			

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	63 094895
Identifier (UEI)?	
What is the organization's Employer ID Number	087623191
(EIN) or Tax ID Number (TIN)?	007023131
What is the HOPWA contract amount for this	\$50,000
organization?	, , , , , , , , , , , , , , , , , , ,
What is the organization's business street	P.O Box 550070
address?	1.0 box 350070
In what city is the organization's business	Birmingham
address?	
In what county is the organization's business	Jefferson
address?	Serierson
In what state is the organization's business	Alabama
address?	Alabania
What is the organization's business address zip	35233
code?	33233
What is the organization's parent company, if	N/A
	IN/A
applicable?	
What department administers the organization's	
grant?	(205) 322-4197
What is the organization's phone number	(203) 322-4197
(including extension)?	(205) 322-2131
What is the organization's fax number?	N/A
What is the organization's website?	
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
Luking and a second section 2 Version No.	YES
Is this a nonprofit organization? Yes or No.	YES
Is this a grassroots organization? Yes or No.	
What are the cities of the organization's primary	Hoover, Birmingham
service area?	Lefferson Chalby
What are the counties of the organization's	Jefferson , Shelby
primary service area?	i i
In what congressional district is the organization	1
located?	6.7
In what congressional district is the primary	6,7
service area?	lua -
Is there a waiting list for HOPWA housing subsidy	NO
assistance services in the organization's service	
area? Yes or No.	

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

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in **Contact Information for your Organization**

Portormanno Bonort Cover table 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?	Excutuve 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	一年 こことが 一次年 として
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.

The state of the s							State of the State	A STATE OF	500000000000000000000000000000000000000			de la ferral
A. For each racial category, now many norwa- eligible individuals identified as such?		Male	ē			Fer	Female			Gender Nonbinary	onbinary	
	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	0	0	0	0	0	0	0	0	0	0	0	0
American												
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	ile			Ŧ.	Female			Gender Nonbinary	onbinary	
	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 &	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	00	0	00
D. Other Multi-Nacial	c			,	,			, ,		,
b. White	0	0	0	0	0	0	0	0	0	0
Total number of HOPWA-eligible individuals				TANK ON THE						
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	0									
(beneficiaries) are HIV+?										
How many other household members	0									
unknown HIV status?										
Complete Prior Living Situations for HOPWA-	PWA-									
eligible Individuals served by TBRA, P-FBH, ST-	BH, ST-									
TFBH, or PHP										
How many HOPWA-eligible individuals	0									
continued receiving HOPWA assistance from the										
previous year?										
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	0									
homeless persons?										
A permanent housing situation for formerly	0									
homeless persons?										
A psychiatric hospital or other psychiatric	0									
facility?										
A substance abuse facility?	0									

A non-psychiatric hospital?

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

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Keport	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	0	人们的是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的
payments in the program year?		

What was the amount of program income collected from other sources (non-	0	
resident payments) in the program year?		
Uses of Program Income	0	
What was the amount of total program income that was spent on housing	0	
assistance in the program year?		
What was the amount of total program income that was spent on supportive	0	
services or other non-housing costs in the program year?		一次 のから は 日本の
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients		
Directly to Private Landlords		
What was the amount of resident rent payment that residents paid directly to	0	· · · · · · · · · · · · · · · · · · ·
private landlords?		

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

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

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	0
this year have <i>ever</i> been prescribed Anti-Retroviral	
Therapy?	
How many HOPWA-eligible persons served with TBRA have	0
shown an improved viral load or achieved viral	
suppression?	
Longevity for Households Served by this Activity	0
How many households have been served with TBRA for	0
less than one year?	
How many households have been served with TBRA for	0
more than one year, but less than five years?	
How many households have been served with TBRA for	0
more than five years, but less than 10 years?	
How many households have been served with TBRA for	0
more than 10 years, but less than 15 years?	
How many households have been served with TBRA for	0
more than 15 years?	
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA	0
assistance into the next year?	
How many households exited to other HOPWA housing	0
programs?	
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	0
limited - up to 24 months)?	
How many households exited to an institutional	0
arrangement expected to last less than six months?	
How many households exited to institutional arrangement	0
expected to last more than six months?	
How many households exited to a jail/prison term	0
expected to last less than six months?	
How many households exited to a jail/prison term	0
expected to last more than six months?	
How many households exited to a situation that isn't	0
transitional, but is not expected to last more than 90 days	
and their housing situation after those 90 days is	
uncertain?	
How many households exited to a place not meant for	0
human habitation?	
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

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

Permanent Facility-Based Housing assistance by your organization in the reporting year.

lorganization in the reporting year.						
Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information	1000		STATE OF THE PARTY			
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		0	0	0	0	0
many units were placed into service? [Do not complete if facility						
placed in service in prior years.]						
Leasing — Households and Expenditures Served by this Activity				2 10 11		
How many households received Permanent Facility-Based Housing		0	0	0	0	0
Leasing support for each facility?						
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0
Housing Leasing Costs for each facility?						
Operating Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing		0	0	0	0	0
Operating support for each facility?						
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0
Housing Operating Costs for each facility?						
Other Housing Support — Households and Expenditures Served by						
this Activity					A POSTULATION OF THE PARTY OF T	
How many households received Other types of Permanent Facility-		0	0	0	0	0
Based Housing support for each facility?						
What were the HOPWA funds expended for Other types of Permanent		0	0	0	0	0
Facility-Based Housing for each facility?						
For households served with Other Permanent Facility-Based Housing,						
what type of service were they provided? (150 characters)						
PFBH Deduplication						

How many households received more than one type of PFBH for each facility? (Leasing, Operating, Other)	0	0	0	0		c	
Total Deduplicated Household Count	0	0	0	0	0	0	
Income Levels for Households Served by this Activity	0	0	0	0	0	0	
What is the number of households with income below 30% of Area	0	0	0	0	-	0	0
Median Income?							
What is the number of households with income between 31% and 50%	0	0	0	0		0	0
of Area Median Income?							
What is the number of households with income between 51% and 80% of Area Median Income?	0	0	0	0	J	0	C
Sources of Income for Households Served by this Activity		+					100
How many households accessed or maintained access to the following	Santalina				0	0	
sources of income in the past year?	0	•					1
Earned Income from Employment	0	0	0			0	
Retirement	0	0	0			0	0
SSI	0	0	0	0		0	
SSDI	0	0	0		7	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance	0	0	0		J	0	_
Private Disability Insurance	0	0	0			0	0
Veteran's Disability Payment (service or non-service connected	0	0	0	0)	0	0
payment)							
Regular contributions or gifts from organizations or persons not	0	0	0		0	0	0
residing in the residence							
Worker's Compensation	0	0	0			0	
General Assistance (GA), or local program	0	0	0		0	0	
Unemployment Insurance	0	0	0		0	0	
Other Sources of Income	0	0	0			0	
How many households maintained no sources of income?	0	0	0		0	0	
Medical Insurance for Households Served by this Activity		1000					
How many households accessed or maintained access to the following			TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE OF THE PERSON NAMED			1 00	
sources of medical insurance in the past year?							
MEDICAID Health Program or local program equivalent	0	0	0		0	0	
MEDICARE Health Insurance or local program equivalent	0	0	0		<u></u>	0	0

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing

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

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.

Outstier	Eacility 1	Eacility 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		0	0	0	0
many units were placed into service? [Do not complete if facility placed					
in service in prior years.]					
Leasing — Households and Expenditures Served by this Activity				S S S S S NO S S IS	
How many households received Transitional/Short-Term Facility-Based		0	0	0	0
Housing reasing support for each facility:					
Facility-Based Housing Leasing Costs for each facility?					
Operating — Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based		0	0	0	0
Housing Operating support for each facility?					
What were the HOPWA funds expended for Transitional/Short-Term		0	0	0	0
Facility-Based Housing Operating Costs for each facility?					
Hotel-Motel Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each		0 0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each		0	0	0	0
facility?					
Other Housing Support – Households and Expenditures Served by this					
Activity					

0	0	0	0	0	General Assistance (GA), or local program
0	0	0	0	0	Worker's Compensation
	·	.6	.4		residing in the residence
0	0	0	0 0	0	Regular contributions or gifts from organizations or persons not
0	0	0	0	0	Veteran's Disability Payment (service or non-service connected
0	0	0	0	0	Private Disability Insurance
					WIC, TANF, etc.)
0	0	0	0	0	Other Welfare Assistance (Supplemental Nutrition Assistance Program,
0	0	0	0	0	SSDI
0	0	0	0	0	SSI
0	0	0	0	0	Retirement
0	0	0	0	0	Earned Income from Employment
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					sources of income in the past year?
0	0				How many households accessed or maintained access to the following
					Sources of Income for Households Served by this Activity
					of Area Median Income?
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	What is the number of households with income between 31% and 50%
					Median Income?
0	0	0	0	0	What is the number of households with income below 30% of Area
0	0	0	0	0	Income Levels for Households Served by this Activity
0	0	0	0	0	Total Deduplicated Household Count
					facility? (Leasing, Operating, Hotel-Motel, Other)
0	0	0	0	0	How many households received more than one type of ST-TFBH for each
					ST-TFBH Deduplication
					Housing, what type of service were they provided? (150 characters)
-					For households served with Other Transitional/Short-Term Facility-Based
	c	c	c	c	Transitional/Short-Term Facility-Based Housing for each facility?
0	0	o.	0	0	What ware the HODWA finds expended for Other times of
0	0	0	0	0	How many households received Other types of Transitional/Short-Term Facility-Based Housing support for each facility?

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	0
mortgage assistance only?	
b. How many households were served with STRMU	0
rental assistance only?	
c. How many households were served with STRMU	0
utilities assistance only?	
d. How many households received more than one type	0
of STRMU assistance?	
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	0
30% of Area Median Income?	
What is the number of households with income	0
between 31% and 50% of Area Median Income?	
What is the number of households with income	0
between 51% and 80% of Area Median Income?	
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	0
income?	
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	0
equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	0
local program equivalent	
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	0
the first time this year?	
How many households also received STRMU assistance	0
during the previous STRMU eligibility period?	
How many households received STRMU assistance	0
more than twice during the previous five eligibility	
periods?	
How many households received STRMU assistance	0
during the last five consecutive eligibility periods?	
Housing Outcomes for Households Served by this	0
Activity	•
How many households continued receiving this type of	0
HOPWA assistance into the next year?	
How many households exited to other HOPWA housing	0
programs?	
How many households exited to other housing subsidy	0
programs?	
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to	0
maintain a private housing situation without subsidy?	
How many households exited to transitional housing	0
(time limited - up to 24 months)?	
How many households exited to institutional	0
arrangement expected to last less than six months?	

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	0
the following sources of income in the past year?	
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
connected payment)	
Regular contributions or gifts from organizations or	0
persons not residing in the residence	
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	0
income?	
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	0
equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	0
local program equivalent	_
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.	
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 Information Services by your organi See definition of "Housing Information Services	zation in the reporting year.
Question	This Report
Households Served by this Activity	
How many households were served with	0
housing information services?	
Housing Information Services Expenditures	- Marine Marine
What were the HOPWA funds expended for	0
Housing Information Services?	

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 F	Report
Households and Expenditures for Supportive	Number of Households	Expenditures
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	C
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	C
Mental Health Services	0	C
Outreach	0	C
Transportation	0	0
Any other type of HOPWA funded, HUD approved	0	C
supportive service?		
What were the other type(s) of supportive services		
provided? (150 characters)		
Deduplication of Supportive Services		1 1. 8 - 1
How many households received more than one of	0	
any type of Supportive Services?		

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

"Other" Housing Activities Households and	This Report
Expenditures Served by this Activity	
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
Housing Subsidy Assistance Household Count Deduplication	luplication							
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 <u>all</u> households served with HOPWA housing assistance and "other competitive activities" in the reporting year.	for <u>all</u> er							
	This Report							
households had contact with a case manager?								
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	0							
Subsidy Assistance with Supportive Service, Funded Case Management	Vlanagement							
	This Report							
Subsidy Assistance and HOPWA Funded Case Management?	c							
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

Capital Development means the use of HOPWA funds to construct, acquire,

Facility 5

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		of HOPWA funds to construct, ac or rehabilitate a housing facility.	HOPWA Tunds to construct, acquire, rehabilitate a housing facility.
reporting year. Note: Scattered site facilities may be reported as one facility.			
Question Facility 1	Facility 2	Facility 3	Facility 4
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	0	0	0
What type of development was funded (new construction,			
rehabilitation, acquisition)?			
For facilities being rehabilitated only, what is the final	0	0	0
value of the building after rehabilitation is complete?			
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)?			2
Capital Development Expenditures			A THE RESERVENCE
How much was expended in this year on acquisition, for each facility?	0	0	0 0
How much was expended on rehabilitation, for each facility?	0	0	0
How much was expended on new construction, for each	0	0	0
Was the development facility placed into service during			

this program year? Yes or No.

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

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	78455692
Identifier (UEI)?	
What is the organization's Employer ID Number	45 4568903
(EIN) or Tax ID Number (TIN)?	
What is the HOPWA contract amount for this	\$20,000
organization?	
What is the organization's business street	105 West 15th Street P.O. Box 1061
address?	
In what city is the organization's business	Anniston
address?	
In what county is the organization's business	
address?	
In what state is the organization's business	Alabama
address?	
What is the organization's business address zip	36201
code?	
What is the organization's parent company, if	N/A
applicable?	
What department administers the organization's	
grant?	
What is the organization's phone number	(256) 238-6231
(including extension)?	
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	Anniston
service area?	
What are the counties of the organization's	Etowah
primary service area?	
In what congressional district is the organization	4
located?	
In what congressional district is the primary	4
service area?	
Is there a waiting list for HOPWA housing subsidy	yes
assistance services in the organization's service	
area? Yes or No.	

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

Contact Information for your Organization

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

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)?	1
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	The state of the s
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.

שבה נענמים זוו וספוס בי מוומ בסי												
A. For each racial category, how many HOPWA-eligible Individuals identified as such?		Male	ē	E uža		Fer	Female			Gender Nonbinary	onbinary	
	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	0	0	0	0	0	0	0	0	0	0	0	0
American												
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	٥
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	ile			Fe	Female			Gender Nonbinary	onbinary	
	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
b. American Indian/Alaskan Native	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
Black/African American												
b. American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0

How many other household members	How many other household members (beneficiaries) are HIV+?	Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25):	Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13):	b. White	b. Other Multi-Racial	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
				<u>0</u>	0	0
				0	0	0
				0	0	0

(beneficiaries) are HIV negative or have an
unknown HIV status?
Complete Prior Living Situations for HOPWA-
eligible Individuals served by TBRA, P-FBH, ST-
TFBH, or PHP

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

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. Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or

	Funding for this Bonort	Was this a Housing Subsidy Assistance?
of these sources?	railang lot this report	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	0	
payments in the program year?		

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	0	
assistance in the program year?		
What was the amount of total program income that was spent on supportive	0	
services or other non-housing costs in the program year?		(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients		
Directly to Private Landlords		
What was the amount of resident rent payment that residents paid directly to	0	
private landlords?		10 00 00 TO 10 00 00 00 00 00 00 00 00 00 00 00 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
Question	This Report
TBRA Households Served and Expenditures How many households were served with HOPWA TBRA	0
assistance?	
What were the total HOPWA funds expended for TBRA	0
rental assistance?	
Other (Non-TBRA) Rental Assistance	
Households Served and Expenditures (Other Non-TBRA	
Rental Assistance activities must be approved in the	
grant agreement).	
How many total households were served with Other (non-	0
TBRA) Rental Assistance?	
What were the total HOPWA funds expended for Other	0
(non-TBRA) Rental Assistance, as approved in the grant	
agreement?	
Describe the Other (non-TBRA) Rental Assistance provided.	0
(150 characters).	
TBRA Household Total (TBRA + Other)	0
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30%	0
of Area Median Income?	
What is the number of households with income between	0
31% and 50% of Area Median Income?	
What is the number of households with income between	0
51% and 80% of Area Median Income?	
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to	V 2
the following sources of income in the past year?	0
Formed to the former Freedom on the	0
Earned Income from Employment	
Retirement	
SSI	
SSDI	
Other Welfare Assistance (Supplemental Nutrition	
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance Veteran's Disability Payment (service or non-service	
connected payment) Regular contributions or gifts from organizations or	
persons not residing in the residence	
Worker's Compensation	
General Assistance (GA), or local program	
Unemployment Insurance	

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	0
this year have ever been prescribed Anti-Retroviral	
Therapy?	
How many HOPWA-eligible persons served with TBRA have	0
shown an improved viral load or achieved viral	
suppression?	
Longevity for Households Served by this Activity	0
How many households have been served with TBRA for	0
less than one year?	
How many households have been served with TBRA for	0
more than one year, but less than five years?	
How many households have been served with TBRA for	0
more than five years, but less than 10 years?	
How many households have been served with TBRA for	0
more than 10 years, but less than 15 years?	
How many households have been served with TBRA for	0
more than 15 years?	
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA	0
assistance into the next year?	
How many households exited to other HOPWA housing	0
programs?	
How many households exited to other housing subsidy	0
programs?	
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0
now many nouseholds exited to private nousing:	

Complete this section for all Households served with HOPWA

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

Permanent Facility-Based Housing assistance by your

lorganization in the reporting year.						
	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information			THE RESERVE	を開発され		
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		0	0	0	0	0
many units were placed into service? [Do not complete if facility						
placed in service in prior years.]						
Leasing — Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing		0	0	0	0	0
Leasing support for each facility?						
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0
Housing Leasing Costs for each facility?						
Operating Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing		0	0	0	0	0
Operating support for each facility?	-					
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0
Housing Operating Costs for each facility?						
Other Housing Support Households and Expenditures Served by						
this Activity						
How many households received Other types of Permanent Facility-		0	0	0	0	0
Based Housing support for each facility?						
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?		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

How many households received more than one type of PFBH for each facility? (Leasing, Operating, Other)	0		0	0	0			
Total Deduplicated Household Count	0	0	0		0	0	0	
income Levels for Households Served by this Activity	0	0	0		0	0	0	1
What is the number of households with income below 30% of Area	0		0	0	0	0		0
Median Income?								_
What is the number of households with income between 31% and 50%	0		0	0	0	0		0
of Area Median Income?								_
What is the number of households with income between 51% and 80%	0		0	0	0	0		0
of Area Median Income?								L
Sources of Income for Households Served by this Activity								1
How many households accessed or maintained access to the following					o		•	
sources of income in the past year?	c							
Earned Income from Employment	0		0	٥	0	0		0
Retirement	0		0	0	0	0		0
SSI	0		0	0	0	0		0
SSDI	0		0	0	0	0		0
Other Welfare Assistance (Supplemental Nutrition Assistance	0		0	0	0	0		0
Program, WIC, TANF, etc.)								
Private Disability Insurance	0		0	0	0	0		0
Veteran's Disability Payment (service or non-service connected	0		0	0	0	0		0
payment)								
Regular contributions or gifts from organizations or persons not	0		0	0	0	0		0
residing in the residence								
Worker's Compensation	0		0	0	0	0		0
General Assistance (GA), or local program	0		0	0	0	0		0
Unemployment insurance	0		0	0	0	0		0
Other Sources of Income	0		0	0	0	0		0
How many households maintained no sources of income?	0		0	0	0	0		0
Medical Insurance for Households Served by this Activity								
How many households accessed or maintained access to the following						1000		1
sources of medical insurance in the past year?								
MEDICAID Health Program or local program equivalent	0		0	0	0	0		0
MEDICARE Health Insurance or local program equivalent	0		0	0	0	0		0

Complete this section for Facilities, Households served with

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

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 2	Facility 3	Facility 4	Facility 5
Facility Information	Total Sandard	100				
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		0		0	0	0
many units were placed into service? [Do not complete if facility placed						
in service in prior years.]						
Leasing Households and Expenditures Served by this Activity				THE WASHINGTON		
How many households received Transitional/Short-Term Facility-Based		0		0	0	0
Housing Leasing support for each facility?						
What were the HOPWA funds expended for Transitional/Short-Term		0		0	0	0
Facility-Based Housing Leasing Costs for each facility?						
Operating Households and Expenditures Served by this Activity						
How many households received Transitional/Short-Term Facility-Based		0		0	0	0
What were the HOPWA funds expended for Transitional/Short-Term		0		0	0	0
Facility-Based Housing Operating Costs for each facility?						
Hotel-Motel — Households and Expenditures Served by this Activity						
How many households received Hotel-Motel cost support for each		0		0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each		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
What were the HOPWA funds expended for Other types of	0	0	0	0	0
Transitional/Short-Term Facility-Based Housing for each facility?					
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	0	0	0	0	
facility? (Leasing, Operating, Hotel-Motel, Other)					
Total Deduplicated Household Count	0	0	0	0	0
Income Levels for Households Served by this Activity	0	0 1/2	0	0	0
What is the number of households with income below 30% of Area	0	0	0	0	0
Median Income?					
What is the number of households with income between 31% and 50%	0	0	0	0	0
of Area Median Incomer					
What is the number of households with income between 51% and 80% of Area Median Income?					
Sources of Income for Households Served by this Activity		The second second			
How many households accessed or maintained access to the following	0	0	0	0	0
sources of income in the past year?			STATE OF STREET	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
Earned Income from Employment	0				
Retirement	0	0	0	0	
SSI	0				
SSDI	0	0		0	
Other Welfare Assistance (Supplemental Nutrition Assistance Program,	0	0	0	0	
WIC, TANF, etc.)					
Private Disability Insurance	0				
Veteran's Disability Payment (service or non-service connected	0	0	0		
Regular contributions or gifts from organizations or persons not	0			0	J
residing in the residence					
Worker's Compensation	0	0	0		
General Assistance (GA), or local program	0	0	0	0)
	27				
	2				

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	0
mortgage assistance only?	
b. How many households were served with STRMU	0
rental assistance only?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
c. How many households were served with STRMU	0
utilities assistance only?	
d. How many households received more than one type	0
of STRMU assistance?	
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	0
30% of Area Median Income?	
What is the number of households with income	0
between 31% and 50% of Area Median Income?	
What is the number of households with income	0
between 51% and 80% of Area Median Income?	
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	<u>_</u>
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	0
the first time this year?	
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance	0
more than twice during the previous five eligibility periods?	
How many households received STRMU assistance	0
during the last five consecutive eligibility periods?	
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	0
maintain a private housing situation without subsidy?	
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional	O

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		0
What were the HOPWA funds expended for PHP?	1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911 - 1911	_
Sources of Income for Households Served by this Activity		
How many households accessed or maintained access to	0	
the following sources of income in the past year?		
Earned Income from Employment		0
Retirement		0
SSI		0
SSDI		0
Other Welfare Assistance (Supplemental Nutrition		0
Assistance Program, WIC, TANF, etc.)		
Private Disability Insurance		0
Veteran's Disability Payment (service or non-service		0
connected payment)		
Regular contributions or gifts from organizations or		0
persons not residing in the residence		
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		0
income?		
Medical Insurance for Households Served by this		
Activity		
How many households accessed or maintained access to		4
the following sources of medical insurance in the past		
year?		
MEDICAID Health Program or local program equivalent		0
MEDICARE Health Insurance or local program		0
equivalent		_
Veterans Affairs Medical Services		0
AIDS Drug Assistance Program		0
State Children's Health Insurance Program (SCHIP) or		0
local program equivalent		_
Ryan White-funded Medical or Dental Assistance		0

Housing Outcomes for Households Served by this	0
Activity	
In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.	
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
Households Served by this Activity	
How many households were served with	0
housing information services?	
Housing Information Services Expenditures	
What were the HOPWA funds expended for	0
Housing Information Services?	

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 I	Report
Households and Expenditures for Supportive	Number of Households	Expenditures
Service Types		
What were the expenditures and number of	Was The same	
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	C	0
Life Skills Management	C	0
Meals/Nutritional Services	C	0
Mental Health Services		0
Outreach	C	0
Transportation	C	0
Any other type of HOPWA funded, HUD approved	C	0
supportive service?		
What were the other type(s) of supportive services		
provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of	0	
any type of Supportive Services?		1/2/2011

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

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

0	0 0	0	
			0

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

Complete for all HODWA Facility-hased Canital Development	C)
Projects that received Capital Development funds in this	O.
reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this	0
reporting year.	
Note: Scattered site facilities may be reported as one facility.	
Question Facility 1	Facility 2 Fa
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	0
amount of funding spent on rehabilitation?	
What type of development was funded (new construction,	
Ear facilities being rehabilitated only what is the final	0
value of the building after rehabilitation is complete?	
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
How much was expended on rehabilitation, for each	0
How much was expended on new construction, for each	0
footility 3	

Note: Scattered site lacilities may be reported as one lacility.	is one idenity.				
Question	Facility 1	Facility 2	Facility 3	Facility 4 F	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		0	0	0	0
amount of funding spent on rehabilitation?					
What type of development was funded (new construction,					
rehabilitation, acquisition)?					
For facilities being rehabilitated only, what is the final		0	0	0	0
value of the building after rehabilitation is complete?					
What type of housing (Permanent or Short-					
reliii/ Iralistroliai) was developed:					
lease date of the property?					
For Capital Development facilities, what is the date the					
construction or rehabilitation started (if applicable)?					
Capital Development Expenditures			STATE OF THE STATE		
How much was expended in this year on acquisition, for		0	0	0	0
How much was expended on rehabilitation, for each		0	0	0	0
facility?					
How much was expended on new construction, for each		0	0	0	0
Idelity:					
Was the development facility placed into service during					
this program year? Yes or No.					

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

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 FALG8522 Alabama S9308A

Sponsor S9308A_Unity Wellness Center File ID 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	66459843
Identifier (UEI)?	
What is the organization's Employer ID Number	63 1905476
(EIN) or Tax ID Number (TIN)?	
What is the HOPWA contract amount for this	\$51,521
organization?	
What is the organization's business street	122 n 20th street Building #26
address?	
In what city is the organization's business	Auburn
address?	
In what county is the organization's business	Lee
address?	
In what state is the organization's business	Alabama
address?	05
What is the organization's business address zip	36801
code?	
What is the organization's parent company, if	N/A
applicable?	
What department administers the organization's	
grant?	
What is the organization's phone number	(334)749-3593
(including extension)?	
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	Auburn, Opelika, Dadeville
service area?	
What are the counties of the organization's	Lee, Chambers, Tallapoosa
primary service area?	
In what congressional district is the organization	3
located?	
In what congressional district is the primary	3
service area?	
Is there a waiting list for HOPWA housing subsidy	Yes
assistance services in the organization's service	
area? Yes or No.	

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

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

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.

dee totals in rows 27 dia 20.											L						
A. For each racial category, how many HOPWA- eligible Individuals identified as such?		Male	le			Fen	Female			Gender Nonbinary	onbinary			Transgender Female	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
Asian	0	0	0	0	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	0	0	0	0
Black/African American	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
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
American																	
American Indian/Alaskan Native & White	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
Other Multi-Racial	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
B. For each racial category, how many other household members (beneficiarles) identified		Male	ale			Fer	Female			Gender Nonbinary	onbinary			Transgender Female	r Female		
as such?	Younger			51 or	Younger			51 or	Younger	3		51 or	Younger	3		51 or	Younger
	Than 18	18-30	31-50	Older	Than 18	18-30	31-50	Older	Than 18	18-30	31-50		Than 18	18-30	31-50	1	Than 18
b. Asian	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
b. Black/African American	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
b. American Indian/Alaskan Native	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
b. American Indian/Alaskan Native & White	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
b. Other Multi-Racial	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	2.1	0	0	0	0	0	0	0	
	Carried Course	CONTRACTOR AND ADDRESS OF	The Party of the P	110	Contract of the last	Section of the last		THE REAL PROPERTY.	Contract of the last	Contract of the last	Contract of the last	A SPECIAL PROPERTY.	CONTRACTOR OF THE PARTY OF THE	TO SHARING THE PARTY OF THE PAR	CONTRACTOR OF THE PERSON		

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

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

0 0

Iving Situations for HOPW als served by TBRA, P-FBH, Silgible individuals (OPWA assistance from the snewly receiving HOPWA) Is newly receiving HOPWA Iter? Ing facility for formerly Ing situation for formerly Ing situation for formerly Ing situation facility? Ing situation? Is newly receiving HOPWA Is newly receiving HOP	0	Also were veterans?
V negative or have an Iving Situations for HOPW als served by TBRA, P-FBH, Iligible individuals (OPWA assistance from the s newly receiving HOPWA 1: for human habitation? ter? Ing facility for formerly ng situation for formerly ng situation for formerly ng situation facility? enile detention facility? remile detention facility? ng situation? s newly receiving HOPWA s newly receiving HOPWA Is	0	읔
V negative or have an Iving Situations for HOPW als served by TBRA, P-FBH, OPWA assistance from the s newly receiving HOPWA ng facility for formerly ng situation for formerly ng situation for formerly ng situation facility? remile detention facility? remile detention facility? ng situation? s newly receiving HOPWA s newly receiving HOPWA s newly receiving HOPWA s program year reported a of homelessness [place not to, emergency shelter,		
Iving Situations for HOPW als served by TBRA, P-FBH, als served by TBRA, P-FBH, ligible individuals loPWA assistance from the s newly receiving HOPWA s newly receiving rormerly ng facility for formerly ng situation for formerly ral or other psychiatric facility? ospital? ritment or house? ual owned? s newly receiving HOPWA s program year reported a of homelessness iplace not		for human habitation, emergency shelter, transitional housing]:
V negative or have an Iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals to PWA assistance from the s newly receiving HOPWA s newly receiving HOPWA ng facility? ng situation for formerly ng situation facility? rail or other psychiatric facility? enile detention facility? ritment or house? ual owned? enile detention? lid for by the individual? Is newly receiving HOPWA s program year reported a	0	f homelessness [place
V negative or have an Iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals to PWA assistance from the s newly receiving HOPWA s newly receiving rormerly ler? ng facility? ng situation for formerly ng situation facility? remile detention facility? enile detention facility? lal or other psychiatric sospital? ng situation? lal owned? lal owned		assistance during this program year reported a
Iving Situations for HOPW als served by TBRA, P-FBH, als served by TBRA, P-FBH, to PWA assistance from the s newly receiving HOPWA s newly receiving HOPWA ng facility? ng facility? ng situation for formerly ng situation facility? ritment or house? ual owned? selse's house? ual owned?		How many individuals newly receiving HOPWA
V negative or have an Living Situations for HOPW als served by TBRA, P-FBH, ligible individuals to PWA assistance from the s newly receiving HOPWA s newly receiving HOPWA ng facility? ng facility? ng situation for formerly ng situation facility? enile detention facility? rement or house? ual owned? s newly receiving HOPWA ng situation?		
Iving Situations for HOPW als served by TBRA, P-FBH, als served by TBRA, P-FBH, ligible individuals lopWA assistance from the s newly receiving HOPWA s newly receiving HOPWA ng facility? ng facility? remile detention for formerly ng situation for formerly remile detention facility? remile detention facility? remile detention facility? ng situation? ng situation? ng situation? ng situation? ng situation?	c	assistance didn't report or refused to report
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals to PWA assistance from the s newly receiving HOPWA s newly receiving HOPWA fer? ng facility for formerly ng situation for formerly ng situation for formerly ng situation facility? racility? al or other psychiatric facility? racility? racility? racility? racility? racility? enile detention facility? racility? racility? racility? racility? enile detention facility? racility? racility? racility? enile detention facility?	0	r prior living situation?
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, Iligible individuals fOPWA assistance from the s newly receiving HOPWA n: for human habitation? ter? ng facility for formerly ng situation for formerly ng situation for formerly all or other psychiatric facility? as ospital? penile detention facility? rttment or house? uel owned? selse's house? uel owned? selse's house? uel owned?	c	
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, Iligible individuals fOPWA assistance from the s newly receiving HOPWA iter? for human habitation? ter? ng facility for formerly ng situation for formerly facility? facility? sopital? rtment or house? ual owned? rtment or house?	0	at someone else's nouse
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, Iligible individuals fOPWA assistance from the s newly receiving HOPWA n: for human habitation? ter? ng facility for formerly ng situation for formerly ng situation for formerly al or other psychiatric facility? anie detention facility? enile detention facility?	0	A house the individual owned?
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals fOPWA assistance from the s newly receiving HOPWA n: for human habitation? ter? ng facility for formerly ng situation for formerly al or other psychiatric facility? ospital? ?	0	A rented room, apartment or house?
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals fOPWA assistance from the s newly receiving HOPWA iter? for human habitation? ter? ng facility for formerly ng situation for formerly ng situation for formerly facility? facility?	0	Jail, prison, or a juvenile detention facility?
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals fOPWA assistance from the s newly receiving HOPWA n: for human habitation? ter? ng facility for formerly ng situation for formerly ng situation for formerly ng situation for formerly facility?	0	A foster care home?
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals fOPWA assistance from the s newly receiving HOPWA n: for human habitation? ter? ng facility for formerly ng situation for formerly ng situation for formerly ral or other psychiatric	0	A non-psychiatric hospital?
I negative or have an Iving Situations for HOPW. Is served by TBRA, P-FBH, Iligible individuals IOPWA assistance from the s newly receiving HOPWA 1: Tor human habitation? ter? Ing facility for formerly Ing situation for formerly Ing situation for formerly Ing situation for formerly	0	A substance abuse facility?
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals fOPWA assistance from the s newly receiving HOPWA it for human habitation? ter? or human habitation? ter? ng facility for formerly ng situation for formerly	c	0
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals fOPWA assistance from the fOPWA assistance from the s newly receiving HOPWA for human habitation? for human habitation? for formerly ng facility for formerly		27 24
v negative or have an Living Situations for HOPW als served by TBRA, P-FBH, ligible individuals 10PWA assistance from the 25 newly receiving HOPWA 25 newly receiving HOPWA 26 nor human habitation? 26 nor facility for formerly	0	B
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals IOPWA assistance from the s newly receiving HOPWA s newly receiving HOPWA refacility for formerly		
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals fOPWA assistance from the s newly receiving HOPWA r. for human habitation?	0	ransitional housing facility for
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals 10PWA assistance from the 25 newly receiving HOPWA 26: 27: 38: 39: 40: 40: 40: 40: 40: 40: 40: 40: 40: 40	0	An emergency shelter?
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals 10PWA assistance from the s newly receiving HOPWA	0	A place not meant for human habitation?
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH, ligible individuals IOPWA assistance from the		now many individuals newly receiving HOPWA
v negative or have an iving Situations for HOPW is served by TBRA, P-FBH, iligible individuals 10PWA assistance from the		previous year?
Inegative or have an iving Situations for HOPW als served by TBRA, P-FBH, sligible individuals		continued receiving HOPWA assistance from the
I negative or have an iving Situations for HOPW als served by TBRA, P-FBH,	0	How many HOPWA-eligible individuals
v negative or have an iving Situations for HOPW als served by TBRA, P-FBH,		TFBH, or PHP
v negative or have an iving Situations for	FBH, ST-	eligible Individuals served by TBRA, P-I
√ negative or have an	DPWA-	Living Situations for
an		unknown HIV status?
		es) are HIV negative or have
other household members 0	0	How many other household members

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

	Funding for this Bonort	Was this a Housing Subsidy Assistance?
what is the amount and type of leveraged funding that was provided by any	caralle for this vebore	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	8
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	0	では、
payments in the program year?		10分からの日本の世界を行うないのは、日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日

What was the amount of program income collected from other sources (non- resident payments) in the program year?		
Uses of Program Income	0	
What was the amount of total program income that was spent on housing		
assistance in the program year?		
What was the amount of total program income that was spent on supportive	-	以上,以及自己的时间,是一种的人处于一种的一种。
services or other non-housing costs in the program year?		
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients		大きない。一般は一般ないでは、一次のない
Directly to Private Landlords		
What was the amount of resident rent payment that residents paid directly to		
private landlords?		

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

yedi.	This Day and
Question	This Report
TBRA Households Served and Expenditures	0
How many households were served with HOPWA TBRA	0
assistance?	0
What were the total HOPWA funds expended for TBRA	0
rental assistance?	
Other (Non-TBRA) Rental Assistance	
Households Served and Expenditures (Other Non-TBRA	
Rental Assistance activities must be approved in the	
grant agreement).	
How many total households were served with Other (non-	0
TBRA) Rental Assistance?	
What were the total HOPWA funds expended for Other	0
(non-TBRA) Rental Assistance, as approved in the grant	
agreement?	
Describe the Other (non-TBRA) Rental Assistance provided.	0
(150 characters).	
TBRA Household Total (TBRA + Other)	0
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30%	0
of Area Median Income?	
What is the number of households with income between	0
31% and 50% of Area Median Income?	
What is the number of households with income between	0
51% and 80% of Area Median Income?	
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	C
SSI	0
SSDI	C
Other Welfare Assistance (Supplemental Nutrition	C
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	C
Veteran's Disability Payment (service or non-service	C
connected payment)	
Regular contributions or gifts from organizations or	(
persons not residing in the residence	
Worker's Compensation	
General Assistance (GA), or local program	
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	0
this year have <i>ever</i> been prescribed Anti-Retroviral	
Therapy?	
How many HOPWA-eligible persons served with TBRA have	0
shown an improved viral load or achieved viral	
suppression?	
Longevity for Households Served by this Activity	0
How many households have been served with TBRA for	0
less than one year?	34
How many households have been served with TBRA for	0
more than one year, but less than five years?	
How many households have been served with TBRA for	0
more than five years, but less than 10 years?	
How many households have been served with TBRA for	0
more than 10 years, but less than 15 years?	
How many households have been served with TBRA for	0
more than 15 years?	
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA	0
ITTOW ITTALLY HOUSEHOUS CONTINUES TOCCITING TO TITLE TO THE	
'	
assistance into the next year?	0
assistance into the next year? How many households exited to other HOPWA housing	0
assistance into the next year? How many households exited to other HOPWA housing programs?	
assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy	
assistance into the next year? How many households exited to other HOPWA housing programs?	0

Complete this section for all Households served with HOPWA

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

Permanent Facility-Based Housing assistance by your organization in the reporting year.

0						
	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information	COURT NO.					
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		0	0	0	0	0
many units were placed into service? [Do not complete if facility						
placed in service in prior years.]						
Leasing Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing		0	0	0	0	0
Leasing support for each facility?						
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0
Housing Leasing Costs for each facility?						
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
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?		0	0	0	0	0
Other Housing Support – Households and Expenditures Served by						
this Activity	The Part of the					STATE OF THE STATE
How many households received Other types of Permanent Facility-		0	0	0	0	0
What were the HODW/A finds expended for Other types of Dormanont		0	0	0		0
Facility-Based Housing for each facility?		c	ć	C		C
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)						
PFBH Deduplication	Mary Williams					

0	0	0	0	0	0	MEDICARE Health Insurance or local program equivalent
0	0	0	0	0	0	MEDICAID Health Program or local program equivalent
N. D. STORY OF THE STORY		THE RESERVE OF THE PARTY OF THE	Service Management			sources of medical insurance in the past year?
				100 M 100 M		How many households accessed or maintained access to the following
			Same and			Medical Insurance for Households Served by this Activity
0	0	0	0	0	0	How many households maintained no sources of income?
0	0	0	0	0	0	Other Sources of Income
0	0	0	0	0	0	Unemployment Insurance
0	0	0	0	0	0	General Assistance (GA), or local program
0	0	0	0	0	0	Worker's Compensation
	c	c				Regular contributions or gifts from organizations or persons not residing in the residence
			,			payment)
0	0	0	0	0	0	Veteran's Disability Payment (service or non-service connected
0	0	0	0	0	0	Private Disability Insurance
						Program, WIC, TANF, etc.)
0	0	0	0	0	0	Other Welfare Assistance (Supplemental Nutrition Assistance
0	0	0	0	0	0	SSDI
0	0	0	0	0	0	SSI
0	0	0	0	0	0	Retirement
0	0	0	0	0	0	Earned Income from Employment
0	0	0	0	0	0	How many households accessed or maintained access to the following sources of income in the past year?
					The season of the	Sources of Income for Households Served by this Activity
C	c		C	0	0	What is the number of households with income between 51% and 80% of Area Median Income?
						of Area Median Income?
0	0	0	0	0	0	What is the number of households with income between 31% and 50%
						Median Income?
0	0	0	0	0	0	What is the number of households with income below 30% of Area
0	0	0	0	0	0	Income Levels for Households Served by this Activity
0	0	0	0	0	0	Total Deduplicated Household Count
c	0	0	0	0	0	How many households received more than one type of PFBH for each facility? (Leasing, Operating, Other)
2	<u> </u>	<u> </u>				

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

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 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		0	0	0	0
many units were placed into service? [Do not complete if facility placed					
in service in prior years.]					
Leasing — Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based		0	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term		0	0	0	0
Facility-Based Housing Leasing Costs for each facility?					
Operating Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based		0	0	0	0
Housing Operating support for each facility?					
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?		0	0	0	0
Hotel-Motel — Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each		0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?		0	0	0	0
Other Housing Support — Households and Expenditures Served by this Activity					

	0 0 0 0 0	0 0 0 0 0		0000000	SSDI Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.) Private Disability Insurance Veteran's Disability Payment (service or non-service connected Regular contributions or gifts from organizations or persons not residing in the residence Worker's Compensation General Assistance (GA), or local program
0	o	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? Earned Income from Employment Retirement
0	0 0 0	0 0	0 0	0 0 0	What is the number of households with income below 30% of Area Median Income? What is the number of households with income below 30% of Area Mhat is the number of households with income between 31% and 50% of Area Median Income? What is the number of households with income between 51% and 80% of Area Median Income?
Ô	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) Total Deduplicated Household Count
	0 0	0 0	0 0	0 0	How many households received Other types of Transitional/Short-Term Facility-Based Housing support for each facility? What were the HOPWA funds expended for Other types of Transitional/Short-Term Facility-Based Housing for each facility?

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	0
mortgage assistance only?	
b. How many households were served with STRMU	0
rental assistance only?	
c. How many households were served with STRMU	0
utilities assistance only?	
d. How many households received more than one type	0
of STRMU assistance?	
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	0
30% of Area Median Income?	
What is the number of households with income	0
between 31% and 50% of Area Median Income?	
What is the number of households with income	0
between 51% and 80% of Area Median Income?	
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	0
income?	
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	0
equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	0
local program equivalent	
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	0
the first time this year?	_
How many households also received STRMU assistance	0
during the previous STRMU eligibility period?	
and the present of the same of	
How many households received STRMU assistance	0
more than twice during the previous five eligibility	
periods?	
How many households received STRMU assistance	0
during the last five consecutive eligibility periods?	
Housing Outcomes for Households Served by this	
Activity	0
How many households continued receiving this type of	0
HOPWA assistance into the next year?	
How many households exited to other HOPWA housing	0
programs?	
How many households exited to other housing subsidy	0
programs?	
How many households exited to an emergency shelter?	0
III	^
How many households served with STRMU were able to	0
maintain a private housing situation without subsidy?	
How many households exited to transitional housing	0
(time limited - up to 24 months)?	
How many households exited to institutional	0
arrangement expected to last less than six months?	

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	0
the following sources of income in the past year?	
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
connected payment)	
Regular contributions or gifts from organizations or	0
persons not residing in the residence	
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	0
income?	
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	0
equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	0
local program equivalent	
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.	
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
Households Served by this Activity	
How many households were served with	0
housing information services?	
Housing Information Services Expenditures	
What were the HOPWA funds expended for	0
Housing Information Services?	

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 F	Report
Households and Expenditures for Supportive	Number of Households	Expenditures
Service Types		
What were the expenditures and number of		To be a second
households for each of the following types of		
supportive services in the program year?		Contract of the State
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	C	0
supportive service?		
What were the other type(s) of supportive services		
provided? (150 characters)		The state of the s
Deduplication of Supportive Services		
How many households received more than one of	C	
any type of Supportive Services?		

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

"Other" Housing Activities Households and	This Report
Expenditures Served by this Activity	
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)	

Served in ALL Activities from this report				,				
for each Activity.	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?								
Total Unduplicated Housing Subsidy Assistance Household O								
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.	Story .							
Questions This Report								
	0							
How many households developed a housing plan for maintaining or establishing stable housing?	0							
d and maintained medical	0							
insurance and/or assistance?								
How many households had contact with a primary health care provider?	0							
How many households accessed or maintained qualification for sources of income?	0							
olds obtained/maintained an income-	٥							
producing job during the program year (with or without any HOPWA-related assistance)?								
Subsidy Assistance with Supportive Service, Funded Case Management								
Questions This Report								
households received any type of HOPWA Housing								
	_							

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.

Capital Development funds and opened to residents in this	o residents ill tills				
reporting year. Note: Scattered site facilities may be reported as one facility.	s one facility.				
Question	Facility 1	Facility 2	Facility 3	Facility 4 F	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	0	0	0	0	
amount of funding spent on rehabilitation?					
What type of development was funded (new construction,					
rehabilitation, acquisition)?					
For facilities being rehabilitated only, what is the final	0	0	C	C	
value of the building after rehabilitation is complete?					
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	
How much was expended on rehabilitation, for each	0	0	0	0	
How much was avanabled on now construction for each			0	0	
facility?				(
Was the development facility placed into service during					
this program year? Yes or No.					

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

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 FALG8522 Alabama S9307A

Sponsor S9307A_Thrive Alabama, Inc.

File ID 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.

D
Responses
Thrive Alabama, Inc.
57 0889447
938035946
\$58,000
600 St. Clair Avenue Suit 12
Huntsville
Madison
Alabama
35801
N/A
(256)536-4700
(256) 536-4117
www.thrivealabama.org
Thrive Alabama
Thrive Alabama, Inc.
No
Yes
Yes
Huntsville, Florence, Athens,
Guntersville, Gadsen
Madison ,Limestone, Lawrence
5
5
yes
I

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

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Contact Information for your Organization

Performance Report Cover (ab) should complete tills (ab:	Recnances
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 Excutive 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	The second of th
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

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.

שבה וטנמוש ווו ויספאש ביו מווע בים.												
A. For each racial category, how many HOPWA- eligible Individuals identified as such?		Male	ē			Fer	Female			Gender Nonbinary	onbinary	
	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	0	0	0	0	0	0	0	0	0	0	0	0
American												
American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	٥
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	ile			Fer	Female			Gender Nonbinary	onbinary	
	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 & Rlack/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

A psychiatric hospital or other psychiatric facility?	homeless persons?	A permanent housing situation for formerly	A transitional housing facility for formerly homeless nersons?	An emergency shelter?	A place not meant for human habitation?	assistance came from:	How many individuals newly receiving HOPWA	previous year?	continued receiving HOPWA assistance from the	How many HOPWA-eligible individuals	TFBH, or PHP	eligible Individuals served by TBRA, P-FBH, ST-	Complete Prior Living Situations for HOPWA-	unknown HIV status?	(beneficiaries) are HIV negative or have an	How many other household members	(beneficiaries) are HIV+?	How many other household members	(rows 16-25):	(beneficiaries) served with HOPWA assistance	Total number of other household members	served with HOPWA assistance (rows 4-13):	Total number of HOPWA-eligible individuals	b. White	b. Other Multi-Racial	b. Native Hawaiian/Other Pacific Islander
0			0	0	0					0		1, ST-	VA-			0		0		0		0		0	0	0
																							THE REAL PROPERTY.	0	٥	0
			75																					0	0	0
																							100000000000000000000000000000000000000	0	0	0
																								0	0	0
																								0	0	
																								0	0	c
																								0	0	o
																								9	٥	c
																							je i		c	٥

A substance abuse facility?
A non-psychiatric hospital?

00

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

What is the amount and type of leveraged funding that was provided by any	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	0	
payments in the program year?		

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

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

Question	This Report
TBRA Households Served and Expenditures	
How many households were served with HOPWA TBRA	0
assistance?	
What were the total HOPWA funds expended for TBRA	0
rental assistance?	
Other (Non-TBRA) Rental Assistance	
Households Served and Expenditures (Other Non-TBRA	
Rental Assistance activities must be approved in the	
grant agreement).	
How many total households were served with Other (non-	0
TBRA) Rental Assistance?	
What were the total HOPWA funds expended for Other	0
(non-TBRA) Rental Assistance, as approved in the grant	
agreement?	
Describe the Other (non-TBRA) Rental Assistance provided.	0
(150 characters).	
TBRA Household Total (TBRA + Other)	0
Income Levels for Households Served by this Activity	
What is the number of households with income below 30%	0
of Area Median Income?	
What is the number of households with income between	0
31% and 50% of Area Median Income?	
What is the number of households with income between	0
51% and 80% of Area Median Income?	
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
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI (C.) (0
Other Welfare Assistance (Supplemental Nutrition	٥
Assistance Program, WIC, TANF, etc.)	1
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	٩
connected payment)	
Regular contributions or gifts from organizations or	0
persons not residing in the residence	ļ .
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	0
this year have <i>ever</i> been prescribed Anti-Retroviral	
Therapy?	
How many HOPWA-eligible persons served with TBRA have	0
shown an improved viral load or achieved viral	
suppression?	
Longevity for Households Served by this Activity	0
How many households have been served with TBRA for	0
less than one year?	
How many households have been served with TBRA for	0
more than one year, but less than five years?	
How many households have been served with TBRA for	0
more than five years, but less than 10 years?	
How many households have been served with TBRA for	0
more than 10 years, but less than 15 years?	
How many households have been served with TBRA for	0
more than 15 years?	
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA	0
assistance into the next year?	
How many households exited to other HOPWA housing	0
programs?	
How many households exited to other housing subsidy	0
programs?	
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

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

organization in the reporting year.

Cibameanon in and reporting Jeans							
Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	N
Facility Information	World Company				STREET, STREET		10 33
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		0	0	0	0	0	0
many units were placed into service? [Do not complete if facility							'n
placed in service in prior years.]							
Leasing Households and Expenditures Served by this Activity				THE PERSON NAMED IN			
How many households received Permanent Facility-Based Housing		0	0	0	0	0	0
Leasing support for each facility?							
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0	0
Housing Leasing Costs for each facility?							
Operating — Households and Expenditures Served by this Activity							
How many households received Permanent Facility-Based Housing		0	0	0	0	0	0
Operating support for each facility:		>		0			0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?		0	0	0	C	C	
Other Housing Support – Households and Expenditures Served by this Activity					V ₂ T ₁		
How many households received Other types of Permanent Facility-		0	0	0	0	0	0
Based Housing support for each facility?							
What were the HOPWA funds expended for Other types of Permanent		0	0	0	0	0	0
raciity-based nousing for each facility:							
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)							
PFBH Deduplication					Tat. All all one		

How many households received more than one type of PFBH for each facility? (Leasing, Operating, Other) Total Deduplicated Household Count Total Deduplicated Household Count	o o	0 0	0 0	0 0	0 0	0
Income Levels for Households Served by this Activity	0	0	0	0	0	0
What is the number of households with income below 30% of Area	0	0	0	0	0	0
Median Income?						
What is the number of households with income between 31% and 50%	0	0	0	0	0	0
of Area Median Income?						
What is the number of households with income between 51% and 80%	0	0	0	0	0	0
of Area Median Income?						
Sources of Income for Households Served by this Activity					THE WAY THE	The Carolina Millian
How many households accessed or maintained access to the following	0	0		0		0
sources of income in the past year?	c	c				
Earned Income from Employment	0	0	0	0	0	
Retirement	0	0	0	0	0	0
ISS	0	0	0	0	0	0
IdSS	0	0	0	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance	0	0	0	0	0	0
riogiani, wic, iaivi, etc.,)						
Private Disability Insurance	0	0	0	0	0	
Veteran's Disability Payment (service or non-service connected	0	0	0	0	0	0
Regular contributions or gifts from organizations or persons not	0	0	0	0	0	0
residing in the residence						
Worker's Compensation	0	0	0	0	0	
General Assistance (GA), or local program	0	0	0	0	0	0
Unemployment Insurance	0	0	0	0	0	
Other Sources of Income	0	0	0	0	0	
How many households maintained no sources of income?	0	0	0	0	0	
Medical Insurance for Households Served by this Activity				20 mm		
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	0	0	0	0	
MEDICARE Health Insurance or local program equivalent	0	0	0	0	0	0

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

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 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.				1.4	
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		0	0	0	0
many units were placed into service? [Do not complete if facility placed					
in service in prior years.]					
Leasing Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based		0	0	0	0
Housing Leasing support for each facility?					
What were the HOPWA funds expended for Transitional/Short-Term		0	0	0	0
Facility-Based Housing Leasing Costs for each facility?					
Operating Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based		0	0	0	0
Housing Operating support for each facility?					
What were the HOPWA funds expended for Transitional/Short-Term		0	0	0	0
Facility-Based Housing Operating Costs for each facility?					
Hotel-Motel Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each		0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?		0	0	0	0
Other Housing Support Households and Expenditures Served by this			No. of the last		
Activity					

0	0	0	0	0	General Assistance (GA), or local program
0	0	0	0	0	Worker's Compensation
	c		C		Regular contributions or gifts from organizations or persons not residing in the residence
0	0	0	0	0	Veteran's Disability Payment (service or non-service connected
0	0	0	0	0	Private Disability Insurance
	0	0	0	0	Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)
0	0	0	0	0	SSDI
0	0	0	0	0	SSI
0	0	0	0	0	Retirement
0	0	0	0	0	Earned Income from Employment
0	0	0	0	0	How many households accessed or maintained access to the following sources of income in the past year?
Control of the Contro			N. D. S.		Sources of Income for Households Served by this Activity
	c		c	c	of Area Median Income?
0	0	0	0	0	OT Area Median Income? What is the number of households with income between 51% and 80%
0	0	0	0	0	What is the number of households with income between 31% and 50%
					Median Income?
0	0	0	0	0	What is the number of households with income below 30% of Area
0	0	0 3310	0	0	Income Levels for Households Served by this Activity
0	0	0	0	0	Total Deduplicated Household Count
0	0	0	0	0	How many households received more than one type of ST-TFBH for each facility? (Leasing, Operating, Hotel-Motel, Other)
		Madilla Same	Remission of the last		ST-TFBH Deduplication
	ACI				For households served with Other Transitional/Short-Term Facility-Based Housing, what type of service were they provided? (150 characters)
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	How many households received Other types of Transitional/Short-Term Facility-Based Housing support for each facility?

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	0
mortgage assistance only?	
b. How many households were served with STRMU	0
rental assistance only?	
c. How many households were served with STRMU	0
utilities assistance only?	
d. How many households received more than one type	0
of STRMU assistance?	
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	0
30% of Area Median Income?	
What is the number of households with income	0
between 31% and 50% of Area Median Income?	
What is the number of households with income	0
between 51% and 80% of Area Median Income?	
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	0
income?	,
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	0
equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	0
local program equivalent	
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	0
the first time this year?	
How many households also received STRMU assistance	0
during the previous STRMU eligibility period?	
How many households received STRMU assistance	0
more than twice during the previous five eligibility	
periods?	
How many households received STRMU assistance	0
during the last five consecutive eligibility periods?	
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving this type of	0
HOPWA assistance into the next year?	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy	0
programs? How many households exited to an emergency shelter?	0
How many households served with STRMU were able to	0
maintain a private housing situation without subsidy?	
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to transitional housing (time limited - up to 24 months)? How many households exited to institutional	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	0
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
connected payment)	
Regular contributions or gifts from organizations or	0
persons not residing in the residence	
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	0
income?	
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?	0
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program	0
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
In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.	
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 Households Served by this Activity How many households were served with housing information services? Housing Information Services Expenditures What were the HOPWA funds expended for

Housing Information Services?

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 F	Report
Households and Expenditures for Supportive	Number of Households	Expenditures
Service Types		
What were the expenditures and number of	TWIN'T TO THE T	Service Commission
households for each of the following types of	MATERIAL STREET	
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	0	0
supportive service?		
What were the other type(s) of supportive services		
provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of	0	
any type of Supportive Services?		

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

"Other" Housing Activities Households and	This Report
Expenditures Served by this Activity	
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
Total Households Served in ALL Activities from this report for each Activity .	0	0	0	0		0
Housing Subsidy Assistance Household Count Deduplication	uplication					
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	or all					
competitive activities" in the reporting year.						
	This Report		THE PERSON			
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-	0					
producing job during the program year (with or without any HOPWA-related assistance)?						
Subsidy Assistance with Supportive Service, Funded Case Management	lanagement					
Questions	This Report					
households received any type of HOPWA Housing sistance and HOPWA Funded Case Management?	0					
	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.

reporting year. Note: Scattered site facilities may be reported as one facility.					
Question Facility 1	Fac	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information			STATE OF THE SECOND SECOND		20 S S
What is the name of the facility using HOPWA for capital					
development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total	0	0	0	0	
amount of funding spent on rehabilitation?					
What type of development was funded (new construction,					
rehabilitation, acquisition)?					
For facilities being rehabilitated only, what is the final	0	0	0	0	
value of the building after rehabilitation is complete?					
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	0	0	0	0	
each facility?					
How much was expended on rehabilitation, for each facility?	0	0	0	0	
How much was expended on new construction, for each facility?	0	0	0	0	
Was the development facility placed into service during this program year? Yes or No.					
The Country of the Co					

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

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 FALG8522 Alabama S93013A

Sponsor S93013A_Medical Advocacy and Outreach File ID 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	81155926
Identifier (UEI)?	
What is the organization's Employer ID Number	63 0959627
(EIN) or Tax ID Number (TIN)?	
What is the HOPWA contract amount for this	\$53,075
organization?	. ,
What is the organization's business street	2900 Mcgehee Road
address?	
In what city is the organization's business	Montgomery
address?	e.i.ge.iiiei į
In what county is the organization's business	Montgomery
address?	,
In what state is the organization's business	Alabama
address?	
What is the organization's business address zip	36111
code?	
What is the organization's parent company, if	N/A
applicable?	
What department administers the organization's	
grant?	
What is the organization's phone number	(334) 280-3349
(including extension)?	
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
io cino di fattiri bassa enganizzationi i se es es es es	
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	Montgomery, Dothan, Clanton
service area?	,, .
What are the counties of the organization's	Montgomery, Autuga, Barbour
primary service area?	,, ,,
In what congressional district is the organization	3
located?	
In what congressional district is the primary	2,3
service area?	,
Is there a waiting list for HOPWA housing subsidy	Yes
assistance services in the organization's service	
area? Yes or No.	

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

Contact Information for your Organization

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

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	le			Fe	Female			Gender Nonbinary	onbinary	
	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	
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	
American Indian/Alaskan Native & Black/African	0	0	0	0	0	0	0	0	0	0	0	0
American												
American Indian/Alaskan Native & White	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	
White	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	ie			Fe	Female			Gender Nonbinary	onbinary	
	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	
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	
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

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13):	日本のでは、 100mmのでは、 100mmのでは、100mmのでは、100mmのでは、 100mmのでは、 100mmのでは、 100mmのでは、 100mmのでは、 100mmのでは、 100mmのでは、 100mmの	b. White	b. Other Multi-Racial	b. Native Hawaiian/Other Pacific Islander	
0		0	0	0.	
		0	0	0	
		0	0	0	
		0	0	0	
		0	0	0	
	The second	0	0	0	
	AND SECTION ASSESSMENT	0	0	0	
		0	0	0	
	THE REAL PROPERTY.	0	0	0	
		0	0	0	
	の対象の	0	0	0	
	25	0	0	0	

served with HOPWA assistance (rows 4-13):	0
Total number of other household members (beneficiaries) served with HOPWA assistance	0
(rows 16-25):	
How many other nousehold members (beneficiaries) are HIV+?	c
How many other household members	0
(beneficiaries) are HIV negative or have an	
unknown HIV status?	
Complete Prior Living Situations for HOPWA-	PWA-
eligible Individuals served by TBRA, P-FBH, ST-	:ВН, ST-
TFBH, or PHP	

eligible Individuals served by TBRA, P-FBH, ST-	BH, ST-
TFBH, or PHP	
How many HOPWA-eligible individuals	0
continued receiving HOPWA assistance from the	
previous year?	
How many individuals newly receiving HOPWA	
assistance came from:	TOWN TOWN
A place not meant for human habitation?	0
An emergency shelter?	0
A transitional housing facility for formerly	0
homeless persons?	
A permanent housing situation for formerly	0
homeless persons?	
A psychiatric hospital or other psychiatric	0
facility?	
A substance abuse facility?	0
A non-psychiatric hospital?	0

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

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 7/6	
What was the amount of program income collected from resident rent	0	
payments in the program year?		

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

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

Question	This Report
TBRA Households Served and Expenditures	ELECTIVE STREET
How many households were served with HOPWA TBRA	0
assistance?	
What were the total HOPWA funds expended for TBRA	0
rental assistance?	
Other (Non-TBRA) Rental Assistance	
Households Served and Expenditures (Other Non-TBRA	Bridge A Bridge Toll Cal
Rental Assistance activities must be approved in the	
grant agreement).	
How many total households were served with Other (non-	0
TBRA) Rental Assistance?	
What were the total HOPWA funds expended for Other	0
(non-TBRA) Rental Assistance, as approved in the grant	
agreement?	
Describe the Other (non-TBRA) Rental Assistance provided.	0
(150 characters).	
TBRA Household Total (TBRA + Other)	0
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30%	0
of Area Median Income?	
What is the number of households with income between	0
31% and 50% of Area Median Income?	
What is the number of households with income between	0
51% and 80% of Area Median Income?	
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	O
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
connected payment)	
Regular contributions or gifts from organizations or	C
persons not residing in the residence	
Worker's Compensation	C
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	0
this year have <i>ever</i> been prescribed Anti-Retroviral	
Therapy?	
How many HOPWA-eligible persons served with TBRA have	0
shown an improved viral load or achieved viral	
suppression?	
Longevity for Households Served by this Activity	0
How many households have been served with TBRA for	0
less than one year?	
How many households have been served with TBRA for	0
more than one year, but less than five years?	
How many households have been served with TBRA for	0
more than five years, but less than 10 years?	
How many households have been served with TBRA for	0
more than 10 years, but less than 15 years?	
How many households have been served with TBRA for	0
more than 15 years?	
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA	0
assistance into the next year?	
How many households exited to other HOPWA housing	0
programs?	
How many households exited to other housing subsidy	0
programs?	
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

organization in the reporting year.						
	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		0	0	0	0	0
many units were placed into service? [Do not complete if facility						
placed in service in prior years.]						
Leasing Households and Expenditures Served by this Activity				DEN ELEMENTS DE INC		
How many households received Permanent Facility-Based Housing		0	0	0	0	0
Leasing support for each facility?						
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0
Housing Leasing Costs for each facility?						
Operating — Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing		0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0
Housing Operating Costs for each facility?						
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
What were the HOPWA funds expended for Other types of Permanent		0	0	0	0	0
Facility-Based Housing for each facility?						
For households served with Other Permanent Facility-Based Housing,						
what type of service were they provided? (150 characters)						
PFBH Deduplication						

How many households received more than one type of PFBH for each facility? (Leasing, Operating, Other)	0	0	0	0	0	
Total Deduplicated Household Count	0	0	0	0	0	0
Income Levels for Households Served by this Activity	0	0	0	0	0	0
What is the number of households with income below 30% of Area	0	0	0	0	0	
Median Income?						
What is the number of households with income between 31% and 50%	0	0	0	0	0	
of Area Median Income?	5			0	3	
of Area Median Income?						
Sources of Income for Households Served by this Activity	t de la constant de l	100 C 200 E				
How many households accessed or maintained access to the following	0	0	0	0	0	0
Earned Income from Employment	0			0	0	Salt Salt
Retirement	0	0	0	0	0	
SSI	0	0	0	0	0	
SSDI	0	0	0	0	0	
Other Welfare Assistance (Supplemental Nutrition Assistance	0	0	0	0	0	
Private Disability Insurance	0	0	0	0	0	
Veteran's Disability Payment (service or non-service connected	0	0	0	0	0	
Regular contributions or gifts from organizations or persons not	0	0	0	0	0	
residing in the residence						
Worker's Compensation	0	0	0	0	0	
General Assistance (GA), or local program	0	0	0	0	0	
Unemployment Insurance	0	0	0	0	0	
Other Sources of Income	0	0	0	0	0	
How many households maintained no sources of income?	0	0	0	0	0	
Medical Insurance for Households Served by this Activity			BHANNE BE			7 1 1 0
How many households accessed or maintained access to the following						
MEDICAID Health Program or local program equivalent	0	0	0	0	0	
MEDICARE Health Insurance or local program equivalent	0	0	0	0	0	

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

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 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		0	0	0	0
many units were placed into service? [Do not complete if facility placed					
in service in prior years.]					
Leasing — Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based		0	0	0	0
Housing Leasing support for each facility?					
What were the HOPWA funds expended for Transitional/Short-Term		0	0	0	0
Facility-Based Housing Leasing Costs for each facility?					
Operating — Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based		0	0	0	0
Housing Operating support for each facility?					
What were the HOPWA funds expended for Transitional/Short-Term		0	0	0	0
Facility-Based Housing Operating Costs for each facility?					
Hotel-Motel Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each		0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each		0	0	0	0
Other Housing Support – Households and Expenditures Served by this					
Activity					

0	0	0	0	0	General Assistance (GA), or local program
0	0	0	0	0	Worker's Compensation
					residing in the residence
0	0	0	0	0	Regular contributions or gifts from organizations or persons not
0	0	0	0	0	Veteran's Disability Payment (service or non-service connected
0	0	0	0	0	Private Disability Insurance
c	C	c	c	c	WIC, TANF, etc.)
	0 0		0 0	0 0	Othor Wolfers Assistance (Supplemental Nutrition Assistance Program
	0 0	0 0			331
0 0	0 0	0 0			CCI
0	0	0	0	0	Retirement
0	0	0	0	0	Earned Income from Employment
0	0	0	0	0	How many households accessed or maintained access to the following sources of income in the past year?
					Sources of Income for Households Served by this Activity
					of Area Median Income?
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	What is the number of households with income between 31% and 50%
	C	C	c	c	Median Income?
0	0		0	0	What is the number of households with income helow 30% of Area
0	0	0	0	0	Total Deduplicated Household Count
					facility? (Leasing, Operating, Hotel-Motel, Other)
0	0	0	0	0	How many households received more than one type of ST-TFBH for each
					ST-TFBH Deduplication
					Housing, what type of service were they provided? (150 characters)
					For households served with Other Transitional/Short-Term Facility-Based
0	0	0	0	0	What were the HOPWA funds expended for Other types of Transitional/Short-Term Facility-Based Housing for each facility?
c		C	C	0	How many households received Other types of Transitional/Short-Term Facility-Based Housing support for each facility?
	2	2		<u> </u>	

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	0
mortgage assistance only?	
b. How many households were served with STRMU	0
rental assistance only?	
c. How many households were served with STRMU	0
utilities assistance only?	
d. How many households received more than one type	0
of STRMU assistance?	
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	0
30% of Area Median Income?	
What is the number of households with income	0
between 31% and 50% of Area Median Income?	
What is the number of households with income	0
between 51% and 80% of Area Median Income?	
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	C
Regular contributions or gifts from organizations or	C
Worker's Compensation	C
General Assistance (GA), or local program	0

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

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	AND SAME STATES
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	0
the following sources of income in the past year?	
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
connected payment)	
Regular contributions or gifts from organizations or	0
persons not residing in the residence	
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	0
income?	
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?	0
MEDICAID Health Program or local program equivalent	Ü
MEDICARE Health Insurance or local program	0
equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.	
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 Households Served by this Activity How many households were served with housing information services? Housing Information Services Expenditures What were the HOPWA funds expended for

Housing Information Services?

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 I	Report
Households and Expenditures for Supportive	Number of Households	Expenditures
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	C
Alcohol-Drug Abuse	0	C
Child Care	0	C
Case Management	0	C
Education	0	C
Employment Assistance and Training	0	C
Health/Medical Services	0	
Legal Services	0	
Life Skills Management	0	(
Meals/Nutritional Services	C	0
Mental Health Services	0	
Outreach	C	
Transportation	C	(
Any other type of HOPWA funded, HUD approved	C	(
supportive service?		
What were the other type(s) of supportive services		
provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of	C	
any type of Supportive Services?		

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

"Other" Housing Activities Households and	This Report
Expenditures Served by this Activity	
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)	

Housing Subsidy Assistance Household Count Deduplication Track Housing Subsidy Assistance (from the Tark, A-PäH, ST-Täh, STRMU, PHS, Other Competitive Activity counts above) How many households received more than one type of HoppwA Housing Subsidy Assistance for Tark A-PäH, ST-Täh, STRMU, PHP, Other Competitive Activity? Total Undiplicated Housing Subsidy Assistance Household Count Access to Care (ATC) Complete HOPWA Outcomes for Access to Care and Support for all bouseholds served with HOPWA housing assistance and "other competitive activities" in the reporting year. Questions How many households had contact with a case manager? How many households accessed and maintained medical insurance and/or assistance? How many households accessed and maintained an income producing both and promate the program year (with or without any households accessed or maintained an income producing both of the program year (with or without any households accessed or maintained an income producing both of the program year (with or without any households accessed or maintained an income producing both of the program year (with or without any households accessed or maintained an income producing both of the program year (with or without any households accessed with Supportive Service, Funded Case Management Output Case Management Program year (with Orace Ma	Activity Review Total Households Served in ALL Activities from this report for each Activity.	TBRA	0	0	0	0	nousing inito
sousing Subsidy Assistance (from the TBRA, P-FBH, ST-STRIMU, PHP, Other Competitive Activity counts above) any households received more than one type of HOPWA g Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, ther Competitive Activity? ACCESS to Care (ATC) lete HOPWA Outcomes for Access to Care and Support for all holds served with HOPWA housing assistance and "other etitive activities" in the reporting year. lons any households had contact with a case manager? any households developed a housing plan for maintaining bilishing stable housing? any households accessed and maintained medical nee and/or assistance? any households accessed or maintained qualification for sof income? sof income? any households obtained/maintained an incomecing job during the program year (with or without any A-related assistance)? Arelated assistance with Supportive Service, Funded Case Management ones and HOPWA Funded Case Management? Assistance and HOPWA Funded Case Management? This Report ones Management?	Housing Subsidy Assistance Household Count De	duplication					
anny households received more than one type of HOPWA g Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, ther Competitive Activity? ACCESS to Care (ATC) lete HOPWA Outcomes for Access to Care and Support for all holds served with HOPWA housing assistance and "other etitive activities" in the reporting year. In the reporting year. In the reporting year. In the reporting assistance and "other etitive activities" in the reporting year. In the reporting stance and "other etitive activities" in the reporting pear. In the reporting served with a case manager? In the report many households had contact with a case manager? In the report many households accessed and maintained medical nce and/or assistance? In this Report any households accessed or maintained qualification for so fincome? In the report maintained an incomency of households accessed or maintained an incomency of households assistance)? In this Report In the report of HOPWA Housing was facely any type of HOPWA Housing In this Report In the report of HOPWA Housing In the Report of HOPWA Housing In the received any type of HOPWA Housing In the received any type of HOPWA Housing	Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST- TFBH, STRMU, PHP, Other Competitive Activity counts above)						
Access to Care (ATC) lete HOPVA Outcomes for Access to Care and Support for all holds served with HOPVA housing assistance and "other etitive activities" in the reporting year. Inany households had contact with a case manager? This Report nany households developed a housing plan for maintaining blishing stable housing? This nany households accessed and maintained medical nee and/or assistance? This nany households accessed or maintained qualification for so fincome? To fincome? This nany households accessed or maintained qualification for so fincome? This nany households accessed or maintained an income-complete days the program year (with or without any A-related assistance)? This Report nany households received any type of HOPWA Housing y Assistance and HOPWA Funded Case Management? This Report nany households received any type of HOPWA Housing y Assistance and HOPWA Funded Case Management?	How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU,	0					
Access to Care (ATC) lete HOPVA Outcomes for Access to Care and Support for all holds served with HOPVA housing assistance and "other etitive activities" in the reporting year. In the reporting year. In the reporting year. This Report namy households had contact with a case manager? In the reporting plan for maintaining blishing stable housing? In the reporting year. This Report namy households accessed and maintained medical nce and/or assistance? In the reporting year (with a primary health care are nary households accessed or maintained qualification for so of income? In the reporting year (with or without any A-related assistance)? A-related assistance)? This Report namy households received any type of HOPWA Housing years households received any type of HOPWA Housing rany households received any type of HOPWA Housing range	Housing Subsidy Assistance for IBRA, P-FBH, SI-IFBH, SIRMU, PHP, Other Competitive Activity?	c					
Access to Care (ATC) lete HOPWA Outcomes for Access to Care and Support for all holds served with HOPWA housing assistance and "other etitive activities" in the reporting year. In the reporting year. In this Report in the reporting year. This Report in the reporting session in the reporting plan for maintaining in the program year (with a primary health care er? The port in the register in the reporting is of income? The port in the reporting in the program year (with or without any 'A-related assistance)? This Report in the HOPWA Housing in the received any type of HOPWA Housing in the receiv	Total Unduplicated Housing Subsidy Assistance Household	2					
(ATC) are and Support for all istance and "other This Report for maintaining medical medical y health care y health care alification for come- ithout any This Report This Report MA Housing MA Housing MA Housing	Count	0					
istance and "other This Report anager? for maintaining medical y health care jalification for come- ithout any re, Funded Case Management This Report MA Housing MA Housing MA Housing MA Housing	Access to Care (ATC)						
istance and "other This Report anager? for maintaining medical y health care y health care jalification for ncome- ithout any ithout any This Report WA Housing nagement? MA Housing MA Housing	Complete HOPWA Outcomes for Access to Care and Suppor	for all					
anager? for maintaining medical y health care y health care ualification for roome- rithout any rithout any This Report This Report MA Housing MA Housing MA Housing	households served with HOPWA housing assistance and "ot	1er					
This Report Itact with a case manager? Itact with a primary health care	competitive activities" in the reporting year.						
ntact with a case manager? bed a housing plan for maintaining and and maintained medical and maintained medical and remaintained qualification for an anintained qualification for any year (with or without any bupportive Service, Funded Case Management any type of HOPWA Housing A Funded Case Management? d any type of HOPWA Housing any type of HOPWA Housing	Questions	This Report		SALL SALVESTER			
and maintained medical tact with a primary health care and or maintained qualification for ad/maintained an income- am year (with or without any supportive Service, Funded Case Management d any type of HOPWA Housing A Funded Case Management? d any type of HOPWA Housing	How many households had contact with a case manager?	П					
tact with a primary health care td or maintained qualification for d/maintained an income- am year (with or without any supportive Service, Funded Case Management d any type of HOPWA Housing A Funded Case Management? d any type of HOPWA Housing	How many households developed a housing plan for maintaining	0					
or Case Management	How many bouseholds assessed and maintained medical						
or Case Management This Report	insurance and/or assistance?	1 20					
Case Management This Report	How many households had contact with a primary health care	0					
Case Management This Report	How many households accessed or maintained qualification for	0					
Case Management This Report	How many households obtained/maintained an income-						
Case Management This Report	producing job during the program year (with or without any HOPWA-related assistance)?						
This Report	Subsidy Assistance with Supportive Service, Funded Case	Management					
	Questions	This Report					
04	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	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 an facility.

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.	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		0	0	0	0
amount of funding spent on rehabilitation?					
What type of development was funded (new construction,					
rehabilitation, acquisition)?					
For facilities being rehabilitated only, what is the final		0	0	0	0
value of the building after rehabilitation is complete?					
What type of housing (Permanent or Short-					
term/ (ransitional) was developed?					
For Capital Development facilities, what is the purchase or					
Ear Conital Development facilities what is the date the					
construction or rehabilitation started (if applicable)?					8
Capital Development Expenditures				Charles and the second	
How much was expended in this year on acquisition, for		0	0	0	· •
How much was expanded on rababilitation for each				0	0
facility?					
How much was expended on new construction, for each		0	0	0	0
facility?					
Was the development facility placed into service during					
this program year? Yes or No.					

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

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 FALG8522 Alabama S93010A

Sponsor S93010A_Five Horizons Health Services Inc File ID 23025_188

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.

	Danaman	
Project Sponsor Questions	Responses	
What is the organization's name?	Five Horizons	
What is the organization's Unique Entity	63 0995963	
Identifier (UEI)?		
What is the organization's Employer ID Number	037623191	
(EIN) or Tax ID Number (TIN)?		
What is the HOPWA contract amount for this		\$45,000
organization?		
What is the organization's business street	2720 6th Street #100	
address?		
In what city is the organization's business	Tuscaloosa	A 4 9
address?		
In what county is the organization's business	Tuscaloosa	
address?		
In what state is the organization's business	Alabama	
address?		
What is the organization's business address zip		35401
code?		
What is the organization's parent company, if	N/A	
applicable?		
What department administers the organization's		
grant?		
What is the organization's phone number	(205)759-8470	
(including extension)?		
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	Tuscaloosa, Greenville, Reform	
service area?		
What are the counties of the organization's	Tuscaloosa, Pickens, Hale	
primary service area?		
In what congressional district is the organization		6
located?		
In what congressional district is the primary	4,6,7	
service area?		
Is there a waiting list for HOPWA housing subsidy	Yes	
assistance services in the organization's service		
area? Yes or No.		

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

Boxformance Boxort Cover table should complete this tab
Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in
Contact Information for your Organization

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Billy Kirkpatrick
What is the Primary Program contact title?	Excutive 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)?	
What is the Primary Program contact fax number?	(205) 366-9001
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	le			Fe	Female			Gender Nonbinary	onbinary	
	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	0	0	0	0	0	0	0	0	0	0	0	0
American												
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	ale			Fe	Female			Gender Nonbinary	onbinary	
	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
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 &	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

ers (tance (stance (st	 b. Native Hawaiian/Other Pacific Islander 	0
PWA-eligible individuals assistance (rows 4-13): or household members of with HOPWA assistance or have an pure produce of the control of the	b. Other Multi-Racial	0
Total number of HOPWA assistance (rows 4-13): Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25): How many other household members (beneficiaries) are HIV+? How many other household members (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? How many individuals newly receiving HOPWA assistance came from: A place not meant for human habitation? A transitional housing facility for formerly homeless persons? A psychiatric hospital or other psychiatric A psychiatric hospital or other psychiatric O Catinue of the prior that individuals of the psychiatric of the psychi	b. White	0
total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25): How many other household members (beneficiaries) are HIV+? How many other household members (charles) are HIV negative or have an unknown HIV status? 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? How many individuals newly receiving HOPWA assistance came from: A place not meant for human habitation? A place not meant for human habitation? A permanent housing situation for formerly homeless persons? A psychiatric hospital or other psychiatric facility?	Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13):	0
(beneficiaries) are HIV+? How many other household members (beneficiaries) are HIV negative or have an unknown HIV status? 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? How many individuals newly receiving HOPWA assistance came from: A place not meant for human habitation? A permanent housing facility for formerly homeless persons? A psychiatric hospital or other psychiatric facility?	Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25):	0
(beneficiaries) are HIV negative or have an unknown HIV status? 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? How many individuals newly receiving HOPWA assistance came from: A place not meant for human habitation? A nemergency shelter? A permanent housing facility for formerly homeless persons? A permanent housing situation for formerly homeless persons? A psychiatric hospital or other psychiatric facility?	How many other household members (beneficiaries) are HIV+?	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? How many individuals newly receiving HOPWA assistance came from: A place not meant for human habitation? O A transitional housing facility for formerly homeless persons? A permanent housing situation for formerly A psychiatric hospital or other psychiatric A psychiatric hospital or other psychiatric O facility?	How many other household members (beneficiaries) are HIV negative or have an	0
eligible Individuals served by TBRA, P-FBH, ST- TFBH, or PHP How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year? How many individuals newly receiving HOPWA assistance came from: A place not meant for human habitation? On A transitional housing facility for formerly homeless persons? A permanent housing situation for formerly homeless persons? A psychiatric hospital or other psychiatric offacility?	Complete Prior Living Situations for H	OPWA-
gible individuals DPWA assistance from the newly receiving HOPWA r human habitation? gr? gfacility for formerly g situation for formerly	eligible Individuals served by TBRA, P-TFBH, or PHP	FBH, ST-
newly receiving HOPWA newly receiving HOPWA r human habitation? g facility for formerly g situation for formerly l or other psychiatric	How many HOPWA-eligible individuals	0
newly receiving HOPWA r human habitation? r? g facility for formerly g situation for formerly l or other psychiatric	previous year?	
g facility for formerly g situation for formerly	How many individuals newly receiving HOPWA	
racility for formerly iituation for formerly or other psychiatric	assistance came from:	Property of
racility for formerly ituation for formerly or other psychiatric	A place not meant for human habitation?	0
facility for formerly ituation for formerly or other psychiatric	An emergency shelter?	0
Ÿ	A transitional housing facility for formerly homeless persons?	0
	A permanent housing situation for formerly	0
	homeless persons? A psychiatric hospital or other psychiatric	0
	facility?	

A substance abuse facility?
A non-psychiatric hospital?

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. Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or

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 Assistancer 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	0	10 00 00 00 00 00 00 00 00 00 00 00 00 0
payments in the program year?		

THE REAL PROPERTY AND ADDRESS OF THE PARTY AND		
○ 大変ないでは、一般には、一般には、一般には、一般には、一般には、一般には、一般には、一般に		What was the amount of resident rent payment that residents paid directly to
		Directly to cliente contains
		Directly to Brigger andlards
	0	Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients
		services or other non-housing costs in the program year;
		the same bound of the program year?
		What was the amount of total program income that was spent on supportive
		assistance in the program year:
これは、日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日		
		What was the amount of total program income that was spent on housing
一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一		Caca of Lindham mooning
	0	lises of Program Income
		resident payments) in the program year:
		model and the program year?
		What was the amount of program income collected from other sources (rioii

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

Question	This Report
TBRA Households Served and Expenditures	
How many households were served with HOPWA TBRA	0
assistance?	
What were the total HOPWA funds expended for TBRA	0
rental assistance?	
Other (Non-TBRA) Rental Assistance	
Households Served and Expenditures (Other Non-TBRA	
Rental Assistance activities must be approved in the	
grant agreement).	
How many total households were served with Other (non-	0
TBRA) Rental Assistance?	(4)
What were the total HOPWA funds expended for Other	0
(non-TBRA) Rental Assistance, as approved in the grant	
agreement?	
Describe the Other (non-TBRA) Rental Assistance provided.	0
(150 characters).	
TBRA Household Total (TBRA + Other)	
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30%	0
of Area Median Income?	
What is the number of households with income between	0
31% and 50% of Area Median Income?	
What is the number of households with income between	0
51% and 80% of Area Median Income?	
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
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
connected payment)	
Regular contributions or gifts from organizations or	0
persons not residing in the residence	
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	0
this year have <i>ever</i> been prescribed Anti-Retroviral	
Therapy?	
How many HOPWA-eligible persons served with TBRA have	0
shown an improved viral load or achieved viral	
suppression?	
Longevity for Households Served by this Activity	0
How many households have been served with TBRA for	0
less than one year?	
How many households have been served with TBRA for	0
more than one year, but less than five years?	
How many households have been served with TBRA for	0
more than five years, but less than 10 years?	
How many households have been served with TBRA for	0
more than 10 years, but less than 15 years?	
How many households have been served with TBRA for	0
more than 15 years?	
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA	0
assistance into the next year?	
How many households exited to other HOPWA housing	0
programs?	
How many households exited to other housing subsidy	0
programs?	
How many households exited to an emergency shelter?	0
Have many households evited to private housing?	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

Barrier Branch Company						
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		0	0	0	0	0
many units were placed into service? [Do not complete if facility						
placed in service in prior years.]						
Leasing Households and Expenditures Served by this Activity				Man Hall Man		
How many households received Permanent Facility-Based Housing		0	0	0	0	0
Leasing support for each facility?						
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0
Housing Leasing Costs for each facility?						
Operating Households and Expenditures Served by this Activity	Sept Sept Sept Sept Sept Sept Sept Sept					
How many households received Permanent Facility-Based Housing		0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0
Housing Operating Costs for each facility?						
Other Housing Support Households and Expenditures Served by	S 11					
this Activity						
How many households received Other types of Permanent Facility-		0	0	0	0	0
Based Housing support for each facility?						
What were the HOPWA funds expended for Other types of Permanent		0	0	0	0	0
Facility-Based Housing for each facility?						
For households served with Other Permanent Facility-Based Housing,						
what type of service were they provided? (150 characters)						
DERH Dedunification						
From Deauphration						

How many households received more than one type of PFBH for each	0	0	0	0	0	
Total Deduplicated Household Count	0	0	0	0	0	0
Income Levels for Households Served by this Activity	0	0	0	0	0	0
What is the number of households with income below 30% of Area	0	0	0	0	0	
Median Income?						
What is the number of households with income between 31% and 50%	0	0	0	0	0	
of Area Median Income?						
What is the number of households with income between 51% and 80%	0	0	0	0	0	
of Area Median Income?						
Sources of Income for Households Served by this Activity						National Property of
How many households accessed or maintained access to the following	0	•		0	0	0
sources of income in the past year?						10 10 10 10 10 10 10 10 10 10 10 10 10 1
Earned Income from Employment	0	0	0	0	0	
Retirement	0	0		0	0	
SSI	0	0	0	0	0	
SSDI	0	0	0	0	0	
Other Welfare Assistance (Supplemental Nutrition Assistance	0	0	0	0	0	
Private Disability Insurance	0	0	0	0	0	
Veteran's Disability Payment (service or non-service connected	0	0	0	0	0	
Regular contributions or gifts from organizations or persons not	0	0	0	0	0	
residing in the residence						
Worker's Compensation	0	0	0	0	0	
General Assistance (GA), or local program	0	0	0	0	0	
Unemployment insurance	0	0	0	0	0	
Other Sources of Income	0	0	0	0	0	
How many households maintained no sources of income?	0	0	0	0	0	
Medical Insurance for Households Served by this Activity						
How many households accessed or maintained access to the following	× 1					
sources of medical insurance in the past year?						
MEDICAID Health Program or local program equivalent	0	0		0	0	
MEDICARE Health insurance or local program equivalent	0	0	0	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.

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 during this program year, how	0
many units were placed into service? [Do not complete if facility placed	
in service in prior years.]	
Leasing Households and Expenditures Served by this Activity	
How many households received Transitional/Short-Term Facility-Based	0
Housing Leasing support for each facility?	
What were the HOPWA funds expended for Transitional/Short-Term	0
Facility-Based Housing Leasing Costs for each facility?	
Operating Households and Expenditures Served by this Activity	
How many households received Transitional/Short-Term Facility-Based	0
Housing Operating support for each facility?	
What were the HOPWA funds expended for Transitional/Short-Term	0
Facility-Based Housing Operating Costs for each facility?	
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	0
facility?	
Other Housing Support Households and Expenditures Served by this Activity	
How many households received Other types of Transitional/Short-Term	0
Facility-Based Housing support for each facility?	
What were the HOPWA funds expended for Other types of	0
Transitional/Short-Term Facility-Based Housing for each facility?	
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	C
facility? (Leasing, Operating, Hotel-Motel, Other)	
Total Deduplicated Household Count	0

Income Levels for Households Served by this Activity	0
What is the number of households with income below 30% of Area	0
Median Income?	
What is the number of households with income between 31% and 50%	0
of Area Median Income?	
What is the number of households with income between 51% and 80%	0
of Area Median Income?	
Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following	0
sources of income in the past year?	
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program,	0
WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected	0
Regular contributions or gifts from organizations or persons not	0
residing in the residence	
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?	
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?	0
MEDICAID Health Program or local program equivalent 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	0
equivalent	ŭ
Ryan White-funded Medical or Dental Assistance	0
Longevity for Households Served by this Activity	0
How many households have been served by short-term/transitional	0
facility-based housing for less than one year?	
How many households have been served by short-term/transitional	0
facility-based housing for more than one year, but less than five years?	
How many households have been served by short-term/transitional	0
facility-based housing for more than five years, but less than 10 years?	
How many households have been served by short-term/transitional	0
facility-based housing for more than 10 years, but less than 15 years?	
How many households have been served by short-term/transitional	0
facility-based housing for more than 15 years?	

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

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

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	Fa	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information	To the state of					
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		0	0		0	0
many units were placed into service? [Do not complete if facility placed						
in service in prior years.]						
Leasing – Households and Expenditures Served by this Activity		1883				
How many households received Transitional/Short-Term Facility-Based		0	0	0	0	0
Housing Leasing support for each facility?						
What were the HOPWA funds expended for Transitional/Short-Term		0	0	0	0	0
Facility-Based Housing Leasing Costs for each facility?						
Operating — Households and Expenditures Served by this Activity						
How many households received Transitional/Short-Term Facility-Based		0		0	0	0
What were the HOPWA funds expended for Transitional/Short-Term		0		0	0	0
Facility-Based Housing Operating Costs for each facility?		_				
Hotel-Motel Households and Expenditures Served by this Activity		184				
How many households received Hotel-Motel cost support for each		0		0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?		0		0	0	0
Other Housing Support — Households and Expenditures Served by this Activity						

	0	0	0	0	0	General Assistance (GA), or local program
	0	0	0	0	0	Worker's Compensation
						residing in the residence
	0	0	0	0	0	Regular contributions or gifts from organizations or persons not
	0	0	0	0	0	Veteran's Disability Payment (service or non-service connected
	0	0	0	0	0	Private Disability Insurance
						WIC, TANF, etc.)
	0	0	0	0	0	Other Welfare Assistance (Supplemental Nutrition Assistance Program,
	0	0	0	0	0	SSDI
	0	0	0	0	0	SSI
	0	0	0	0	0	Retirement
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	0	0	Earned Income from Employment
	1				THE PROPERTY OF THE PARTY OF TH	sources of income in the past year?
	0	0	0	0	0	How many households accessed or maintained access to the following
						Sources of Income for Households Served by this Activity
						of Area Median Income?
	0	0	0	0	0	What is the number of households with income between 51% and 80%
						of Area Median Income?
d	0	0	0	0	0	What is the number of households with income between 31% and 50%
						Median Income?
d 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	0	0.1	What is the number of households with income below 30% of Area
d 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	0	0	0	0	Income Levels for Households Served by this Activity
d 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 Deduplicated Household Count
						facility? (Leasing, Operating, Hotel-Motel, Other)
	0	0	0	0	0	How many households received more than one type of ST-TFBH for each
0 0						ST-TFBH Deduplication
						Housing, what type of service were they provided? (150 characters)
						For households served with Other Transitional/Short-Term Facility-Based
0 0						Transitional/Short-Term Facility-Based Housing for each facility?
0 0	0	0	0	0	0	What were the HOPWA funds expended for Other types of
0 0					9	Facility-Based Housing support for each facility?
	0	0	0	0	0	How many households received Other types of Transitional/Short-Term

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	No. of the last of
Breakdown	
a. How many households were served with STRMU	0
mortgage assistance only?	
b. How many households were served with STRMU	0
rental assistance only?	
c. How many households were served with STRMU	0
utilities assistance only?	
d. How many households received more than one type	0
of STRMU assistance?	
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	0
30% of Area Median Income?	
What is the number of households with income	0
between 31% and 50% of Area Median Income?	
What is the number of households with income	0
between 51% and 80% of Area Median Income?	
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	0
income?	
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	0
equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	0
local program equivalent	
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	0
the first time this year?	
How many households also received STRMU assistance	0
during the previous STRMU eligibility period?	
How many households received STRMU assistance	0
more than twice during the previous five eligibility	
periods?	
How many households received STRMU assistance	0
during the last five consecutive eligibility periods?	
Housing Outcomes for Households Served by this	
Activity	0
How many households continued receiving this type of	0
HOPWA assistance into the next year?	
How many households exited to other HOPWA housing	0
programs?	
How many households exited to other housing subsidy	0
programs?	
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to	0
maintain a private housing situation without subsidy?	
How many households exited to transitional housing	0
(time limited - up to 24 months)?	
How many households exited to institutional	0
arrangement expected to last less than six months?	

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	MANAGE AND AND ALTON
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	0
the following sources of income in the past year?	
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
connected payment)	
Regular contributions or gifts from organizations or	0
persons not residing in the residence	
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	0
income?	
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?	0
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program	0
equivalent	0
Veterans Affairs Medical Services	
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.	
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 Households Served by this Activity How many households were served with housing information services? Housing Information Services Expenditures

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 F	Report
Households and Expenditures for Supportive	Number of Households	Expenditures
Service Types		
What were the expenditures and number of		
households for each of the following types of		
supportive services in the program year?		Park to the re-
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	0	0
supportive service?		
What were the other type(s) of supportive services		
provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of	0	
any type of Supportive Services?		

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

"Other" Housing Activities Households and	This Report
Expenditures Served by this Activity	
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)	b)

How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	households receive				Assistance with	HOPWA-related assistance)?	Jon anning the brok	ish diving the seas	households obtain	sources of income?	households access	r Households flad co	households had so	insurance and/or assistance?	households access	or establishing stable housing?	households develo	households had co	Questions	competitive activities" in the reporting year.	as served with HC	HOPWA Outcom	Ac	uplicated Housing S	PHP, Other Competitive Activity?	ıbsidy Assistance fo	households receive	MU, PHP, Other Con	ing Subsidy Assistar	ng Subsidy Ass	for each Activity .	seholds Served in	Activi
y - allaca case Managellicite	A Funded Case Management?	How many households received any type of HOPWA Housing			Subsidy Assistance with Supportive Service, Funded Case Management		producing Job during the program year (with or without any	in a constant of the constant	How many households obtained/maintained an income-		How many households accessed or maintained qualification for	now illarly riouserious rido contact with a primary nearth care	ptact with a primary boalth care		How many households accessed and maintained medical	~	How many households developed a housing plan for maintaining	How many households had contact with a case manager?	STATE STATE STATE OF THE STATE	he reporting year.	nouseholds served with HOPWA housing assistance and "other	Complete HOPWA Outcomes for Access to Care and Support for all	Access to Care (ATC)	Total Unduplicated Housing Subsidy Assistance Household	ty?	Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU,	How many households received more than one type of HOPWA	I FBH, S I RIMU, PHP, Other Competitive Activity counts above)	Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-	Housing Subsidy Assistance Household Count Deduplication		Total Households Served in ALL Activities from this report	Activity Review
		0	This Report	This Bonnet	Management			300	0		0	c			0		0	0	This Report		ther	rt for all		>		0		0		eduplication		0	TBRA
											1	1										F						South In the			1		р-ғвн
																																	뫄
																																0	вн ѕт-тғвн
																																0	
																																0 0	ST-ТГВН
																																0 0	ST-TFBH STRMU
												10 10 10 10 10 10 10 10 10 10 10 10 10 1																				0 0	ST-TFBH STRMU PHP

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.

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

Note: Scattered Site facilities may be reported as one facility.	is one racility.				
Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5
Facility Information			TANK AND THE PROPERTY.		
What is the name of the facility using HOPWA for capital					
development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total		0	0	0	0
amount of funding spent on rehabilitation?					
What type of development was funded (new construction,					
rehabilitation, acquisition)?					
For facilities being rehabilitated only, what is the final		0	0	0	0
value of the building after rehabilitation is complete?					
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		0	0	0	0
Low much was expended on rehabilitation for each				0	
facility?					
How much was expended on new construction, for each		0	0	0	0
facility?					
Was the development facility placed into service during					
this program year? Yes or No.					

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

....

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		785542564
Identifier (UEI)?		
What is the organization's Employer ID Number	58 1989250	
(EIN) or Tax ID Number (TIN)?	30 1303130	
What is the HOPWA contract amount for this		\$90,000
organization?		700,
What is the organization's business street	4321 Downtown Loop North	
address?	See See Heren	
In what city is the organization's business	Mobile	
address?	I VIOSING	
In what county is the organization's business	Mobile	
address?	I	
In what state is the organization's business	Alabama	
address?		
What is the organization's business address zip		36609
code?		
What is the organization's parent company, if	AIDS Alabama	
applicable?		
What department administers the organization's	Financial Department	
grant?		
What is the organization's phone number	(251) 471-5277	
(including extension)?	(,	
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	Mobile, Loxley, Marion	
service area?		
What are the counties of the organization's	Mobile, Baldwin, Perry	
primary service area?		
In what congressional district is the organization		1
located?		
In what congressional district is the primary		1
service area?		
Is there a waiting list for HOPWA housing subsidy	Yes	
assistance services in the organization's service		
area? Yes or No.		

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

Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Contact Information for your Organization

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?	Excutive Director
In what department does the Primary Program contact work?	Social Services
What is the Primary Program contact email?	candace.taylor@aidsalabama.or
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	le			Fe	Female			Gender Nonbinary	onbinary	
	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
Black/African American & White	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
American Indian/Alaskan Native & Black/African	0	0	0	0	0	0		0 0	0	0	0	0
American											il.	
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
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		Male	le		5.2 t 38 -	Fe	Female			Gender Nonbinary	onbinary	
as such?					0.00							1000
	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
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 & Rlack/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		P		
b. Other Multi-Racial	0	0	0	0	0	0		0	0 0	0
b. White	0	0	0	0	0	0	1	0		0
		S. Mer (Person)				THE STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN			Control of the Cale of the Cal	
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	0									
How many other household members	0									
(beneficiaries) are HIV+?										
How many other household members	0									
(beneficiaries) are HIV negative or have an										
unknown HIV status?										
Complete Prior Living Situations for HOPWA-	DPWA-									
eligible Individuals served by TBRA, P-FBH, ST-	FBH, ST-									
TFBH, or PHP										
How many HOPWA-eligible individuals	0									
continued receiving HOPWA assistance from the										
previous year?										
How many individuals newly receiving HOPWA										
assistance came from:	Section 1									
A place not meant for human habitation?	0									
An emergency shelter?	0									
A transitional housing facility for formerly	0									
homeless persons?										
A permanent housing situation for formerly	0									
A psychiatric hospital or other psychiatric	0									

A substance abuse facility?
A non-psychiatric hospital?

00

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. Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or

What is the amount and temp of lessenged finaling that was provided by any	Conding for this Donot	
of these sources?	runding for this keport	Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	χ
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	0	
payments in the program year?		

What was the amount of program income collected from other sources (non-	0	
resident payments) in the program year?		
Uses of Program Income	0	
What was the amount of total program income that was spent on housing	0	
assistance in the program year?		おいれる。対象の一般の関係を表現のできる。
What was the amount of total program income that was spent on supportive	0	
services or other non-housing costs in the program year?		
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients		
Directly to Private Landlords		
What was the amount of resident rent payment that residents paid directly to	0	のない。
private landlords?		一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的

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

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

Other Sources of Income	(
How many households maintained no sources of income?	
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	(
MEDICARE Health Insurance or local program equivalent	
Veterans Affairs Medical Services	
AIDS Drug Assistance Program	
State Children's Health Insurance Program (SCHIP) or	
Ryan White-funded Medical or Dental Assistance	
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?	
How many HOPWA-eligible persons served with TBRA have	
shown an improved viral load or achieved viral	
suppression?	
Longevity for Households Served by this Activity	0
How many households have been served with TBRA for	9
less than one year?	
How many households have been served with TBRA for	
more than one year, but less than five years?	
How many households have been served with TBRA for	
more than five years, but less than 10 years?	
How many households have been served with TBRA for	
more than 10 years, but less than 15 years?	
How many households have been served with TBRA for	
more than 15 years?	
Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA	
assistance into the next year?	
How many households exited to other HOPWA housing	
programs? How many households exited to other housing subsidy	
programs?	
How many households exited to an emergency shelter?	

Complete this section for all Households served with HOPWA

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

Permanent Facility-Based Housing assistance by your organization in the reporting year.

organization in the reporting year.						
	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6
Facility Information	ALC: VANCES OF STREET		THE RESIDENCE OF			
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	0	0	0	0	0	C
many units were placed into service? [Do not complete if facility						
placed in service in prior years.]						
Leasing - Households and Expenditures Served by this Activity			A STATE OF THE STATE OF		Section Research	
How many households received Permanent Facility-Based Housing	0	0	0	0	0	0
Leasing support for each facility?						
What were the HOPWA funds expended for Permanent Facility-Based	0	0	0	0	0	C
Housing Leasing Costs for each facility?						
Operating — Households and Expenditures Served by this Activity						
How many households received Permanent Facility-Based Housing	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based	0	0	0	0	0	0
Housing Operating Costs for each facility?						
Other Housing Support – Households and Expenditures Served by		The same of the same of				
this Activity		9	12 To 25 W W TO			
How many households received Other types of Permanent Facility-	0	0	0	0	0	0
Based Housing support for each facility?						
What were the HOPWA funds expended for Other types of Permanent	0	0	0	0	0	0
Facility-Based Housing for each facility?						
For households served with Other Permanent Facility-Based Housing,						
what type of service were they provided? (150 characters)						
PFBH Deduplication						7,000

How many households received more than one type of PFBH tor each facility? (Leasing, Operating, Other)	c	c				
Total Deduplicated Household Count	0	0	0	0	0	0
Income Levels for Households Served by this Activity	0	0	0	0	0	0
What is the number of households with income below 30% of Area	0	0	0	0	0	
What is the number of households with income between 31% and 50%	0	0	0	0	0	
of Area Median Income?						
What is the number of households with income between 51% and 80%	0	0	0	0	0	
of Area Median Income:						
Sources of Income for Households Served by this Activity	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
How many households accessed or maintained access to the following	0	0	0	0	0	0
sources of income in the past year?						
Earned Income from Employment	C	c			27.	
Retirement	0	0	0			
SSI	0	0	0			
SSDI	0	0	0	0		
Other Welfare Assistance (Supplemental Nutrition Assistance	0	0	0		0	
Program, WIC, TANF, etc.)						
Private Disability Insurance	0	0	0		C	
Veteran's Disability Payment (service or non-service connected	0	0	0	0		
payment))					
Regular contributions or gifts from organizations or persons not	c	c				
residing in the residence						
Worker's Compensation	C	c				
General Assistance (GA), or local program	0	0	0	0	0	
Unemployment Insurance	0	0	0			
Other Sources of Income	0	0	C			
How many households maintained no sources of income?	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?			THE THE STATE OF	STATE OF SHOOT		
MEDICAID Health Program or local program equivalent	0	0	0		0	
MEDICARE Health Insurance or local program equivalent	0			0	0	

.

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

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 2	Facility 3	Facility 4	Facility 5
Facility Information					The state of the s
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		0		0	0
many units were placed into service? [Do not complete if facility placed					
in service in prior years.]					
Leasing Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based		0		0	0
Housing Leasing support for each facility?					
What were the HOPWA funds expended for Transitional/Short-Term		c			
radiity based from B reasing costs for each facility.					
Operating Households and Expenditures Served by this Activity					
How many households received Transitional/Short-Term Facility-Based		0		0	0
modern Badebore for each facility:					
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?		0		0	0
Hotel-Motel Households and Expenditures Served by this Activity					
How many households received Hotel-Motel cost support for each		0		0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?		0		0	0
Other Housing Support Households and Expenditures Served by this					
Activity		ELITORISK SELLIN	1020 1 St 1 500 1		RATE OF THE PARTY

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

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	0
mortgage assistance only?	
b. How many households were served with STRMU	0
rental assistance only?	
c. How many households were served with STRMU	0
utilities assistance only?	
d. How many households received more than one type	0
of STRMU assistance?	
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	0
30% of Area Median Income?	
What is the number of households with income	0
between 31% and 50% of Area Median Income?	
What is the number of households with income	0
between 51% and 80% of Area Median Income?	
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	0
income?	
Medical Insurance for Households Served by this	
Activity	المهك الأرابالك والأ
How many households accessed or maintained access	THE KIND OF
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	0
equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	0
local program equivalent	
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	0
the first time this year?	
How many households also received STRMU assistance	0
during the previous STRMU eligibility period?	
How many households received STRMU assistance	0
more than twice during the previous five eligibility	
periods?	
How many households received STRMU assistance	0
during the last five consecutive eligibility periods?	
Housing Outcomes for Households Served by this	
Activity	0
How many households continued receiving this type of	0
HOPWA assistance into the next year?	
How many households exited to other HOPWA housing	0
programs?	
How many households exited to other housing subsidy	0
programs?	
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to	0
How many households served than service to a line to	-1
-	
maintain a private housing situation without subsidy? How many households exited to transitional housing	0
maintain a private housing situation without subsidy? How many households exited to transitional housing (time limited - up to 24 months)?	0
maintain a private housing situation without subsidy? How many households exited to transitional housing	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	A Second
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	0
the following sources of income in the past year?	
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
connected payment)	
Regular contributions or gifts from organizations or	0
persons not residing in the residence	
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	0
income?	
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	0
equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or	0
local program equivalent	
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	0
In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.	
How many households exited to other HOPWA housing programs?	O
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
Households Served by this Activity	
How many households were served with	0
housing information services?	
Housing Information Services Expenditures	
What were the HOPWA funds expended for	0
Housing Information Services?	

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 f	Report
Households and Expenditures for Supportive Service Types	Number of Households	Expenditures
What were the expenditures and number of		
households for each of the following types of	A CONTRACT OF THE	
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	0	0
supportive service?		
What were the other type(s) of supportive services		
provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of	0	
any type of Supportive Services?		

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

"Other" Housing Activities Households and	This Report
Expenditures Served by this Activity	
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	РНР	Housing Info	SUPP SVC
Total Households Served in ALL Activities from this report for each Activity.	0	0	0	0	0		0
Housing Subsidy Assistance Household Count Deduplication	uplication						
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.	for <u>all</u> er						
Questions	This Report					製	
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-	0						
producing job during the program year (with or without any HOPWA-related assistance)?							
Subsidy Assistance with Supportive Service, Funded Case Management	lanagement						
Questions Th	This Report						
households received any type of HOPWA Housing sistance 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

Capital Development means the use of HOPWA funds to construct acquire

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		of HO or reh	HOPWA funds to construct, acrehabilitate a housing facility.	HOPWA funds to construct, acquire, rehabilitate a housing facility.	
reporting year. Note: Scattered site facilities may be reported as one facility.					
Question Facility 1	Facility 2	Facility 3	3 (5 14 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Facility 4	Facility 5
Facility Information			A 20 10 10 10		
What is the name of the facility using HOPWA for capital					
development (acquisition or rehabilitation)?					
For facilities being rehabilitated, what was the total	0	0	0		0
amount of funding spent on rehabilitation?					
What type of development was funded (new construction,					
rehabilitation, acquisition)?					
For facilities being rehabilitated only, what is the final	0	0	0		0
value of the building after rehabilitation is complete?					
What type of housing (Permanent or Short-					
term/Transitional) was developed?		<u>U</u>			
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		20 10 10 10			
How much was expended in this year on acquisition, for each facility?	0	0	0	120	0
How much was expended on rehabilitation, for each facility?	0	0	0		0
How much was expended on new construction, for each facility?	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			install		
this section.					10
How many total units were placed into service this year?	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	
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	0	0	0	0	
How many units in this facility were developed with HOPWA funds?	0	0	0	0	
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Designated Total Units Energy-Star to Assist the Homeless Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units	
For units constructed (new) and/or acquired with or without rehab:	0	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 FALG8522 Alabama S93014A Sponsor S93014A_Selma AIDS Information and Referral (AIR) File ID 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	63 1133272
Identifier (UEI)?	
What is the organization's Employer ID Number	959884743
(EIN) or Tax ID Number (TIN)?	
What is the HOPWA contract amount for this	\$50,000
organization?	
What is the organization's business street	1432 Broad Street
address?	
In what city is the organization's business	Selma
address?	
In what county is the organization's business	Dallas
address?	
In what state is the organization's business	Alabama
address?	
What is the organization's business address zip	36701
code?	
What is the organization's parent company, if	N/A
applicable?	
What department administers the organization's	
grant?	
What is the organization's phone number	(334) 872-6795
(including extension)?	
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	Selam
service area?	
What are the counties of the organization's	Dallas
primary service area?	
In what congressional district is the organization	7
located?	
In what congressional district is the primary	7
service area?	
Is there a waiting list for HOPWA housing subsidy	Yes
assistance services in the organization's service	

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

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.

QuestionResponsesContact Information for Primary Program ContactLarry CowanWhat is the Primary Program contact name?Larry CowanWhat is the Primary Program contact title?Managing DirectorIn what department does the Primary Program contact work?Social ServicesWhat is the Primary Program contact email?cowanlarryj@gmail.comWhat is the Primary Program contact phone number (including extension)?n/a	An Director vices
am Contact ?? ram contact work? !? e number (including extension)?	an Director vices
ram contact work? ? e number (including extension)?	an Director vices
ram contact work? ? e number (including extension)?	Director vices
	vices
	vi@gmail.com
	y)@8mam.com
What is the Primary Program contact fax number? (334) 872-3632	-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 R	Richardson
What is the Services contact title? Case Manager	nager
In what department does the Services contact work? Social Services	vices
What is the Services contact email?	Irichardson@blackbeltwc.com
What is the Services contact phone number (including extension)? (334) 872-6795	-6795
What is the Services contact fax number? (334) 872-3632	-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	ō			Fei	Female			Gender Nonbinary	onbinary	
	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	0	0	0	0	0	0	0	0	0	0	0	0
American												
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	ē			Fe	Female			Gender Nonbinary	onbinary	
	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 & Rlack/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

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

of these sources? ESG	Funding for this Report	Was this a Housing Subsidy Assistance?
HOME	0	ics of NO.
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:	0	
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?	
Uses of Program Income	
What was the amount of total program income that was spent on housing	0
assistance in the program year?	
What was the amount of total program income that was spent on supportive	
services or other non-housing costs in the program year?	是有好多的 Barrer 的复数 医多种 医多种
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients	
Directly to Private Landlords	
What was the amount of resident rent payment that residents paid directly to	
private landlords?	在一个人一生 地名地名 的一种 人名

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

Ouestien	This Poport
Question	This Report
TBRA Households Served and Expenditures How many households were served with HOPWA TBRA	0
assistance?	Ĭ
	0
What were the total HOPWA funds expended for TBRA	۲
rental assistance?	
Other (Non-TBRA) Rental Assistance	20-70 - E - E - E - E - E - E - E - E - E -
Households Served and Expenditures (Other Non-TBRA	
Rental Assistance activities must be approved in the	
grant agreement).	0
How many total households were served with Other (non-	۲
TBRA) Rental Assistance?	
What were the total HOPWA funds expended for Other	0
(non-TBRA) Rental Assistance, as approved in the grant	
agreement?	
Describe the Other (non-TBRA) Rental Assistance provided.	0
(150 characters).	
TBRA Household Total (TBRA + Other)	0
Income Levels for Households Served by this Activity	0
What is the number of households with income below 30%	0
of Area Median Income?	
What is the number of households with income between	C
31% and 50% of Area Median Income?	
What is the number of households with income between	C
51% and 80% of Area Median Income?	
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	
Retirement	
SSI	(
SSDI	(
Other Welfare Assistance (Supplemental Nutrition	C
Assistance Program, WIC, TANF, etc.)	
Private Disability Insurance	
Veteran's Disability Payment (service or non-service	(
connected payment)	
Regular contributions or gifts from organizations or	
persons not residing in the residence	
Worker's Compensation	(
General Assistance (GA), or local program	
Unemployment Insurance	

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

Permanent Facility-Based Housing assistance by your Complete this section for all Households served with HOPWA

There are sixty columns for facilities. If more columns are needed, please contact the HOPWA $V_{
m I}$

- Carrier						
Facility Information	Facility 1	Facility 2	Eacility			
What is the name of the housing facility?			C farmen	racility 4	Facility 5	Facility 6
Is the facility a medically assisted living facility? Yes or No.						
Yes or No.						
For housing facilities placed into service during this program year, how					C X	
placed in service in prior years.]		C	0	0	0	0
Leasing — Households and Expenditures Served by this Activity						
Leasing support for each facility?		0	0	0		
What were the HOPWA funds expended for Permanent Facility-Based				C	0	0
Operating Households and Francis		C	0	0	0	
- Canal Capenditures Served by this Activity						
How many households received Permanent Facility-Based Housing			e de la			
What were the LLCRUS C	c		0	0		
Housing Operating Costs for each facility?	0		0	0		0
this Activity					0	0
How many households received Other types of Permanent Facility- Based Housing support for each facility-	0	0				
What were the HOPWA funds expended for Other types of Permanent					0	0
For households served For	0	0	0		0	
what type of service were they provided? (150 characters)						0
PFBH Deduplication						

MEDICARE Health Insurance or local program equivalent	MEDICAID Health Program or local program	How many households accessed or maintained	Medical Insurance Medical Insu	Other Sources of Income	Unemployment Insurance	Worker's Compensation General Assistance (CA)	residing in the residence	Regular contributions	Veteran's Disability Payment (service or non-service company)	Private Disability Insurance	Program, WIC, TANF, etc.)	Other Welfare Assistance /s	SSDI	SSI	Retirement	Earned Income from Employment	How many households accessed or maintain	of Area Median Income?	of Area Median Income? What is the number of households with income between 31% and 50%	What is the number of households with income.	What is the number of households with income helps 20% of a	Total Deduplicated Household Count
0 0		C	0	0	00		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	3	0 0	0	c	0 0	5	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		0			0 0			0	0		C			0 0	0	0
0	C	0	0	0		0	0	0	c		00	0	0		0		0	0		0	0	

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing 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. assistance by your organization in the reporting year. There are sixty columns for facilities. If more columns are needed, please contact the HOPWA Va

Question

How many households received Hotel-Motel cost support for each What were the HOPWA funds expended for Hotel-Motel Costs for each facility? Other Housing Support Households and Expenditures Served by this Activity	How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility? What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility? Hotel-Motel Households and Expenditures Served by this Activity	How many households and Expenditures Served by this Activity How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility? What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility? Operating — Households and Expenditures Served by this Activity	Is the facility a medically assisted living facility? Yes or No. Was the housing facility placed into service during this program year? For housing facilities placed into service during this program year, how in service in prior years.]	What is the name of the
00	0 0	0 0	0	Facility 2
0 0	0 0	0 0	0	Facility 3
00	0 0	0 0	Pacility 4	Exallia .
00	0 0	0 0	Facility 5	

General Assistance (GA), or local program	Worker's Compensation	residing in the residence	Regular contributions or gifte from	Veteran's Disability Payment (somice	Private Disability Insurance	WIC, TANF, etc.)	Other Welfare Assistance (Supplemental Nutrition Assistance)	SSDI	SSI	Retirement	Earned Income from Employment 0	How many households accessed or maintained access to the following	Sources of Income for Households Served by this Anti-	of Area Median Income?	of Area Median Income? What is the number of households with income between 31% and 50%	Median Income?			How many households received more than one type of ST-TFBH for each facility? (Leasing, Operating, Hotel-Motel, Other)	ST-TFBH Deduplication	Housing, what type of service were they provided? (150 characters)	Transitional/Short-Term Facility-Based Housing for each facility? For households corpod with City	Facility-Based Housing support for each facility?
0 0		0 0	2 0	0		0	0	0	0	0	0		3	0	0	0	0 0		0			0	0
0											0					c	0						
0 0	C	0	0		0						0		0		0	0	0		0			0	0
0	0	0	0		0	0	0	0			9					0	0		0			0	0
)	0			0	C	0			0				5	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?	
b. How many households were served with STRMU	
rental assistance only?	
c. How many households were served with STRMU	
utilities assistance only?	
d. How many households received more than one type	
of STRMU assistance?	
STRMU Households Total	
STRMU Expenditures	0
What were the HOPWA funds expended for the	
ollowing budget line items?	
STRMU mortgage assistance	
STRMU rental assistance	
STRMU utility assistance	
otal STRMU Expenditures	
ncome Levels for Households Served by this Activity	
	0
/hat is the number of households with income below	
0% of Area Median Income?	
/hat is the number of households with income	
etween 31% and 50% of Area Median Income?	
hat is the number of households with income	
etween 51% and 80% of Area Median Income?	·
ources of Income for Households Served by this	
ctivity	
ow many households accessed or maintained access	
the following sources of income in the past year?	0
arned Income from Employment	
etirement	0
SI	0
SDI	0
ther Welfare Assistance (Supplemental Nutrition	0
rivate Disability Insurance	0
eteran's Disability Payment (service or non-service	0
egular contributions or gifts from organizations or	0
orker's Compensation	0
eneral Assistance (GA), or local program	0

Other Sources of Income	
How many households maintained no sources of income?	
Medical Insurance for Households Served by this	
ACTIVITY	A
How many households accessed or maintained access	
to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalen	t supplied to
MEDICARE Health Insurance or local program	
equivalent	
Veterans Affairs Medical Services	
AIDS Drug Assistance Program	
State Children's Health Insurance Program (SCHIP) or	
local program equivalent	
Ryan White-funded Medical or Dental Assistance	
Longevity for Households Served by this Activity	0
now many nouseholds have been served by STRALL for	
the first time this year?	
How many households also received STRMU assistance during the previous STRMU eligibility period?	C
How many households received STRMU assistance	
assistance	0
periods?	0
periods? How many households received STRMU assistance	0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods?	0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this	0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity	0 0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of	0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? 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 continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs?	0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy	0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs?	0 0 0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs? How many households exited to an emergency shelter?	0 0 0
How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to an emergency shelter? How many households exited to an emergency shelter?	0 0 0 0 0 0 0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs?	o 0 0 0
How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs? How many households exited to an emergency shelter? How many households exited to an emergency shelter? How many households served with STRMU were able to maintain a private housing situation without subsidy? How many households exited to transitional housing some many households exited to transitional housing situation.	0 0 0 0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs? How many households exited to an emergency shelter? How many households served with STRMU were able to naintain a private housing situation without subsidy? Ow many households exited to transitional housing ime limited - up to 24 months)?	0 0 0 0 0 0 0
more than twice during the previous five eligibility periods? How many households received STRMU assistance during the last five consecutive eligibility periods? Housing Outcomes for Households Served by this Activity How many households continued receiving this type of HOPWA assistance into the next year? How many households exited to other HOPWA housing programs? How many households exited to other housing subsidy programs? How many households exited to an emergency shelter? How many households served with STRMU were able to maintain a private housing situation without subsidy?	0 0 0 0

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

How many has been by this Activity	This Report
How many households war	richott
How many households were served with PHP assistance	ce?
PHP Expenditures for House	1
PHP Expenditures for Households Served by this Activity	
What were the HOPWA funds expended for PHP?	
Sources of Income for Households Served by this Activity	V 1 100
How many households accessed or maintained access to	0
the following sources of income in the past year? Earned Income from Employment	0
Retirement Employment	
SSI	
SSDI	
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC TANK	
. Treate Disability Insurance	
Veteran's Disability Payment (service or non-service connected payment)	
connected payment)	
Regular contributions or gifts from organizations or persons not residing in the residual	
persons not residing in the residence	
Worker's Compensation	
General Assistance (GA), or local program	
- Memployment Insurance	
Other Sources of Income	
w many households maintained no sources of ome?	
dical Insurance for Households Served by this	
v many households accessed or maintained access to	
following sources of medical insurance in the past	
?	
EDICAID Health Program or local program equivalent	
of local program equivalent	
DICARE Health Insurance or local program	0
erans Affairs Medical Services	0
5 Drug Assistance Program	
e Children's Health Incom	0
e Children's Health Insurance Program (SCHIP) or I program equivalent	0
White-funded Medical or Dental Assistance	0
White-tunded Martin	

Housing Outcomes for Households Served by this Activity	
In the context of PHP, "exited" means the housing	0
the PHP assistance.	
How many households exited to set	
How many households exited to other HOPWA housing programs?	30 19
low many households exited to	0
How many households exited to other housing subsidy	
low many households exited to private housing?	0
exited to private housing?	

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.

Households Served by this Activity	on "Performance Report Cover" tab. This Report
now many households were served with	
Tousing information services?	
Housing Information Services Expenditures	
What were the HOPWA funds expended for	
lousing Information Services?	

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 Questions	Call Control Control	
Households and Expenditures for Supportive	This	Report
Service Types	Number of Households	Expenditures
What were the expenditures and number of		
nouseholds for each of the following types of		
supportive services in the program year?	Version St. All Sales	
Adult Day Care and Personal Assistance	TO THE TOTAL STAN	
Alcohol-Drug Abuse	0	
Child Care	0	
Case Management	0	
Education	0	
Employment Assistance and Training	0	
Health/Medical Services	0	
Legal Services	0	
Life Skills Management	0	
Meals/Nutritional Services	0	
Mental Health Services	0	
Outreach	0	
Transportation	0	C
ny other type of HOPWA funded, HUD approved	0	C
apportive service?	0	0
hat were the other type(s) of supportive services		
ovided? (150 characters)		
eduplication of Supportive Services		
ow many households received more than one of		
y type of Supportive Services?	0	

	Only Competitive Cross
	Only Competitive Grantees with an "Other Housing Activity"
ı	Little giant agreement change
I	"Other" Housing Activities Households and

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

ALL ACTIVITIES from this report				OIMNU	202			
Jor each Activity	0	0	0		PHY	Housing Info	SUPP SVC	Other Competitive
Housing Subsidy Assistance Household Count Dodges	Addition to			Ç	0	0	0	
Total Housing Subsidy Assistance /c	eduplication							
TFBH, STRMU, PHP, Other Competitive Activity counts above)	0							
How many households received more than and the	The state of							
Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							
otal Undunliment Unity								
Count	0							
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support								
competitive activities" in the reporting assistance and "other	ē ē							
- 1	This Report	188						
or establishing stable housing?	0							
insurance and/or assistance?	0							
How many households had contact with a primary health care								
How many households accessed or maintained qualification for sources of income?	0 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 Co.								
Questions	nagement							
	This Report 0							
Subsidy Assistance and HOPWA Supportive Section 2	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.

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

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

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	91.
How many internal emergency transfers were requested?	This Report
How many internal emergency transfers were granted?	N The second sec
How many external emergency transfers were requested?	
How many external emergency transfers were granted?	(
low many emergency transfers were denied?	0