#### **Attachment 4**

## Housing Opportunities for Persons with AIDS (HOPWA) Program

## Consolidated Annual Performance and Evaluation Report (CAPER)

June 2024

Part 2 of 2

**Sponsor ID Sponsor**S9307A S9307A\_Thrive Alabama, Inc. **Grantee** ALABAMA **Grant ID** FALG8522

**File ID** 24059\_46552

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

Project Sponsor Questions	Responses	
What is the organization's name?	Thrive Alabama, Inc.	
What is the organization's Unique Entity	57 0889447	
Identifier (UEI)?		
What is the organization's Employer ID Number	938035946	
(EIN) or Tax ID Number (TIN)?		
What is the HOPWA contract amount for this		\$81,303
organization?		
What is the organization's business street	600 St. Clair Avenue Suit 12	
address?		
In what city is the organization's business	Huntsville	
address?		
In what county is the organization's business	Madison	
address?		
In what state is the organization's business	Alabama	
address?		
What is the organization's business address zip		35801
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)536-4700	
(including extension)?		
What is the organization's fax number?	(256) 536-4117	
What is the organization's website?	www.thrivealabama.org	
What is the organization's Facebook page?	Thrive Alabama	
What is the organization's Twitter handle?	Thrive Alabama, Inc.	
Is this a faith-based organization? Yes or No.	No	
Is this a nonprofit organization? Yes or No.	Yes	
Is this a grassroots organization? Yes or No.	Yes	
What are the cities of the organization's primary	Huntsville, Florence, Athens,	
service area?	Guntersville, Gadsen	
What are the counties of the organization's	Madison ,Limestone, Lawrence	
primary service area?		
In what congressional district is the organization		5
located?		
In what congressional district is the primary		5
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
Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in
Performance Report Cover tab) should complete this tab.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Marry Elizabeth Marr
What is the Primary Program contact title?	Chief 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	
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 rorals in rows 27 and 28.																	
A. For each racial category, how many HOPWA- eligible individuals identified as such?		Σ	Male			T.	Female			Gender Nonbinary	onbinary			Transgender Female	r 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	S1 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18
Asian	0	1	2		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
Black/African American	1	55	96		75	1 9		30		1	0	0	0	1	9	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		1	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																	0
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	1					0	0	0	0	0	0	0	0
Other Multi-Racial	0	14	19		7	0 1				0	0	0	0	0	0	0	0
White	0	30	79		64		21	1 23		0	1	0	0	1	1	1	0
B. For each racial category, how many other household members (beneficiaries) identified		Σ	Male			T	Female			Gender Nonbinary	onbinary			Transgender Female	r Female		
Times a	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31.50	S1 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
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	0	0	0	0
b. Black/African American	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 & Black/African American	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	D		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	0	0	0
Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13):	291																
Total number of other household members (beneficiaries) served with HOPWA assistance from 16.25 Ft	0																
How many other household members (beneficiaries) are HIV+?	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	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	25000
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?	0
A foster care home?	0
Jail, prison, or a juvenile detention facility?	0
A rented room, apartment or house?	0
A house the individual owned?	0
Staying at someone else's house?	0
A hotel or motel paid for by the individual?	0
Any other prior living situation?	c
How many individuals newly receiving HOPWA	0
assistance didn't report or refused to report	
their prior living situation?	
How many individuals newly receiving HOPWA	
assistance during this program year reported a	
prior living situation of homelessness [place not	
for human habitation, emergency shelter,	
transitional housing]:	
to moitinitoh	
Also meet the definition of experiencing chronic homelessness?	Þ
-4	

> %		0	0	0	0	0	0	0	0	57	0	× ×	Y.C.E.T.	0	0	0	0	0	0	0	0	0	0
Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?	Total Hispanic or Latinx											Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?	Total Hispanic or Latinx										
	51 or Older	0	0	0	0	0	0	0	0	0	0		51 or Older	0	0	0	0	0	0	0	0	0	0
Disclosed	31-50	0	0	0	0	0	0	0	0	0	0	Disclosed	31-50	0	0	0	0	0	0	0	0	0	0
Gender not Disclosed	18-30	0	0	0	0	0	0	0	0	0	0	Gender not Disclosed	18-30	0	0	0	0	0	0	0	0	0	0
	Younger Than 18	0	0	0	0	0	0	0	0	0	0		Younger Than 18	0	0	0	0	0	0	0	0	0	0
	51 or Older	0	0	П	0	0	0	0	0	0	0		51 or Older	0	0	0	0	0	0	0	0	0	0
er Male	31-50	0	0	2	0	0	0	0	0	0	0	er Male	31-50	0	0	0	0	0	0	0	0	0	0
Transgender Male	18-30	0	0	€4	0	0	0	0	0	0	0	Transgender Male	18-30	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) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

of these sources?		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-	0	
resident payments) in the program year?		以并且在新版版和包含等V中以 任 50m
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?		
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients		
Directly to Private Landlords		<b>《红色》的一种,一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种一种</b>
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).	1525 January B. (Tours be
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.	
(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	C
persons not residing in the residence	
Worker's Compensation	0
General Assistance (GA), or local program	C
Unemployment Insurance	C

Other Sources of Income	0
How many households maintained <b>no</b> 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
	0
How many households exited to private housing?	l u

0
0
0
0
0
0
0
0
0

Permanent Facility-Based Housing assistance by your organization in the reporting year.									
	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	Facility 7	Facility 8	Facility 9
formation				Chicago Capada Septim					
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?									
For housing facilities placed into service during this program year, how		0	0	0	0	0	0	0	0
many units were placed into service? [Do not complete if facility									
placed in service in prior years.]		The second second second		CACCOLLAND BY SELECTION			STATE OF THE PERSON		No composition to
Leasing Households and Expenditures Served by this Activity			THE PERSON NAMED IN						
How many households received Permanent Facility-Based Housing Leasing support for each facility?		0	0	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?		0	0	0	0	0	0	0	0
Operating - Households and Expenditures Served by this Activity									
How many households received Permanent Facility-Based Housing Operating support for each facility?		0	0	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?		0	0	0	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity									
How many households received Other types of Permanent Facility- Based Housing support for each facility?		0	0	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?		0	0	0	0	0	0	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		0	0	0	0	0	0	0	0
facility? (Leasing, Operating, Other)	•		c	•	•	•	c	•	•
Total Deduplicated Household Count	0 0	0 0		9 0	a c		0 0		0
What is the number of households with income below 30% of Area Median Income?		0	0	0	0	0	0	0	0
What is the number of households with income between 31% and 50% of Area Median Income?		0	o	0	0	0	0	0	0
What is the number of households with income between 51% and 80% of Area Median Income?		0	0	0	0	0	0	0	0
Sources of Income for Households Served by this Activity	de Malifornia								
How many households accessed or maintained access to the following									•

									-
Earned Income from Employment	0	0	0		0	U			)
Retirement	0	0	0		0				
SSI	0	0	0		0	0			
SSDI	0	0	0	0	0	0	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance	0	0	0		0	0			
Private Disability Insurance	0	0	0						
Veteran's Disability Payment (service or non-service connected	0	0	0	0	0		0	0	0
payment) payment) payment) payment) payment)	0	0	0	0	0		0	0	0
Worker's Compensation	0	0	0						
General Assistance (GA), or local program	0	0	0	0	0		0	0	0
Unemployment Insurance	0	0	0						
Other Sources of Income	0	0	0						
How many households maintained no sources of income?	0	0	0						
Medical Insurance for Households Served by this Activity				AND THE PERSON	A STATE OF THE				
How many households accessed or maintained access to the following									
MEDICAID Health Program or local program equivalent	0	0	0						
MEDICARE Health Insurance or local program equivalent	0	0	0	0	0				0
Veterans Affairs Medical Services	0	0	0						
AIDS Drug Assistance Program	0	0	0						
State Children's Health Insurance Program (SCHIP) or local program	0	0	0				0	0	0
Byza White fundad Madical or Dontal Assistance	C	0							
Nyani wilite-Tunided Medical Of Dental Assistance		The state of the s		White Party of the				THE PERSON NAMED IN COLUMN	Parameter Parameter
ongevity for Housenoids served by this Activity			1		Name of Street				
How many households have been served by permanent facility-based housing for less than one year?	0	0	0	0	0				
How many households have been served by permanent facility-based housing for more than one year, but less than 5 years?	0	0	0	0	0		0		0
How many households have been served by permanent facility-based housing for more than 5 years, but less than 10 years?	0	0	0	0	0		0	0	0
How many households have been served by permanent facility-based housing for more than 10 years, but less than 15 years?	0	0	0	0	0		0	0	0
How many households have been served by permanent facility-based housing for more than 15 years?	0	0	0	0 0	0		0	0	0 0
Health Outcomes for Households Served by this Activity					STORES AND THE	ALCO THE PLAN			
How many HOPWA-eligible individuals served with PFBH this year have ever been prescribed Anti-Retroviral Therapy, by facility?	0	0	0	0	0		0	0	0
How many HOPWA-eligible persons served with PFBH have shown an improved viral load or achieved viral suppression, by facility?	0	0		0	0		0	0	0
Housing Outcomes for Households Served by this Activity	0	0	0	0	0	0	0	0	0

							20.00		
How many households continued receiving this type of HOPWA assistance into the next year?	0	0	)	0	0	0	0	0	0
How many households exited to other HOPWA housing programs?	0	0		0	0	0	0	0	0 0
How many households exited to other housing subsidy programs?	0	0		0	0	0	0	0	0 0
How many households exited to an emergency shelter?	0	0		0	0	0	0		0 0
How many households exited to private housing?	0	0		0	0	0	0	) 0	0 0
How many households exited to transitional housing (time limited - up to 24 months)?	0	0		0	0	0	0	0	0
How many households exited to institutional arrangement expected to last less than six months?	0	0		0	0	0	0	0	0 0
How many households exited to institutional arrangement expected to last more than six months?	ō	0		0	0	0	0	0	0 0
How many households exited to a jail/prison term expected to last less than six months?	Ō	0		0	0	0	0	0	0 0
How many households exited to a jail/prison term expected to last more than six months?	0	0		0	0	0	0	0	0 0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0	0		0	0	0	0	0	0 0
How many households exited to a place not meant for human habitation?	0	0		0	0	0	0	0	0 0
How many households were disconnected from care?	0	0			0	0	0		0
How many of the HOPWA eligible individuals died?	0	0		0	0			0	0

There are sixty columns jor facilities. If more columns are needed, please contact the HOPWA Validation Team.

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 6	Facility 7
Facility Information		STATE OF THE PERSON NAMED IN					
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 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	0	0
Housing Leasing support for each facility?							
What were the HOPWA funds expended for Transitional/Short-Term	0	0	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	0	0
Housing Operating support for each facility?							
What were the HOPWA funds expended for Transitional/Short-Term	0	0	0		0	0	0
Facility-Based Housing Operating Costs for each facility?							
Hotel-Motel – Households and Expenditures Served by this Activity			<b>原</b> 医翼脑				
How a second to the formation of the for							
שמא ווופנול ווסחאבונסומז וברבועבת שמובו-ועומיבו כמזו אתוחמון ומן בפרון							
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	25					0
Other Housing Support - Hauseholds and Expenditures Served by this							
Activity							
How many households received Other types of Transitional/Short-Term	0	0		0	0	0	0
Facility-Based Housing support for each facility?							
What were the HOPWA funds expended for Other types of	0	0	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 facility? (Leasing, Operating, Hotel-Motel, Other)	0	0	0	0	0	0	0
Total Deduplicated Household Count	0	0	0	0	0	0	0

With It is the transfer of prosections with increase before 30% of Akees         0	Income Levels for nouseholds Served by this Activity	0	一年を大学の日本語の 一番の間で	··· 子 · · · · · · · · · · · · · · · · ·	0	0	0	0
51% and 50%         0 <th< td=""><td>What is the number of households with income below 30% of Area Median Income?</td><td>O</td><td>0</td><td>0</td><td></td><td>0</td><td></td><td>0</td></th<>	What is the number of households with income below 30% of Area Median Income?	O	0	0		0		0
Sink and 80%	What is the number of households with income between 31% and 50% of Area Median Income?	O .	0	0		0		0
the following	What is the number of households with income between 51% and 80% of Area Median Income?		0	0		0		0
Particular decress to the following   Particular decress to the color dec	Sources of Income for Households Served by this Activity				Statute The Same Sold			
rental Nutrition Assistance Program, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	How many households accessed or maintained access to the following sources of income in the past year?	0	0	0	0	0	0	0
ance Program,	Earned Income from Employment							0
ance Program,	Retirement	0						
ance Program, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ISSI	0						0
ance Program, 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SSDI							
rected         0 <td>Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)</td> <td>J</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	J						
Nected         0 <td>Private Disability Insurance</td> <td>J</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Private Disability Insurance	J						
ons not         ont         one	Veteran's Disability Payment (service or non-service connected							0
he following he fo	Regular contributions or gifts from organizations or persons not residing in the residence							
he following he fo	Worker's Compensation							0
he following         0 <t< td=""><td>General Assistance (GA), or local program</td><td></td><td></td><td></td><td></td><td></td><td></td><td>0</td></t<>	General Assistance (GA), or local program							0
he following         0 <t< td=""><td>Unemployment Insurance</td><td>J</td><td></td><td></td><td></td><td></td><td></td><td>0</td></t<>	Unemployment Insurance	J						0
he following         ne following<	Other Sources of Income							0
he following         he following<	How many households maintained no sources of income?							0
	Medical Insurance for Households Served by this Activity	SACRETE SERVICE		江川田のの日本の一十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二	· · · · · · · · · · · · · · · · · · ·		STATISTICS NAMED OF STATISTICS	
	How many households accessed or maintained access to the following sources of medical insurance in the past year?							
	MEDICAID Health Program or local program equivalent	)						0
	MEDICARE Health Insurance or local program equivalent							0
	Veterans Affairs Medical Services							0
	AIDS Drug Assistance Program							0
	State Children's Health Insurance Program (SCHIP) or local program equivalent							0
	Ryan White-funded Medical or Dental Assistance					The second second second second		0
	Longevity for Households Served by this Activity		0	0	0	0	0	のでは、一般のでは、一般のでは、
	How many households have been served by short-term/transitional							0
	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
0 0 0 0 29	facility-based housing for more than five years, but less than 10 years?							
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 10 years, but less than 15 years?							
How many households have been served by short-term/transitional 0 0 0 0 0 0	How many households have been served by short-term/transitional							0

					The second secon		
Housing Outcomes yor Households Served by this Activity	0	0	0	0	0	0	0
How many households continued receiving this type of HOPWA	0	0	0	0	0	0	0
How many households exited to other HOPWA housing programs?	0	0	0	0	0	0	0
How many households exited to other housing subsidy programs?	0	0	0	0	0	0	0
How many households exited to an emergency shelter?	0	0			0	0	0
How many households exited to private housing?	0	0	0	0	0		0
How many households exited to transitional housing (time limited - up to 24 months)?	0	0	0	0	0	0	0
How many households exited to institutional arrangement expected to last less than six months?	0	0		0	0	0	0
How many households exited to institutional arrangement expected to last more than six months?	0	0		0 0	0	0	0
How many households exited to a jail/prison term expected to last less than six months?	0	0		0 0	0	0	0
How many households exited to a jail/prison term expected to last more than six months?	0	0		0 0	0	0	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0	0		0	0	0	0
How many households exited to a place not meant for human habitation?	0	0		0	0	0	0
How many households were disconnected from care?	0	0		0 0	0	0	
How many of the HOPWA eligible individuals died?	0	J	0	0	0	0	

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

Question	This Report
Households Served by this Activity - STRMU	
Breakdown	
a. How many households were served with STRMU	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	C
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	C
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	C
General Assistance (GA), or local program	0

Unemployment Insurance	0
Other Sources of Income	0
How many households maintained <b>no</b> 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 <b>consecutive</b> 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
now many nouseholds exited to an emergency sheller:	U
How many households served with STRMU were able to	0
maintain a private housing situation without subsidy?	
How many households exited to transitional housing	C
(time limited - up to 24 months)?	
How many households exited to institutional	C
arrangement expected to last less than six months?	

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?	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 <b>no</b> 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	
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?	C

#### 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 !	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	(
Alcohol-Drug Abuse	0	(
Child Care	0	(
Case Management	591	\$74,360.65
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	(
Any other type of HOPWA funded, HUD approved	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 Expenditures Served by this Activity	This Report
How many households were served with "Other	
Housing Activity" assistance?	0
What were the HOPWA funds expended for	
"Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item	
approved in the grant agreement? (150	
characters)	

	TBRA	P-FBH	ST-TFBH	STRMU	gH4	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	591	
ρeqι	Deduplication							
	0							
	0							
	0							
Complete HOPWA Outcomes for Access to Care and Support for households served with HOPWA housing assistance and "other competitive activities" in the reporting year.	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.						· · · · · · · · · · · · · · · · · · ·	
IE.	This Report	STATE OF THE PARTY OF	The state of the s	The state of the s		SUPPLIES TO SECURE		STATE OF THE PARTY
	0	Control Same	STREET, STREET, ST	は一個の一個の一個の一個の一個の一個の一個の一個の一個の一個の一個の一個の一個の一	SANGERS OF	· · · · · · · · · · · · · · · · · · ·	STATE OF THE PARTY	55 x 100
B <sub>L</sub>	0							
	0							
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_								
Σ	Subsidy Assistance with Supportive Service, Funded Case Management		TO STATE OF THE PARTY OF THE PA					
1	This Report		September 198	The state of the s	CONTRACTOR STORY			The state of
	0							
	0							

There are sixty columns for facilities. If more column

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

Complete for all HOPWA Facility-based Capital Development

reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this

reporting year

Projects that received Capital Development funds in this

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

If there is a waiting list, how many households are on the	0	0	0	0	0	0	)
Walting list?							
How many total units (HOPWA and non-HOPWA units)	0	0	0	0	0	0	0
were developed in this facility?							
How many units in this facility were developed with	0	0	0	0	0	0	0
HOPWA funds?		THE PERSON OF THE PERSON					
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units			
For units constructed (new) and/or acquired with or							
without rehab:	0	0	0	0			
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

**File ID** 24059\_46558 **Sponsor ID Sponsor** S93014A\_Selma AIDS Information and Referral (AIR) **Grantee** ALABAMA **Grant ID** FALG8522

## 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	\$57,200
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	
located?	
In what congressional district is the primary	
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	Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in	Performance Report Cover tab) should complete this tab.
---	--	---

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

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

see totals in rows 27 and 28.																	
A. For each racial category, how many HOPWA- eligible Individuals Identified as such?		2	Male			Ē	Female			Gender Nonbinary	nbinary			Transgender Female	er 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	\$1 or Older	Younger Than 18
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	0	0	0	0
Black/African American	0			39		9	12			0	0	0	0	0	1	1	0
Black/African American & White	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
American Indian/Alaskan Native & Black/African	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
Native Hawaiian/Other Pacific Islander	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
White	0		0 3	4	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?		2	Male			Ē	Female			Gender Nonbinary	onbinary			Transgend	Transgender Female		
	Younget Than 18	18-30	31-50	S1 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	St or Older	Younger Than 18
b. Asian	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	
b. Black/African American & White	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	
b. American Indian/Alaskan Native & Black/African American			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	
b. Other Multi-Racial				0		0		0 0	0		0	0	0		0	0	0
b, White		0	0	0	0 0		J	0 0		0	0	0		0	0	0	0
Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13):	127																
Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25):	0	receive the second															
How many other household members (beneficiaries) are HIV+?	0																

I CAN INGILA OF ICE INCIDENTIAL INCIDENT	
(beneficiaries) are HIV negative or have an	
unknown HIV status?	
Complete Prior Living Situations for HC	норма-
eligible Individuals served by TBRA, P-	Р-FВН, 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?	0
A foster care home?	0
Jail, prison, or a juvenile detention facility?	0
A rented room systemant or house?	c
Lance the 1-dividual annual	
al owned:	
	0
A hotel or motel paid for by the individual?	0
Any other prior living situation?	0
How many individuals newly receiving HOPWA	0
assistance didn't report or refused to report	
their prior living situation?	
How many individuals newly receiving HOPWA	
assistance during this program year reported a	
prior living situation of homelessness (place not	
for human habitation, emergency shelter,	•
transitional housing]:	
Also meet the definition of experiencing	0
chronic homelessness?	

uals , how Latinx?		0	0	0	0	0	0	0	0	0	0	uals ,, how Latinx?		0	0	0	0	0	0	0	0	0	0
Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?	Total Hispanic or Latinx											Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?	Total Hispanic or Latinx										
	51 or Older	0	0	0	0	0	0	0	0	0	0		S1 or Older	0	0	0	0	0	0	0	0	0	0
Disclosed	31-50	0	0	0	0	0	0	0	0	0	0	Disclosed	31-50	0	0	0	0	0	0	0	0	0	0
Gender not Disclosed	18-30	0	0	0	0	0	0	0	0	0	0	Gender not Disclosed	18-30	0	0	0	0	0	0	0	0	0	0
	Younger Than 18	0	0	0	0	0	0	0	0	0	0		Younger Than 18	0	0	0	0	0	0	0	0	0	0
	S1 or Older	0	0	0	0	0	0	0	0	0	0		S1 or Older	ō	O	0	ō	0	Ö	0	0	0	0
er Male	31-50	0	0	0	0	0	0	0	0	0	0	er Male	31-50	0	0	0	0	0	0	0	0	Ō	0
Transgender Male	18-30	0	0	0	0	0	0	0	0	0	0	Transgender Male	18-30	0	0	0	0	0	0	0	ō	0	ō

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

of these sources?		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	(電視性が発生を)のなりを受け
payments in the program year?		
What was the amount of program income collected from other sources (non-	0	あった 100 mm (大) 100 mm
Lesident payments in the problem year.		
S of Frogram micronic		
What was the amount of total program income that was spent on nousing assistance in the program year?		
What was the amount of total program income that was spent on supportive	0	京の ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
services or other non-housing costs in the program year?		
Rent Payments Made by HOPWA Housing Subsidy Assistance Reciplents Directly to Private Landlords		
What was the amount of resident rent payment that residents paid directly to	0	

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

Question	This Report
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	l.
agreement?	
Describe the Other (non-TBRA) Rental Assistance provided.	1
(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	0
SSI	C
SSDI	C
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	

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A CONTRACTOR OF SALES
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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

There are sixty columns for facinues. If more columns are needed, please contact the HOPWA Validation Team.

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

tion in the lepot ting year.									
	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	Facility 7	Facility 8	Facility 9
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	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	CAMPANA CHINA	HELD WINDOWS		BURNESS TO RESPONSE	HOLD CHARGO AND		SEPTIMENT OF THE PERSON NAMED IN	Na Work Chipman	THE RESERVE OF THE PARTY OF
How many households received Permanent Facility-Based Housing		0	0	0	0	0	0	0	0
Leasing support for each facility?			7						
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	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		ō	0	0	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	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.		C	C						
Based Housing support for each facility?			}-						
What were the HOPWA funds expended for Other types of Permanent		0	0	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	Market Constant		The second second		Section 2	A CONTRACTOR OF THE CONTRACTOR	SCHOOL STREET		The state of the s
How many households received more than one type of PFBH for each		0	0	0	0	0	0 0	0	0
facility? (Leasing, Operating, Other)									
Total Deduplicated Household Count	0	0	0	0	0	0	0	0	0
Income Levels for Households Served by this Activity	0	0	0	0	0	0	0	0	0
What is the number of households with income below 30% of Area		0	0	0	0	0	0	0	0
Median Income?									
What is the number of households with income between $31\%$ and $50\%$ of $\Delta_{\text{FPR}}$ Median Income?		0	0	0	0	0	0 0	0	0
1000 T. 1000 T			0						
What is the number of nouseholds with income between \$1% and 80% of Area Median Income?		D .	D.	0	0	0	0		0
Sources of Income for Households Served by this Activity				STATE OF THE PARTY					
How many households accessed or maintained access to the following	0	0	0	0	0	0	0	0	0
Sources of income in the past year?							Barran American	THE PERSON NAMED IN	

Earned Income from Employment	0	0	)		0	0	0	0	0
Retirement	0	0			0	0	0	0	0
5.5.1	0	0			0	0	0	0	0
SSDI	0	0	0	0	0	0	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program WIC, TANE, etc.)	0	0			0	0	0	0	0
Private Disability Insurance	0	0			0	0	0	0	0
Veteran's Disability Payment (service or non-service connected payment)	0	0		0	0	0	0	0	0
Regular contributions or gifts from organizations or persons not residing in the residence	0	0		0	0	0	0	0	0
Worker's Compensation	0	0			0		0	0	0
General Assistance (GA), or local program	0	0		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									
MEDICALD Health Broaram or local program conivalent	c			Constitution of the Consti			C	C	C
MEDICARE Health Insurance or local program equivalent	0	0		0	0	0	0	0	0
Veterans Affairs Medical Services	0				0		0	0	0
AIDS Drug Assistance Program	0				0		0	0	0
State Children's Health Insurance Program (SCHIP) or local program	0	0			0		0	0	0
equivalent									
Ryan White-funded Medical or Dental Assistance	О	0		0	0	0	0	0	0
Longevity for Households Served by this Activity	0	0	0 0	0	0	0	0	0	0
How many households have been served by permanent facility-based	0	0		0	0	0	0	0	0
housing for less than one year?							C		
How many households have been served by permanent facility-based housing for more than one year, but less than 5 years?	0	U	0	0	0	0	0	0	0
How many households have been served by permanent facility-based	0		0	0	0	0	0	D	0
housing for more than 5 years, but less than 10 years?									
How many households have been served by permanent facility-based	0		0	0 0	0	0	0	0	0
housing for more than 10 years, but less than 15 years?									
How many households have been served by permanent facility-based	0		0	0 0	0	0	0	0	0
housing for more than 15 years?									
Health Outcomes for Households Served by this Activity									
How many HOPWA-eligible individuals served with PFBH this year have	0		0	0	0	0	0	0	0
ever been prescribed Anti-Retroviral Therapy, by facility?									
How many HOPWA-eligible persons served with PFBH have shown an	0		0	0	0	0	0	0	0
improved viral load or achieved viral suppression, by facility?									
Housing Outcomes for Households Served by this Activity	0	0	0	0	0	0	0	0	0

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

There are sixty columns of facilities. If more columns are needed, please contact the HOPWA Validation Team.

Complete this securon 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,

	A	(F(1)42	Providence	President	Parallibra C	Freiliber	Excility 7
Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility >	Facility 0	raciiity /
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	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	0	0
Housing Leasing support for each facility?							
What were the HOPWA funds expended for Transitional/Short-Term		0	0	0	0	0	0
Facility-Based Housing Leasing Costs for each facility?							
Operating — Households and Expenditures Served by this Activity				のできるので			
How many households received Transitional/Short-Term Facility-Based		0	0	0	0	0	0
Housing Operating Support for each Jacility?							
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?		0	0	0	0	0	0
Hotel-Motel – Households and Expenditures Served by this Activity			N. S.				
		A MILE AND A STATE OF THE PARTY			A STATE OF THE PARTY OF THE PAR		
How many households received Hotel-Motel cost support for each		0	0	0	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?		0	0	0	0	0	0
	STATE OF THE PERSON NAMED IN COLUMN 1	THE RESIDENCE OF THE PARTY OF T	THE PERSON NAMED IN COLUMN TWO		Company of the Compan	TOTAL PROPERTY OF THE PARTY OF	7 0 0 10 0 10 0 10 0 10 0 10 0 10 0 10
Other Housing Support Households and Expenditures Served by this Activity							
How many households received Other types of Transitional/Short-Term		0	0	0	0	0	0
Facility-Based Housing support for each facility?							
What were the HOPWA funds expended for Other types of		0	0	0	0	0	0 0
Transitional/Short-Term Facility-Based Housing for each facility?							
For households served with Other Transitional/Short-Term Facility-Based Housine. what type of service were they provided? (150 characters)							
ST-TFBH Deduplication							ALL DESTRUCTIONS OF THE PERSON
How many households received more than one type of ST-TFBH for each facility? (Leasing, Operating, Hotel-Motel, Other)		0	0	0	0	0	0
Total Deduplicated Household Count	0	0	0	0	0	0	0

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

		The state of the s	The second second					
Housing Outcomes for Households Served by this Activity	0	0	0	0	0	0	0	
How many households continued receiving this type of HOPWA assistance into the next year?	0	0	0	0	0	0		0
How many households exited to other HOPWA housing programs?	0	0	0	0	0	0		0
How many households exited to other housing subsidy programs?	0	0	0	0	0	0		0
How many households exited to an emergency shelter?	0		0	0	0	0		0
How many households exited to private housing?	0	0	0		0	0		0
How many households exited to transitional housing (time limited - up to 24 months)?	0	0	0	0	0	0		0
How many households exited to institutional arrangement expected to last less than six months?	0	0	0	0	0	0 0		0
How many households exited to institutional arrangement expected to last more than six months?	0	0	0	0	0	0		0
How many households exited to a jail/prison term expected to last less than six months?	0	0	0	0		0	0	0
How many households exited to a jail/prison term expected to last more than six months?	0	0	0	0	J	0	0	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0	0	0	0	J	0	0	0
How many households exited to a place not meant for human habitation?	0	0	0	0	J	0	0	0
How many households were disconnected from care?	0	0	0	0		0	0	0
How many of the HOPWA eligible individuals died?	0	0	0	0		0	0	0

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

Question	This Report
Households Served by this Activity - STRMU	
Breakdown	
a. How many households were served with STRMU	0
mortgage assistance only?	
b. How many households were served with STRMU	0
rental assistance <b>only</b> ?	
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 <b>no</b> sources of income?	0
Medical Insurance for Households Served by this	
Activity	
How many households accessed or maintained access	
to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
	0
Longevity for Households Served by this Activity  How many households have been served by STRMU for	0
the first time this year?	Ŭ
How many households also received STRMU assistance	Ō
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 <b>consecutive</b> 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?	C
How many households exited to other housing subsidy programs?	C
How many households exited to an emergency shelter?	C
How many households served with STRMU were able to	C
maintain a private housing situation without subsidy?	
How many households exited to transitional housing	C
·	
(time limited - up to 24 months)?  How many households exited to institutional	C

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?	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
MEDICALD Health Program or local program equivalent	U
MEDICARE Health Insurance or local program	0
equivalent	0
Veterans Affairs Medical Services	
AIDS Drug Assistance Program	
State Children's Health Insurance Program (SCHIP) or	٦
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	0
programs?	
How many households exited to other housing subsidy	0
programs?	
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 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	O
Alcohol-Drug Abuse	0	C
Child Care	0	0
Case Management	127	\$54,581.85
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	C
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		
How many households received more than one of	0	A STATE OF THE STA
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 Expenditures Served by this Activity	This Report
How many households were served with "Other	
Housing Activity" assistance?	0
What were the HOPWA funds expended for	
"Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item	
approved in the grant agreement? (150	
characters)	

TBRA
3428
Housing Subsidy Assistance Household Count Deduplication
0
0
Complete HOPWA Outcomes for Access to Care and Support for all
QUESTIONS TO THE THE PROPERTY OF THE PROPERTY OF THE REPORT
Case Management
This Report

There are sixty columns for facilities. If more column

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

or rehabilitate a housing facility.

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

Note: Scattered site facilities may be reported as one facility.	s one facility.								
Question	Facility 1	Facility 2	Facility 3	Facility 4		Facility 5	Facility 6	Facility 7	Facility 8
Facility Information							100		
What is the name of the facility using HOPWA for capital									
development (acquisition or renabilitation)?									
For facilities being rehabilitated, what was the total		0	0	0	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		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)?			1						
Capital Development Expenditures									
How much was expended in this year on acquisition, for		0	0	0	0		0	0	0
each facility?									
How much was expended on rehabilitation, for each facility?		0	0	0	0		0	0	0
How much was expended on new construction, for each facility?		0	0	0	0		0	0	0
Was the development facility placed into service during this program year? Yes or No.									
Complete for Capital Development Facilities Opened This		西京 田田							
Year ONLY. If the facility was not opened this year, skip this section.									
How many total units were placed into service this year?		0	0	0	U	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?									

								1
If there is a waiting how many households are on the	0	0	0	0	0	0	0	0
waiting list?								
How many total units (HOPWA and non-HOPWA units)	0	0	0	0	0	0	0	0
were developed in this facility?								
How many units in this facility were developed with	0	0	0	0	0	0	0	0
HOPWA funds?								
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compilant	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 IDGranteeSponsor IDSponsorFALG8522ALABAMAS93011AS93011A\_Birmingham AIDS Outreach

**File ID** 24059\_46556

### 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)?	
What is the HOPWA contract amount for this	\$63,250
organization?	
What is the organization's business street	P.O Box 550070
address?	
In what city is the organization's business	Birmingham
address?	
In what county is the organization's business	Jefferson
address?	
In what state is the organization's business	Alabama
address?	
What is the organization's business address zip	35233
code?	
What is the organization's parent company, if	
applicable?	
What department administers the organization's	
grant?	
What is the organization's phone number	(205) 322-4197
(including extension)?	
What is the organization's fax number?	(205) 322-2131
What is the organization's website?	
What is the organization's Facebook page?	
What is the organization's Twitter handle?	
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	Hoover, Birmingham
service area?	
What are the counties of the organization's	Jefferson , Shelby
primary service area?	
In what congressional district is the organization	7
located?	
In what congressional district is the primary	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?	

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

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Billy Kirkpatrick
What is the Primary Program contact title?	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	
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?	Housing Coordinator
In what department does the Services contact work?	Housing Case Management
What is the Services contact email?	vsowell@fivehorizons.org
What is the Services contact phone number (including extension)?	334-386-3597
What is the Services contact fax number?	334-386-3597

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

Then 15   18-30   31-50   Colder   Then 18   18-30   S1 or   Then 18   S2 or   The	A. For each racial category, how many HOPWA- eligible Individuals Identified as such?		Ä	Male			Ŧ.	Female			Gender Nonbinary	onbinary			Transgender Female	er Female		
Weither American         0	Your	inger an 18	18-30	31-50	S1 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
1		0	0				0				0	0	0	0	0	0	0	
African         0         26         174         269         0         9         89         181         0	n & White	0	0	0	0		0				0	0	0	0	0		0	
African	k/African American	0	26				6		1		0	0	0	0	5	1	9	
African         0 </td <td>k/African American &amp; White</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td></td> <td>1</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td></td> <td>0</td> <td></td>	k/African American & White	0	0		0		1				0	0	0		0		0	
African         0 </td <td>erican Indian/Alaskan Native</td> <td>0</td> <td>0</td> <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td>	erican Indian/Alaskan Native	0	0		0		0				0	0	0	0	0	0	0	
1   0   0   0   0   0   0   0   0   0	erican Indian/Alaskan Native & Black/African erican	0	0				0				0	0	0		0	0	0	
tit-Racial         O         0	erican Indian/Alaskan Native & White	0	П	0			0				0	0	0	0	0	0	0	
tit-Racial         1         0         0         3         3         3         0 <th< td=""><td>ve Hawaiian/Other Pacific Islander</td><td>0</td><td>0</td><td></td><td>1</td><td>0</td><td>0</td><td></td><td></td><td></td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></th<>	ve Hawaiian/Other Pacific Islander	0	0		1	0	0				0	0	0	0	0	0	0	
th rackal category, how many other dimembers (beneficiaries) identified dimembers (beneficiaries) i	er Multi-Racial	0	9		11		0				0	0	0	0	2	1	0	
d members (beneficiaries) identified         Wale         18-30         31-50         Younger (breneficiaries) identified         Female	et e	0	7	38			0				0	0	0	0	1	0	1	
Wounger Than 18         18-30         31-50         51 or Than 18         Wounger Than 18         18-30         31-50         Older Than 18         18-30         31-50         31-50         Older Than 18         18-30         31-50         31-50         Older Than 18         18-30         31-50         Older Than 18         18-30         31-50         Older Than 18         18-30         31-50         Older Than 18         Itan 18         18-30         31-50         Older Than 18         Itan 18         18-30         31-50         Older Than 18         Itan 18         Itan 18         Itan 18         Itan 18         Itan 18         Itan 19	or each racial category, how many other sehold members (beneficiaries) identified		Ä	ale			Fe	male			Gender N	onbinary			Transgend	Transgender Female		
		inger an 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 of Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18
	sian	0	0								0		0	0	0		0	
	sian & White	0	0								0		0	0	0	0	0	
	lack/African American	0	0								0		0	0	0		0	
	lack/African American & White	0	0								0		0	0	0		0	
	merican Indian/Alaskan Native	0	0								0		0	0	0		0	
	merican Indian/Alaskan Native & :k/African American	0	0								0		0	0	0		0	
ther Pacific Islander 0 0 0 0 0 0 0 0 0 0 0	merican Indian/Alaskan Native & White	0	0								0		0	0	0	0	0	
	lative Hawaiian/Other Pacific Islander	0	0								0	0	0	0	0		0	
	ther Multi-Racial	0	0	0		0	0		0		0	0	0	0	0	0	0	
0	Vhite	0	0								0		0		0	0	0	
	いって 一日 日本																	

0

Total number of other household members
(beneficiaries) served with HOPWA assistance
(rows 16-25):
How many other household members
(beneficiaries) are HIV+?

(beneficiaries) are HIV negative or have an unknown HIV status?	
Prior Living Situations for	HOPWA-
eligible Individuals served by TBRA, P-	P-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	THE STATE OF
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?	0
A foster care home?	0
Jail, prison, or a juvenile detention facility?	0
A rented room, apartment or house?	0
A house the individual owned?	0
Staying at someone else's house?	0
A hotel or motel paid for by the individual?	0
Any other prior living situation?	0
How many individuals newly receiving HOPWA	0
assistance didn't report or refused to report	
their prior living situation?	
How many individuals newly receiving HOPWA	THE REAL PROPERTY.
assistance during this program year reported a	
prior living situation of homelessness [place not	0
IOI IIUIII II I	
transitional housing]:	
Also meet the definition of experiencing	0
chronic homelessness?	

Gender not Disclosed
Younger 18-30 Than 18
0 0
0 0
0 0
0 0
0 0
0 0
0 0
1 0
0 0
Gender not Disclosed
Younger 18-30 Than 18
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 identined 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.

of these sources?		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 navements in the program year?	0	
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 assistance in the program year?	0	
What was the amount of total program income that was spent on supportive	0	B. Call and L. Cal
services or other non-housing costs in the program year?	100	
Rent Payments Made by HOPWA Housing Subsidy Assistance Reciplents		
Directly to Private Landlords		
What was the amount of resident rent payment that residents paid directly to	0	

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

Question	This Report
TBRA Households Served and Expenditures	
How many households were served with HOPWA TBRA	0
assistance?	0
What were the total HOPWA funds expended for TBRA	
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.	
(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

Other Sources of Income	0
How many households maintained <b>no</b> 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

0
0
0
0
0
0
0
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0

There are sixty columns for facinizes. If more columns are needed, please contact the HOPWA Validation Team.

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

and a second sec						0 101	- 000	e 111.0	F104-0
	racility 1	Facility 4	Facility 3	Facility 4	racility 5	Facility 0	rdCility /	racility o	racillity 3
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	0	0	0
many units were placed into service? [Do not complete if facility									
placed in service in prior years.	Constitution of		The office of the second	The state of the s					
Leasing Households and Expenditures Served by this Activity			C		c				C
How many households received Permanent Facility-Based Housing		)	5	<b>D</b>	<b>&gt;</b>	5	0		
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0	0	0	0
Housing Leasing Costs for each facility?									
Operating - Households and Expenditures Served by this Activity									
		HI CONTRACTOR OF THE PARTY OF T							
How many households received Permanent Facility-Based Housing Operating support for each facility?		0	0	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?		0	0	0	0	0	0	0	0
Other Descripe Comment - Describelds and Eunoadity, not Conset by			STATE OF THE PARTY	出版が、社体の数				57 Sec. 20 1 Sec. 19	
this Activity									
How many households received Other types of Permanent Facility-		0	0	0	0	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	0	0	0
For households served with Other Permanent Facility-Based Housing,									
what type of service were they provided? (150 characters)									
PFBH Deduplication	10.00			A STATE OF THE PARTY OF THE PAR					
How many households received more than one type of PFBH for each		0	0	0	0	0	0	0	0
facility? (Leasing, Operating, Other)									
Total Deduplicated Household Count	0	0	0	0	0	0	0	0	0
Income Levels for Households Served by this Activity	0	0	0	0	0	0	0	0	0
What is the number of households with income below 30% of Area		0	0	0	0	0	0	0	0
Median Income?									
What is the number of households with income between 31% and 50% of Area Median Income?		0	0	0	0	0	0	0	0
What is the number of households with income between 51% and 80% of Area Median Income?		0	0	0	0	0	0	0	0
Sources of Income for Households Served by this Activity			The State of the Principle						
How many households accessed or maintained access to the following	0	0	0	0	0	0	0	0	0
sources of income in the past year?		The second second second							

			ľ						
Earned Income 1, Employment	0	0	)	0	0	0	0	0	0
Retirement	0	0	0	0	0	0	0	0	0
l SSI	0	0	0	0	0	0	0	0	0
SSDI	0	0	0	0	0	0	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0	0	0	0	0	0	0	0	0
Private Disability Insurance	0	0	0	0	0	0	0	0	0
Veteran's Disability Payment (service or non-service connected payment)	0	0	0	0	0	0	0	0	0
Regular contributions or gifts from organizations or persons not	0	0	0	0	0	0	0	0	0
Worker's Compensation	C	O	C	C			C	C	C
General Assistance (GA), or local program	0	0	0	0	0	0	0	0	0
Unemployment Insurance	0	0	0	0	0		0	0	0
Other Sources of Income	0	0	0	0	0		0	0	0
How many households maintained no sources of income?	0	0	0	0	0		0	0	0
Medical Insurance for Households Served by this Activity									CONTRACTOR STATES
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	0	0
MEDICARE Health Insurance or local program equivalent	0	0	0	0	0	0	0	0	0
Veterans Affairs Medical Services	0	0	0		0		0	0	0
AIDS Drug Assistance Program	0	0	0		0		0	0	0
State Children's Health Insurance Program (SCHIP) or local program	0	0	0		0		0	0	0
Rvan White-funded Medical or Dental Assistance	0	C	0	0	0	C	0	C	10
Longevity for Households Served by this Activity	0	0	0	0	0	0	0	0	0
How many households have been served by permanent facility-based	0	0	0		0	0	0	0	0
housing for less than one year?									
How many households have been served by permanent facility-based housing for more than one year, but less than 5 years?	0	0	0	0	0	0	0	0	0
How many households have been served by permanent facility-based housing for more than 5 years, but less than 10 years?	0	0	0	0	0	0	D	0	0
How many households have been served by permanent facility-based housing for more than 10 years, but less than 15 years?	0	0	0	0	0	0	0	0	0
How many households have been served by nermanent facility-based	-	C		C		O	C	C	0
housing for more than 15 years?					)				)
Health Outcomes for Households Served by this Activity	8 75 75 5				The New York	Branch Mark			
How many HOPWA-eligible individuals served with PFBH this year have	0	0	0	0	0	0	0	0	0
ever been prescribed Anti-Retroviral Therapy, by facility?									
How many HOPWA-eligible persons served with PFBH have shown an	0	0	0	0	0	0	0	0	0
improved viral load or achieved viral suppression, by facility?									
Housing Outcomes for Households Served by this Activity	0	0	0	0	0	0	0	0	0

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

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

Complete this section for Facilities, Households served with HOPWA Short-Term or Transitional Facility-Based Housing assistance by voir organization in the renorting 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-matel vouchers.

Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	Facility 7
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	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				2000年の日本			
How many households received Transitional/Short-Term Facility-Based		0	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	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	0	0
Housing Operating support for each facility?							
What were the HOPWA funds expended for Transitional/Short-Term		0	0	0	0	0	0
Facility-Based Housing Operating Costs for each facility?			A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN T				
Hotel-Motel – Households and Expenditures Served by this Activity							
					THE STREET STREET		在 切 符 网 的 自 解 自 一
How many households received Hotel-Motel cost support for each		0	0	0	Q	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each		0	0	0	0	0	0
facility?							
Other Housing Support – Households and Expenditures Served by this	A CANADA SA						TO PRINCIPAL PRI
Activity		SINGLE STREET	A CHARLES AND LOS	Constitution Security of	SALING THE PROPERTY OF THE PARTY OF THE PART	THE PERSON NAMED IN	CANADA CONTRACTOR OF THE PARTY
How many households received Other types of Transitional/Short-Term		0	0	0	0	0	0
Facility-Based Housing support for each facility?							
What were the HOPWA funds expended for Other types of		0	0	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					Miles and All services		
How many households received more than one type of ST-TFBH for each		0	0	0	0	0	0
facility? (Leasing, Operating, Hotel-Motel, Other)			The second secon				e
Total Deduplicated Household Count	0	0	0	0	0	0	0

Income Levels for Households Served by this Activity	0	0	0.00	0	0	0	0
What is the number of households with income below 30% of Area Median Income?	0	0	0	0	0	0	0
What is the number of households with income between 31% and 50% of Area Median Income?	0	0	0	0		0 0	0
What is the number of households with income between 51% and 80% of Area Median Income?	0	0	0	0		0 0	0
Sources of Income for Households Served by this Activity		BIGINET BY DE WAY					
How many households accessed or maintained access to the following	0	0	0	0	0	0	0
Sources of Income in the past year?  Earned Income from Employment	0						0
Refirement	0						
SSI	0		0	0		0	0
SSDI	0						
Other Welfare Assistance (Supplemental Nutrition Assistance Program,	0					0	
Private Disability Insurance	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				
resigning in the residence	C						
Worker's Compensation							
General Assistance (GA), or local program	0		0 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?							
MEDICALD Health Program or local program equivalent							
Medical Affairs Madical Canifors							
AINS Drip Assistance Program	0						
State Children's Health Insurance Program (SCHIP) or local program	0		0	0		0	
Ryan White-funded Medical or Dental Assistance	0		0	0		0	
Longevity for Households Served by this Activity	0	0	0	0	0	0	0
How many households have been served by short-term/transitional	0		0	0		0	
facility-based housing for less than one year?							
How many households have been served by short-term/transitional	0		0		0	0	
tacility-based housing for more than one year, but less than five years:  How many households have been served by short-term (transitional	C		0		0	0	0
Ifacility-based housing for more than five years, but less than 10 years?							
How many households have been served by short-term/transitional	0		0	0	0	0	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		0	0	0	0	0
Hachity-Dased Housing for more than 13 years:							

Housing Outcomes yor Households Served by this Activity	0	0	0	0	0	0	0
How many households continued receiving this type of HOPWA	0		0	0	0	0	0
assistance into the next year?							
How many households exited to other HOPWA housing programs?	0		0 0	0	0	0	0
How many households exited to other housing subsidy programs?	0		0	0	0		0
How many households exited to an emergency shelter?	0		0	0	0		0
How many households exited to private housing?	0		0 0	0	0		0
How many households exited to transitional housing (time limited - up to 24 months)?	0		0 0	0	0		0
How many households exited to institutional arrangement expected to last less than six months?	0		0	0	0		0
How many households exited to institutional arrangement expected to last more than six months?	0		0	0	0		0 0
How many households exited to a jail/prison term expected to last less than six months?	0		0	0	0		0
How many households exited to a jail/prison term expected to last more than six months?	0		0	0		0	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0		0	0	0		0
How many households exited to a place not meant for human habitation?	0		0	0		0	0
How many households were disconnected from care?	0	0	0	0		0	0
How many of the HOPWA eligible individuals died?	0	0	0	0 0		)  0	0

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

Question	This Report
Households Served by this Activity - STRMU	
Breakdown	
a. How many households were served with STRMU	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?	A Control on State
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
Total STRMU Expenditures	
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	THE RESERVE THE PARTY
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 <b>consecutive</b> 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
Flow many nouseholds extend to an emergency shelter.	U76
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?	

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?	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 local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0

Housing Outcomes for Households Served by this Activity	Ô
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		
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	
Case Management	1,032	55,749.97
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	C	0
Legal Services	C	0
Life Skills Management	C	0
Meals/Nutritional Services	C	0
Mental Health Services	C	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		
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)	

Total Households Served in ALL Activities from this report 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	M.	TBRA	P-FBH	ST-TFBH	STRMU	dHd	Housing Info	SUPP SVC	Other Competitive Activity
plication 0 0 s Report	N.	0						1032	
0 0 s Report	=	plication							
S Report	9 990	0							
rall s Report		0					21		
s Report		0				2 3			
s Report									
	₹ ₽	or all							
	1	s Report			Transport Control				
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		0							
		0							
		0							
		0							
	_	0		100 A			THE REAL PROPERTY.		
		*							
	£	is Report							
This Report 公園		0							
This Report, S. D. C.	_	0							

There are sixty columns for facilities. 15 more column

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

Complete for all HOPWA Facility-based Capital Development

reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this

reporting year.

Projects that received Capital Development funds in this

Facility 8 Facility 7 Facility 6 Facility 5 Facility 4 Facility 3 Facility 2 Note: Scattered site facilities may be reported as one facility. Facility 1 s there a waiting list maintained for the facility? Yes or No. What type of development was funded (new construction, or Capital Development facilities, what is the purchase or Complete for Capital Development Facilities Opened This low many total units were placed into service this year? What is the name of the facility using HOPWA for capital rear ONLY. If the facility was not opened this year, skip How much was expended on new construction, for each How much was expended in this year on acquisition, for Was the development facility placed into service during or Capital Development facilities, what is the date the For facilities being rehabilitated only, what is the final value of the building after rehabilitation is complete? What date did residents begin to occupy the facility? construction or rehabilitation started (if applicable)? How much was expended on rehabilitation, for each For facilities being rehabilitated, what was the total What date was the construction or rehabilitation What date did the supportive services begin? development (acquisition or rehabilitation)? amount of funding spent on rehabilitation? What type of housing (Permanent or Short-Capital Development Expenditures term/Transitional) was developed? this program year? Yes or No. rehabilitation, acquisition)? ease date of the property? Facility Information each facility? Question acility? facility?

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

**Sponsor ID Sponsor** S93010A S93010A\_Five Horizons Health Services Inc **Grantee** ALABAMA **Grant ID** FALG8522

**File ID** 24059\_46555

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

Project Sponsor Questions	Responses
What is the organization's name?	Five Horizons
What is the organization's Unique Entity	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	\$109,725
organization?	
What is the organization's business street	2720 6th Street #100
address?	
In what city is the organization's business	Tuscaloosa
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?	

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

Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Jennifer Thompson
What is the Primary Program contact title?	Chief Social Services Officer
In what department does the Primary Program contact work?	Social Services
What is the Primary Program contact email?	jthompson@fivehorizons.org
What is the Primary Program contact phone number (including extension)?	334-280-3349
What is the Primary Program contact fax number?	
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Billy Kirkpatrick
What is the Secondary Program contact title?	Chief ExcutiveOfficer
In what department does the Secondary Program contact work?	Operations
What is the Secondary Program contact email?	bkirkpatrick@fivehorizons.org
What is the Secondary Program contact phone number (including extension)?	205-759-8470
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Emily Hall
What is the Services contact title?	Chief Development Officer
In what department does the Services contact work?	Social Services / Development
What is the Services contact email?	ehall@fivehorizons.org
What is the Services contact phone number (including extension)?	205-393-1513
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.

Principal place   Principal	see totals in tows 27 and 28.																	
100   100	A. For each racial category, how many HOPWA-																	
Purple   P	eligible individuals identified as such?			Male				emaie			Gender	Nonbinary			Iransgend	er Fernale		
8. Where the control of the control		Younger Than 18	DEAY IN	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
1   1   1   1   1   1   1   1   1   1	Asian		0	0				0	0						0	0	0	0
Subst-stations   Subs	Asian & White		0					0							0	0	0	0
Subtract	lack/African American														5	4	1	0
Section Native & Brack/African   C	Black/African American & White		0					0							0	0	0	0
Section Native & Sibacly-Stricon   C	American Indian/Alaskan Native		0					0							0	0	0	0
State buttlet & White   State   Stat	American Indian/Alaskan Native & Black/African American		0	0				0	0					0	0	0	0	0
Charle Decrite Using decrite   Charle Decrite Using decrite   Charle Decrite Using decrite   Charle Decrite Using decrited   Charle Decrite Using decrited   Charle Decrite Using decrited   Charle Decrite Using Decrited Decrited Using Decrited D	merican Indian/Alaskan Native & White		0	0				0	0					0	0	0	0	0
Converting blue included assistance   Converting blue included assistance   Converting blue included are assista	ative Hawaiian/Other Pacific Islander		0	0				0	0					0	0	0	0	0
14   36   25   17   12   12   12   13   13   14   14   14   15   15   15   15   15	ther Multi-Racial							1	3					0	0	0	0	0
Maile   Famile   Fa	hite							2							0	0	0	0
This collection   This colle	For each racial category, how many other ousehold members (beneficiaries) identified such?			Male				emale			Gender	Nonbinary			Transgend	er Female		
Color   Colo		Younger Than 18	70.00		2000	Younger Than 18	SELE.	31-50	51 or Older	Younger Than 18	250	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or. Older	Younger Than 18
te value of the control of the contr	Asian		0	0		С	0	0	0						0	0	0	0
te de la color de	Asian & White		0	0			0	0	0						0	0	0	0
te discriming the control of the con	. Black/African American		0	0			0	0	0						0	0	0	0
te	Black/African American & White		0	0			0	0	0						0	0	0	0
te 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	. American Indian/Alaskan Native		0	0		0	0	0	0						0	0	0	0
te 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	, American Indian/Alaskan Native & Iack/African American		0	0		o	0	0	0						0	0	0	0
13); 902  143  150  160  170  170  170  170  170  170  17	American Indian/Alaskan Native & White		0	0		0	0	0	0						0	0	0	0
1	, Native Hawaiian/Other Pacific Islander		0	0		0	0	0	0						0	0	0	0
mber of HOPWA-eligible Individuals arises served with HOPWA assistance (rows 4.13); ray other household members         0	Other Multi-Racial		0	0		0	0	0	0						0	0	0	0
eligible individuals stance (rows 4-13); ousehold members th HOPWA assistance	, White		0	0		0	0	0	0						0	0	0	0
ousehold members: th HOPWA assistance	Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13);	902																
old members	fotal number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25);	0																
	low many other household members beneficiaries) are HIV+?	0																

(honoficiarion) and UN nonetime or home	
(benenciales) are my negative of nave an unknown HIV status?	
Complete Prior Living Situations for HC	HOPWA-
iduals served by TBRA,	P-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:	Several
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
sons	
A psychiatric hospital or other psychiatric	0
facility?	
A substance abuse facility?	0
A non-psychiatric hospital?	0
A foster care home?	0
Jail, prison, or a juvenile detention facility?	0
A rented room, apartment or house?	0
A house the individual owned?	0
Staying at someone else's house?	0
A hotel or motel paid for by the individual?	0
Any other prior living situation?	0
How many individuals newly receiving HOPWA	0
assistance didn't report or refused to report	
their prior living situation?	
How many individuals newly receiving HOPWA	
assistance during this program year reported a	
prior living situation of homelessness [place not	۰
for human habitation, emergency shelter,	
transitional housing]:	
Also meet the definition of experiencing	0
Comments	

uals y, how Latinx?		0	0	0	0	0	0	0	0	34	0	y, how Latinx?		0	0	0	0	0	0	0	0	0	C
Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?	Total Hispanic or Latinx											Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?	Total Hispanic or Latinx										
1	51 or Older	0	0	0	0	0	0	0	0	0	0		S1 or Older	0	0	0	0	0	0	0	0	0	0
Disclosed	31-50	0	0	0	0	0	0	0	0	0	0	Disclosed	31-50	0	0	0	0	0	0	0	0	0	0
Gender not Disclosed	18-30	0	0	0	0	0	0	0	0	0	0	Gender not Disclosed	18-30	0	0	0	0	0	0	0	0	0	C
	Younger Than 18	0	0	0	0	0	0	0	0	0	0		Younger Than 18	0	0	0	0	0	0	0	0	0	(
	51 or Older	0	0	0	0	0	0	0	0	0	0		51 or Older	0	0	0	0	0	0	0	0	0	0
er Male	31-50	0	0	0	0	0	0	0	0	0	0	er Male	31-50	0	0	0	0	0	0	0	0	0	
Transgender Male	18-30	0	0	0	0	0	0	0	0	0	0	Transgender Male	18-30	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 use amount and type of reveraged funding that was provided by any of these sources?	rational for any nepot.	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	
Ргодгат Іпсоте	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	を   を   は   に   に   に   に   に   に   に   に   に
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?		
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	
		The state of the s

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 assistance?	0
What were the total HOPWA funds expended for TBRA	0
rental assistance?	
Other (Non-TBRA) Rental Assistance	The state of the s
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.	
(150 characters).	
TBRA Household Total (TBRA + Other)	0
Income Levels for Households Served by this Activity	a granices and Or as translation
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 <b>no</b> sources of income?	0
Medical Insurance for Households Served by this Activity	
Liver and households assessed as resistained assess to	
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 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

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

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

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

tion in the reporting year.								
Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	Facility 7	Fac
Facility Information		2 - 3						
What is the name of the housing facility?								
Is the facility a medically assisted living facility? Yes or No.								
Was the housing facility placed into service during this program year? Yes or No.								
For housing facilities placed into service during this program year, how many units were placed into service? [Do not complete if facility placed in service in prior years.]		0	0	0	0	0	0	0
Leasing Households and Expenditures Served by this Activity		The state of the s						
How many households received Permanent Facility-Based Housing Leasing support for each facility?		0	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?		0	0	0	0	0	0	0
Operating Households and Expenditures Served by this Activity								
How many households received Permanent Facility-Based Housing Operating support for each facility?		0	0	0	0	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?		0	0	0	0	0	0	0
Other Housing Support – Households and Expenditures Served by this Activity								
How many households received Other types of Permanent Facility- Based Housing support for each facility?		0	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?		0	0	0	0	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)								
PFBH Deduplication								
How many households received more than one type of PFBH <b>for each</b> facility? (Leasing, Operating, Other)		0	0	0	0	0	0	0
Total Deduplicated Household Count	0	0	0	0	0	0	0	
Income Levels for Households Served by this Activity	0	0	0	0	0	0	0	
What is the number of households with income below 30% of Area Median Income?		0	0	0	0	0	0	0
What is the number of households with income between 31% and 50% of Area Median Income?		0	0	0	0	0	0	0
What is the number of households with income between 51% and 80% of Area Median income?		0	0	0	0	0	0	0
Sources of Income for Households Served by this Activity								
How many households accessed or maintained access to the following sources of income in the past year?	0	0	0	0	0	0	0	

0 0

0

			-					•
Earned Income from Employment	0							
Retirement	0			0				
SSI	0			Q				
SSDI	0	0	0	0	0	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANIF, etc.)	0			0				
Private Disability Insurance	0	0						
Veteran's Disability Payment (service or non-service connected payment)	0	0	0		0 0	0	0	0
Regular contributions or gifts from organizations or persons not residing in the residence	0	0	0		0 0	0	0	0
Worker's Compensation	0							
General Assistance (GA), or local program	0	0	0		0 0	0	0	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	0	0		0 0		0	0
Veterans Affairs Medical Services	0							
AIDS Drug Assistance Program	0			)				
State Children's Health Insurance Program (SCHIP) or local program	0			0		0		
Ryan White-funded Medical or Dental Assistance	0	0	0		0 0	0	0	0
Longevity for Households Served by this Activity	0	0	0	0	0	0	0	0
How many households have been served by permanent facility-based housing for less than one year?	0	0	0		0	0	0	0
How many households have been served by permanent facility-based housing for more than one year, but less than 5 years?	0	0	0		0	0	0	0
How many households have been served by permanent facility-based housing for more than 5 years, but less than 10 years?	0	0	0	)	0 0	0	0	0
How many households have been served by permanent facility-based housing for more than 10 years, but less than 15 years?	0	0	0		0	0	0	0
How many households have been served by permanent facility-based housing for more than 15 years?	0	0	0		0 0	0	0	0
Health Outcomes for Households Served by this Activity					THE REAL PROPERTY.	AND THE PROPERTY OF THE PARTY O	Barrier will be	Market Spring
How many HOPWA-eligible individuals served with PFBH this year have ever been prescribed Anti-Retroviral Therapy, by facility?	0	0	0		0	0	0	0
How many HOPWA-eligible persons served with PFBH have shown an improved viral load or achieved viral suppression, by facility?	0	0	0		0	0	0	0
Housing Outcomes for Households Served by this Activity	0	0	0	0	0	0	0	0

How many househous continued receiving this type of HOPWA assistance into the next year?	0	0	)	0	0	0	0	<u>}</u>
How many households exited to other HOPWA housing programs?	0	0	О	0	0	0	0	0
How many households exited to other housing subsidy programs?	0	0	0	0	0	0	0	0
How many households exited to an emergency shelter?	0	0	0	0	0	0	0	0
How many households exited to private housing?	0	0	0	0	0	0	0	0
How many households exited to transitional housing (time limited - up	0	0	0	0	0	0	0	0
to 24 months)?								
How many households exited to institutional arrangement expected to	0	0	0	0	0	0	0	0
last less than six months?								
How many households exited to institutional arrangement expected to	0	0	0	0	0	0	0	0
last more than six months?								
How many households exited to a jail/prison term expected to last less	0	0	0	0	0	0	0	0
than six months?								
How many households exited to a jail/prison term expected to last	0	0	0	0	0	0	0	0
more than six months?								
How many households exited to a situation that isn't transitional, but	0	0	0	0	0	0	0	0
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 human	0	0	0	0	0	0	0	0
habitation?								
How many households were disconnected from care?	0	0	0	0	0	0	0	0
How many of the HOPWA eligible individuals died?	0	0	0	0	0	0	0	0

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

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.

The state of the bounding Existing To the state of the bounding Existing To the state of the bounding Existing To the state of the stat	Ouestion	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	Facility 7
	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
Celved Transitional/Short-Term Facility-Based	many units were placed into service? [Do not complete if facility placed							
bese best provided by the control of	in service in prior years.]							
bed	Leasing - Households and Expenditures Served by this Activity							
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	How many households received Transitional/Short-Term Facility-Based		0	0	0	0		0
ed	Housing Leasing support for each facility?							
	What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?		0	0	0	0		0
	Operating - Households and Expenditures Served by this Activity							
ich         0         0         0         0         0         0           ich         0         0         0         0         0         0         0           ich         ich         0         0         0         0         0         0           ich         ich         0         0         0         0         0         0           ich         ich         ich         ich         ich         ich         ich         ich           ich         ich         ich         ich         ich         ich         ich         ich         ich           ich         ich         ich         ich         ich         ich         ich         ich         ich         ich	How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?		0	0	0	0		0
	What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?		0	0	0	0		0
	Hotel-Motel – Households and Expenditures Served by this Activity							
	How many households received Hotel-Motel cost support for each		0	0	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							
	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 Transitional/Short-Term Facility-Based Housing for each facility?		0	0	0	0	0	0 0
pe of ST-TFBH for each 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	For households served with Other Transitional/Short-Term Facility-Based Housing, what type of service were they provided? (150 characters)	P						
pe of ST-TFBH for each 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ST-TFBH Deduplication							
	How many households received more than one type of ST-TFBH for each facility? (Leasing, Operating, Hotel-Motel, Other)	-	0	0	0	0	0	0
	Total Deduplicated Household Count	0	0	0	0	0	0	0

Income levels for museholds Sensed by this Artivity	0	0	0	10 10 10 0 To 2 10 10 10 10 10 10 10 10 10 10 10 10 10		0	0
What is the number of households with income helow 30% of Area	,						0
What is the name of modernood with modific below 50% of mode.							
What is the number of households with income between 31% and 50% of Area Median Income?	0	0	0	0		0	0
What is the number of households with income between 51% and 80% of Area Median Income?	Ō	0	0	0		0	0
Sources of Income for Households Served by this Activity	TOTAL CONTROLLED						TO SELECT THE PROPERTY.
How many households accessed or maintained access to the following sources of income in the nact wear?	0	0	0	0	0	0	0
Earned Income from Employment	0	0		0			0
Retirement	0	0		0			
SSI	0	0	0	0		0 0	0
SSDI	0	0		0			
Other Welfare Assistance (Supplemental Nutrition Assistance Program,	0	0		0			
WIC, TANF, etc.)							
Private Disability Insurance	0	0		0			
Veteran's Disability Payment (service or non-service connected	0	0	0	0		0 0	0
Regular contributions or gifts from organizations or persons not	0	0		0			
residing in the residence							
Worker's Compensation	0			0			
General Assistance (GA), or local program	0	0	0	0		0	0
Unemployment Insurance	0			0			
Other Sources of Income	0	0		0			
How many households maintained no sources of income?	0	0		0			0
Medical Insurance for Households Served by this Activity							
How many households accessed or maintained access to the following							
sources of medical insurance in the past year?							
MEDICAID Health Program or local program equivalent	0						
MEDICARE Health Insurance or local program equivalent	0						
Veterans Affairs Medical Services	0						
AIDS Drug Assistance Program	0	0	0 0	0		0	0
State Children's Health Insurance Program (SCHIP) or local program	0					0	
equivalent							
Ryan White-funded Medical or Dental Assistance	0		0	0		0	0
Longevity for Households Served by this Activity	0	0	0	0	0	0	0
How many households have been served by short-term/transitional	0		0	0		0	0
raciitty-based nousing for less than one year:							
How many households have been served by short-term/transitional	O .					5	
racility-based nousing for more than one year, but less than five years?  How many households have been served by short-term francitional	C		C	C		0	0
from month increasing as make occur service of small configurations.							
How many households have been served by short-term/transitional	0		0	0		0	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		0	0		0	0
facility-based housing for more than 15 years?							

Housing Outcomes, or Households Served by this Activity	0	0	0	0	0	0	0	
How many households continued receiving this type of HOPWA	0	0	0	0	0	0		0
How many households exited to other HOPWA housing programs?	0		0	0	0	0		0
How many households exited to other housing subsidy programs?	0	0	0	0	0		0	0
How many households exited to an emergency shelter?	0		0 0	0	0		0	0
How many households exited to private housing?	0		0	0	0		0	0
How many households exited to transitional housing (time limited - up to 24 months)?	0		0	0	0		0	0
How many households exited to institutional arrangement expected to last less than six months?	0		0	0	0		0	0
How many households exited to institutional arrangement expected to last more than six months?	0		0 0	0	0		0	0
How many households exited to a jail/prison term expected to last less than six months?	0		0 0	0	0	0	0	0
How many households exited to a jail/prison term expected to last more than six months?	0		0	0	0	0	0	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0		0	0	b	0	0	0
How many households exited to a place not meant for human habitation?	0		0	0 0		0	0	0
How many households were disconnected from care?	0		0	0 0	J	0	0	0
How many of the HOPWA eligible individuals died?	0		0	0 0		0	0	0

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

Question	This Report
Households Served by this Activity - STRMU	
Breakdown	
a. How many households were served with STRMU	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	
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	7/16 - 12/2-12/20
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	C
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 <b>no</b> 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 <b>consecutive</b> 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 arrangement expected to last less than six months?	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?	0
PHP Expenditures for Households Served by this	
Activity	\$ 1.1 TO 58 PHOTOLOGICA
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	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	C	0
Alcohol-Drug Abuse	C	0
Child Care	C	
Case Management	902	\$103,011.49
Education	C	0
Employment Assistance and Training	C	0
Health/Medical Services	(	0
Legal Services		C
Life Skills Management		C
Meals/Nutritional Services	(	0
Mental Health Services	(	C
Outreach		C
Transportation		0
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		The second second second
How many households received more than one of	(	
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 Expenditures Served by this Activity	This Report
How many households were served with "Other	
Housing Activity" assistance?	0
What were the HOPWA funds expended for	
"Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item	
approved in the grant agreement? (150	
characters)	

	TBRA	P-F8H	ST-TFBH	STRMU	дна	Housing Info	SUPP SVC	Other Competitive Activity
THE RESERVE OF THE PARTY OF THE	0	0	0	0	0	0	905	0
7	Deduplication							
71 ST	0							
	0							
	0							
port for "other	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.							
E	This Report							
	0	· · · · · · · · · · · · · · · · · · ·	No. of Street, or other Persons	THE STATE OF THE PARTY OF THE P	The state of the s	THE REAL PROPERTY.		
	0							
	0							
	0							
	0							
	0							
≥	Subsidy Assistance with Supportive Service, Funded Case Management							
	This Reports 海狸							
	0							
	0							

There are sixty columns for facilitie... , f more column

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

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

cattered site facilities may be reported as	Some facility.	Enellibre 3	Earille, 3		Cacility 4	Escility 5	Eacility 6	Eacility 7	Facility 8
	-acility 1	racinity 2	racility 3		SCHILLY 4	racinity J	i demità o	- Comment	
Facility Information		のないというないのである			THE PROPERTY OF				
What is the name of the facility using HOPWA for capital									
development (acquisition or rehabilitation)?									
For facilities being rehabilitated, what was the total amount		0	0	0		0	0	0	0
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	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		SAN TON THE STATE OF	THE PERSON NAMED IN						
How much was expended in this year on acquisition, for		0	0	0		0	0	0	0
each facility?									
How much was expended on rehabilitation, for each facility?		0	0	0		0	0	0	0
How much was expended on new construction, for each		0	0	0		0	0	0	0
idelity?									
Was the development facility placed into service during this program year? Yes or No.									
Complete for Capital Development Facilities Opened This	A POST OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY AND ADRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF T		THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN	1000					
Year ONLY. If the facility was not opened this year, skip this section.									
How many total units were placed into service this year?		0	0	0		0	0	0	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?									
								_	

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

**Sponsor ID Sponsor**S9308A S9308A\_Unity Wellness Center **Grantee** ALABAMA **Grant ID** FALG8522

**File ID** 24059\_46553

## 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	\$58,320
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?	
What is the organization's business address zip	36801
code?	
What is the organization's parent company, if	
applicable?	
What department administers the organization's	Financial Operations
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?	
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?	

Contact Information for your Organization	
Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in	: Sponsor Organization" in
Performance Report Cover tab) should complete this tab.	
Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	Tracy Wynne
What is the Primary Program contact title?	Clinical Operations Manager
In what department does the Primary Program contact work?	Social Services
What is the Primary Program contact email?	tracy.wynne@eamc.org
What is the Primary Program contact phone number (including extension)?	(334)749-3593
What is the Primary Program contact fax number?	(334) 749-3594
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	Tracy Wynne
What is the Secondary Program contact title?	Clinical Operations Manager
In what department does the Secondary Program contact work?	Social Services
What is the Secondary Program contact email?	tracy.wynne@eamc.org
What is the Secondary Program contact phone number (including extension)?	(334)749-3593
What is the Secondary Program contact fax number?	(334) 749-3594
Contact Information for Individuals Seeking Services	
What is the Services contact name?	Mollie Jewett
What is the Services contact title?	Social Worker
In what department does the Services contact work?	Housing Social Services
What is the Services contact email?	mollie.jewett@eamc.org
What is the Services contact phone number (including extension)?	(334)528-5775
What is the Services contact fax number?	(334) 749-3594

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

see totals in rows 27 and 26.																		
A. For each racial category, how many HOPWA- eligible Individuals identified as such?		Z	Male				Female	<u>e</u>			Gender N	Gender Nonbinary			Transgend	Transgender Female		
	Younger Than 18	18-30	31-50	51 or	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 of Older	Younger Than 18
Asian	0	0	0	0	0	0	1	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	93	3 166		41	0	14	56	32		0				4	7	1	
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		
American Indian/Alaskan Native & Black/African	0		0	1	0	0	0	1	0	0	0				0	0	0	0
American																		
American Indian/Alaskan Native & White	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	7	4	2	1	0	0	1	1		0				0	0		0
White	0	19		32	39	0	4	17	3				0	0	2		0	0
B. For each racial category, how many other household members (beneficiaries) identified account.		2	Male		7 (8)		Female	tle	o j		Gender 1	Gender Nonbinary			Transgeno	Transgender Female		
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	824	18-30	31.50	S1 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
b. Asian	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	0	0		0
b. Black/African American & White	0	J	0	0	0	0	0	0										
b. American Indian/Alaskan Native	0		0	0	0	0	0	0				0						
b. American Indian/Alaskan Native &	0		C	0	0	0	0	0						0 0				0
Black/Arrican American							C		C	C	C	C			C			0
b, American Indian/Alaskan Native & White	0		<b>D</b>	<b>&gt;</b>	5	)	)											
b. Native Hawaiian/Other Pacific Islander	0		0	0	0	0	0	0							0		0	
b. Other Multi-Racial	0		0	0	0	0	0	0		0				0				0
b, White	0		0	0	0	0	0	0			0	0					100	0
												1650 at 1						
Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13):	8 <del>8</del>																	
Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25):	0															九		
How many other household members (beneficiaries) are HIV+?	0																	

(beneficiaries) are HIV negative or have an	
unknown HIV status?	
Complete Prior Living Situations for HO	HOPWA-
eligible Individuals served by TBRA, P-	P-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	71 920
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?	0
A foster care home?	0
Jail, prison, or a juvenile detention facility?	0
A rented room, apartment or house?	0
A house the individual owned?	0
t sc	0
A hotel or motel paid for by the individual?	0
Any other prior living situation?	0
How many individuals newly receiving HOPWA	0
assistance didn't report or refused to report	
their prior living situation?	
How many individuals newly receiving HOPWA	
assistance during this program year reported a	
prior living situation of homelessness [place not	0
for human habitation, emergency shelter,	
transitional housing]:	
Also meet the definition of experiencing	0
chronic homelessness?	

2	Transgender Male						many also identify as Hispanic or Latinx?
-	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Total Hispanic or Latinx
	0	0	0	0	0	0	
1	0	0	0	0	0	0	
	0	0	0	0	0	0	
1	0	0	0	0	0	0	
	0	0	0	0	0	0	
1	0	0	0	0	0	0	
111	0	0	0	0	0	0	
1	0	0	0	0	0	0	
1	0	0	0	0	0	0	
1	0	0	0	0	0	0	
2341	Transgender Male			Gender no	Gender not Disclosed		Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx?
1000	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Total Hispanic or Latinx
196	0	0		0	0	0	
	0	0	0	0	0	0	
1	0	0	0	0	0	0	
1	0	0	0	0	0	0	
1	0	0	0	0	0	0	
1	0	0	0	0	0	0	
11	0	0	0	0	0	0	
11	0	0	0	0	0	0	
1	0	0	0	0	0	0	
1	c	0	C	-	C		

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.

of tillings about that		Yes or No.
ESG	0	
НОМЕ	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		
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-		
Iteration payments in the program years	0	
What was the amount of total program income that was spent on housing	O	
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?		
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	
	The state of the s	

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.	
(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

Other Sources of Income	0
How many households maintained <b>no</b> sources of income?	0
Medical Insurance for Households Served by this Activity	
Lieuwanan hayan halda accasad ar maintained accass to	
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
WEDICALD Health Frogram of 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	0
Ryan White-funded Medical or Dental Assistance	0
Health Outcomes for Households Served by this Activity	renderal established in the second
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?	
more than one year, success than nive 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

0
0
0
0
0
0
0
0
0

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

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

organization in the reporting year.									
Question	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	Facility 7	Facility 8	Facility 9
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	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 State of the S		S. STONE STO	NAME OF STREET		S. D. A. S.	
How many households received Permanent Facility-Based Housing		0	0	0	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	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	0	0
Operating support for each facility?						1			
What were the HOPWA funds expended for Permanent Facility-Based		0	0	0	0	0	0	0	0
Housing Operating Costs for each facility?									
Other Housing Support – Households and Expenditures Served by									
this Activity				THE RESERVE AND THE PERSON NAMED IN COLUMN 1					
How many households received Other types of Permanent Facility- Based Housing support for each facility?		0	0	0	0	0	0	0	0
What were the HOPWA funds expended for Other types of Permanent		C	C	C	0	C		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)									
	STATE OF STREET, STATE OF STREET, STATE OF STREET, STATE OF STATE OF STREET, STATE OF STATE OF STATE OF STREET, STATE OF STA			THE PERSON NAMED AND PARTY OF THE PERSON NAMED IN COLUMN NAMED	A STATE OF THE PARTY OF THE PAR	100000000000000000000000000000000000000	TO SERVICE CONTROL OF THE PARTY	200 CO. C.	Section of Section 2 and 2
PFBH Deduplication						S 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
How many households received more than one type of PFBH for each		0	0	0	0	0	0	0	0
facility? (Leasing, Operating, Other)									
Total Deduplicated Household Count	0	0	0	0	0	0	0	0	0
Income Levels for Households Served by this Activity	0	0	0	0	0	0	0	0	
What is the number of households with income below 30% of Area		0	0	0	0	0	0	0	0
Median Income?									
What is the number of households with income between 31% and 50% of Area Median Income?		0	0	0	0	0	0	0	0
What is the number of households with income between 51% and 80%		0	0	0	0	0	0	0	0
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?	5				5	5	5		•

10

Earned Income from Employment	0	0	0	0	0	0	0	0	0
Retirement	0	0	0	0	0	0	0	0	0
ISSI	0	0	0	0	0	0	0	0	0
SSDI	0	0	0	0	0	0	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANE, etc.)	0	0	0	0	0	0	0	0	0
Private Disability Insurance	ō	0	0	0	0	0	0	0	0
Veteran's Disability Payment (service or non-service connected payment)	0	0	Ö	0	0	0	0	0	0
Regular contributions or gifts from organizations or persons not	0	0	ō	0	0	0	0	0	0
residing in the residence	Č	C	Č	Ċ	C				
General Assistance (GA) or local program	5 C	0 0	0	0			0 0		
Unemployment Insurance	0	0	0	0	0		0	0	0
Other Sources of Income	0	0	O	O	0		0	0	0
How many households maintained no sources of income?	0	0	0	0	0		0	0	0
Medical Insurance for Households Served by this Activity			TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS					Aprile Spall P. St.	
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	0	0	0	0
MEDICARE Health Insurance or local program equivalent	0	0	0	0	0	0	0	0	0
Veterans Affairs Medical Services	0	0	0	0	0	0	0	0	0
AIDS Drug Assistance Program	0	0	0	0	0	0	0	0	0
State Children's Health Insurance Program (SCHIP) or local program	0	0	0	0	0	0	0	0	0
Ryan White-funded Medical or Dental Assistance	0	0	0	0	0	0	0	0	0
Longevity for Households Served by this Activity	0	0	0 0	0 1000	0	0	0	0	0
How many households have been served by permanent facility-based	0	0	0	0	0	0	0	0	0
housing for less than one year?									
How many households have been served by permanent facility-based housing for more than one year. but less than 5 years?	0	0	0	0	0	0	0	0	0
How many households have been served by permanent facility-based	0	0	0	0	0	0	0	0	0
housing for more than 5 years, but less than 10 years?									
How many households have been served by permanent facility-based housing for more than 10 years, but less than 15 years?	0	0	0	0	O	0	0	0	0
How many households have been served by permanent facility-based	0	0	0	0	0	0	0	0	0
housing for more than 15 years?									
Health Outcomes for Households Served by this Activity				BEST OF SECTION				Second Section	
How many HOPWA-eligible individuals served with PFBH this year have	0	0	0	0	0	0	0	0	0
ever been prescribed Afrit-Retroviral Frierapy, by Tacility?									
How many HOPWA-eligible persons served with PFBH have shown an	0	0	0	0	0	0	0	0	0
improved viral load or achieved viral suppression, by facility?									
Housing Outcomes for Households Served by this Activity	0	0	0	0	0	0	0	0	0

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

There are sixty columns for facilities. If more calumns are needed, please contact the HOPWA Validation Team.

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.

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						
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			The state of the s	VIII ON THE OWNER WHEN THE PARTY OF THE PART	The state of the s	
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						
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						
Yes or No. For housing facilities placed into service during this program year, how						
For housing facilities placed into service during this program year, how						
	0	0	0		0	9
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	· · · · · · · · · · · · · · · · · · ·	STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN C				XIIX IX IX IX IX
How many households received Transitional/Short-Term Facility-Based	0	0	0	0	0	0
Housing Leasing support for each facility?						4
What were the HOPWA funds expended for Transitional/Short-Term	0	0	0	0	0	0
Facility-Based Housing Leasing Costs for each facility?			The second secon			
Operating – Households and Expenditures Served by this Activity						
How many households received Transitional/Short-Term Facility-Based	0	0	0	0	0	0
Housing Operating support for each facility?						
What were the HOPWA funds expended for Transitional/Short-Term	0	0	0	0	0	0
Facility-Based Housing Operating Costs for each facility?						
Hotel-Motel – Households and Expenditures Served by this Activity		新 A S A S A S A S A S A S A S A S A S A				
How many bouseholds received Hotel-Motel cost support for each	O	0				0
TOWN HOLD TO THE TOTAL OF THE T	0				C	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	D	5				
Other Housing Support — Households and Expenditures Served by this Activity						
How many households received Other types of Transitional/Short-Term	o	0	0	0	0	0
Facility-Based Housing support for each facility?	- -					
What were the HOPWA funds expended for Other types of	0	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)						
						TO SERVICE STATE OF THE PERSON SHAPES
ST-TFBH Deduplication						
How many households received more than one type of ST-TFBH for each facility? (Leasing, Operating, Hotel-Motel, Other)	0	0	0	0	0	
	0 0	0	0	0	0	0

Income Levels for Households Served by this Activity	0	(はない、中心の ある もりだん		0	0	0	0
What is the number of households with income below 30% of Area	0	0	0	0	0	0	0
What is the number of households with income between 31% and 50% of Area Median Income?	0		0	0	0	0	0
What is the number of households with income between 51% and 80% of Area Median Income?	0	J	0 0	0	0	0	0
Sources of Income for Households Served by this Activity							
How many households accessed or maintained access to the following sources of income in the past year?	0	0	0	0	0	0	0
Earned Income from Employment	0				0		0
Retirement	0				0		
SSI	0		0	0	0	0	0
SSDI	0				0		
Other Welfare Assistance (Supplemental Nutrition Assistance Program,	0				0		
VVIC, I MINT, etc.,					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		
residing in the residence							
Worker's Compensation	0						
General Assistance (GA), or local program	0		0 0	0		0	0
Unemployment Insurance	0						
Other Sources of Income							
How many households maintained no sources of income?	0						
Medical Insurance for Households Served by this Activity		STELL THE STREET, STRE	SCHOOL SECTIONS		THE RESIDENCE OF THE PARTY OF T		
How many households accessed or maintained access to the following							
MEDICALD Health Draws or local program equivalent							
MCDICADE Upadity Indicators or local program equivalent							
Weterans Affairs Medical Services	0		0	0		0	0
AIDS Drug Assistance Program							
State Children's Health Insurance Program (SCHIP) or local program							
equivalent							0
Ryan white-funded inedical of Defital Assistance	•	Construction of the constr	•		大きは関連を行うになって、人	0	0
Longevity for Households Served by this Activity							
How many households have been served by short-term/transitional facility-based housing for less than one year?		0					
How many households have been served by short-term/transitional		0	0 0	0		0	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	0	0		0	
How many households have been served by short-term/transitional		0	0	0		0	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	0	0		0	0
I acility-based flooring for fillore trial 1.3 years:							

Housing Outcomes for Households Served by this Activity	0	0	0	0	0	0	0
How many households continued receiving this type of HOPWA assistance into the next year?	0	0		0	0	0	0
How many households exited to other HOPWA housing programs?	0	0		0	0	0	0
How many households exited to other housing subsidy programs?	0	0		0	0	0	0
How many households exited to an emergency shelter?	0	0		0	0	0	0
How many households exited to private housing?	0	0			0	0	0
How many households exited to transitional housing (time limited - up to 24 months)?	0	0		0	0	0	0
How many households exited to institutional arrangement expected to last less than six months?	0	0		0	0	0	0
How many households exited to institutional arrangement expected to last more than six months?	0	0		0	0	0	0
How many households exited to a jail/prison term expected to last less than six months?	0	0		0	0	0	0
How many households exited to a jail/prison term expected to last more than six months?	0	0		0	0	0	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0	0		0	0	0	0
How many households exited to a place not meant for human habitation?	0	0		0	0	0	0
How many households were disconnected from care?	0	0		0	0	0	0
How many of the HOPWA eligible individuals died?	0	0		0	0	0	0

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

Question	This Report
Households Served by this Activity - STRMU	
Breakdown	
a. How many households were served with STRMU	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 <b>no</b> 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 <b>consecutive</b> 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?	Ü
maintain a private nousing 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?	

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?	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 <b>no</b> sources of	0
income?	
Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to	BURLE ENERGY SAVING BUYER HE
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 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	
Alcohol-Drug Abuse	0	C
Child Care	0	C
Case Management	543	\$49,130.50
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	
Any other type of HOPWA funded, HUD approved supportive service?	0	C
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

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

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

		A CAMPANIAN CONTRACTOR				TO SHARE THE PARTY OF THE PARTY	THE PERSON NAMED IN	The second secon
Activity Review	TBRA	Р-FВН	ST-TF8H	STRMU	dHd	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in ALL Activities from this report for each Activity.	0	0	0	0		0	543	0
Housing Subsidy Assistance Household Count Dedi	Deduplication							
Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST- TFBH, STRMU, PHP, Other Competitive Activity counts above)	0							
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							
Total Unduplicated Housing Subsidy Assistance Household Count	0							
Access to Care (ATC)								
Complete HOPWA Outcomes for Access to Care and Support for all	or all							
households served with HOPWA housing assistance and "other competitive activities" in the reporting year.	-							
Questions	This Report	のなるというないから		THE PERSON NAMED IN	HELDON BURNEY	SCHOOL STANSON	STATE OF THE PARTY	AND DESCRIPTION OF THE PERSON
How many households had contact with a case manager?	0	が発生をあるから		SOME STREET, SOUTH	STATE OF STREET			THE REAL PROPERTY.
How many households developed a housing plan for maintaining or establishing stable housing?	0							
How many households accessed and maintained medical	0							
Insurance and/or assistance? How many households had contact with a primary health care	0			温泉を変え				
provider?						The second second	V	
How many households accessed or maintained qualification for sources of income?	0							
How many households obtained/maintained an income-	0							The second second
producing job during the program year (with or without any HOPWA-related assistance)?								
Subsidy Assistance with Supportive Service, Funded Case Management	lanagement				A CHARLES CO.			
Questions	This Report							The State of the S
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							

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

Complete for all HOPWA Facility-based Capital Development

reporting year. This includes projects that received HOPWA Capital Development funds and opened to residents in this

reporting year.

Projects that received Capital Development funds in this

Facility 8 Facility 7 Facility 6 Facility 5 Facility 4 Facility 3 Facility 2 Note: Scattered site facilities may be reported as one facility. Facility 1 Is there a waiting list maintained for the facility? Yes or No. What type of development was funded (new construction, For Capital Development facilities, what is the purchase or Complete for Capital Development Facilities Opened This 'ear ONLY. If the facility was not opened this year, skip How much was expended on new construction, for each low many total units were placed into service this year? What is the name of the facility using HOPWA for capital How much was expended in this year on acquisition, for Was the development facility placed into service during For Capital Development facilities, what is the date the For facilities being rehabilitated only, what is the fina value of the building after rehabilitation is complete? What date did residents begin to occupy the facility? construction or rehabilitation started (if applicable)? 10w much was expended on rehabilitation, for each For facilities being rehabilitated, what was the total What date was the construction or rehabilitation What date did the supportive services begin? development (acquisition or rehabilitation)? amount of funding spent on rehabilitation? What type of housing (Permanent or Short-Capital Development Expenditures term/Transitional) was developed? this program year? Yes or No. rehabilitation, acquisition)? lease date of the property? Facility Information each facility? this section. Question acility? acility?

									i
If there is a waiting list, how many households are on the	0	0	0	0	0	0	0	)	0
waiting list?									
How many total units (HOPWA and non-HOPWA units)	0	0	0	0	0	0	0		0
were developed in this facility?									
How many units in this facility were developed with	0	0	0	0	0	0	0		0
HOPWA funds?									7
For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible - Mobility Units - Sensory Units					1022.16
For units constructed (new) and/or acquired with or									1
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