

# Housing Opportunities for Persons with AIDS Consolidated Annual Performance and Evaluation Report (HOPWA CAPER)

2018-2019



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**Wake County Department of  
Housing Affordability and Community  
Revitalization**



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

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

OMB Number 2506-0133 (Expiration Date: 01/31/2021)

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The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. Reporting is required for all HOPWA formula grantees. The public reporting burden for the collection of information is estimated to average 41 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

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

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

**Table of Contents**

**PART 1: Grantee Executive Summary**

1. Grantee Information
2. Project Sponsor Information
5. Grantee Narrative and Performance Assessment
  - a. Grantee and Community Overview
  - b. Annual Performance under the Action Plan
  - c. Barriers or Trends Overview

**PART 2: Sources of Leveraging and Program Income**

1. Sources of Leveraging
2. Program Income and Resident Rent Payments

**PART 3: Accomplishment Data: Planned Goals and Actual Outputs**

**PART 4: Summary of Performance Outcomes**

1. Housing Stability: Permanent Housing and Related Facilities
2. Prevention of Homelessness: Short-Term Housing Payments
3. Access to Care and Support: Housing Subsidy Assistance with Supportive Services

**PART 5: Worksheet - Determining Housing Stability Outcomes**

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

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

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

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

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

In connection with the development of the Department’s standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household

Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and T-cell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client’s case management, treatment and care, in line with the signed release of information from the client.

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

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

**Filing Requirements.** Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee’s State or Local HUD Field Office, and to the HOPWA Program Office: at [HOPWA@hud.gov](mailto:HOPWA@hud.gov). Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7248, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C., 20410.

**Definitions**

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

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

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

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

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

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

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

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

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

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

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

**HOPWA Housing Subsidy Assistance Total:** The unduplicated number of households receiving housing subsidies (TBRA, STRMU, Permanent

Housing Placement services and Master Leasing) and/or residing in units of facilities dedicated to persons living with HIV/AIDS and their families and supported with HOPWA funds during the operating year.

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

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

**In-kind Leveraged Resources:** These are additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. The actual value of the support can be the contribution of professional services, based on customary rates for this specialized support, or actual costs contributed from other leveraged resources. In determining a rate for the contribution of volunteer time and services, use the criteria described in 2 CFR 200. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

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

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

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

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

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

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

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

**Program Income:** Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration

requirements on program income at 2 CFR 200.307.

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

**Project Sponsor Organizations: Per HOPWA regulations at 24 CFR 574.3,** any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to provide eligible housing and other support services or administrative services as defined in 24 CFR 574.300. Project Sponsor organizations are required to provide performance data on households served and funds expended.

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

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

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

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

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

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

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

OMB Number 2506-0133 (Expiration Date: 01/31/2021)

## Part 1: Grantee Executive Summary

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by 24 CFR 574.3.

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

### 1. Grantee Information

<b>HUD Grant Number</b> NCH18F002	<b>Operating Year for this report</b> From (mm/dd/yy) 07/01/18 To (mm/dd/yy) 06/30/19			
<b>Grantee Name</b> Wake County Department of Housing Affordability and Community Revitalization				
<b>Business Address</b>	336 Fayetteville Street, Wake County Office Building, Dept. of Housing Affordability and Community Revitalization Suite 448, P.O. Box 550			
<b>City, County, State, Zip</b>	Raleigh	Wake	NC	27602
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	56-60000347			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	830417742	<b>System for Award Management (SAM)::</b> Is the grantee's SAM status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide SAM Number: 149337839		
<b>Congressional District of Grantee's Business Address</b>	13			
<b>*Congressional District of Primary Service Area(s)</b>	2 4 13			
<b>*City(ies) and County(ies) of Primary Service Area(s)</b>	Cities: : Raleigh Smithfield Selma Clayton Henderson		Counties: Wake Johnston Franklin	
<b>Organization's Website Address</b> http://www.wakegov.com	<b>Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.			

\* Service delivery area information only needed for program activities being directly carried out by the grantee.

**2. Project Sponsor Information**

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

<b>Project Sponsor Agency Name</b> Under One Roof		<b>Parent Company Name, if applicable</b> Wake County Department of Human Services, Division of Public Health		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Kathleen Horstmann, Human Services Supervisor		
<b>Email Address</b>		Kathleen.horstmann@wakegov.com		
<b>Business Address</b>		3000 Falstaff Road		
<b>City, County, State, Zip,</b>		Raleigh, Wake, NC, 27610		
<b>Phone Number (with area code)</b>		(919) 212-7832		
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		56-60000347	<b>Fax Number (with area code)</b> (919) 212-7780	
<b>DUN &amp; Bradstreet Number (DUNs):</b>		830417742		
<b>Congressional District of Project Sponsor's Business Address</b>		13		
<b>Congressional District(s) of Primary Service Area(s)</b>		2 4 13		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		cities: Raleigh Smithfield Selma Clayton Henderson		Counties: Wake Johnston Franklin
<b>Total HOPWA contract amount for this Organization for the operating year</b>		Under One Roof is part of Wake County, so our contract with them is a Memorandum of Agreement and does not include funding. \$57,720 of the grant was allocated to a case manager located at Under one Roof for case management activities.		
<b>Organization's Website Address</b>		http://www.wakegov.com		
<b>Is the sponsor a nonprofit organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>		

## **5. Grantee Narrative and Performance Assessment**

### **a. Grantee and Community Overview**

Provide a one to three page narrative summarizing major achievements and highlights that were proposed and completed during the program year. Include a brief description of the grant organization, area of service, the name(s) of the program contact(s), and an overview of the range/type of housing activities provided. This overview may be used for public information, including posting on HUD's website. *Note: Text fields are expandable.*

*Wake County manages the HOPWA allocation for the Raleigh-Cary, NC MSA (covering Franklin, Johnston, and Wake Counties), and the current program contact is Emily Fischbein, Wake County Department of Housing Affordability and Community Revitalization, Division of Equitable Housing and Community Development. This year, the range/type of housing activities provided were: long-term rental assistance; short-term rental, mortgage, and utility assistance; case management, housing information services (such as help finding housing); and resource identification (such as landlord outreach and program development).*

*Wake County received \$716,346 in HOPWA funds for FY 2018-2019. Our highlights and achievements this year centered around providing permanent housing, reducing the risk of homelessness, and improving access to health care among persons with HIV/AIDS through case management. We provided tenant based rental assistance for long-term housing (49 clients); continued a successful program of short-term housing, rent, mortgage and utility (STRMU) payments to prevent homelessness (113 clients); and provided case management to all of these participants as well as an additional four clients who were receiving non-HOPWA rental subsidies.*

*Other highlights of our HOPWA program this year included:*

*(1) Continuation of a HOPWA Program Development Team to ensure coordination of all aspects of the grant, and enable the various partners involved to understand how their work fits together. Our team meets bi-monthly to suggest improvements, discuss needs of the program, and address other issues that arise. The team consists of Wake County Public Health Division-HIV clinic staff, housing and medical case managers, a nurse, rental assistance staff, Coordinated Entry staff and program managers. We discuss topics such as successfully using the community-wide Coordinated Entry system, additional supportive service needs, outreach to landlords, community engagement, and data coordination.*

*(2) The inauguration of a Wake County-wide Continuum of Care Homeless Coordinated Entry system for persons who are homeless or at imminent risk of homelessness. Initially, seven intake centers were established throughout the county at shelters, homeless service provider agencies and other convenient access points, and potential clients were referred to these sites. Subsequently in April, our centralized intake center, Oak City Center, opened and functions as a one-stop-shop for intake, referral, and many services. Persons who are homeless can now visit any of the satellite intake sites or the Oak City Center for intake, assessment, and entry into HMIS. Our Street Outreach Team complements these centers by offering intake and assessment to people who are homeless but opt not to go to a shelter. Approximately 7-10 days after initial intake and assessment, a VISPDAT is performed to identify the most appropriate resources for each person. We are pleased that the HOPWA program is taking part in this Coordinated Entry system and anticipate that it will help us serve the persons with HIV/AIDS who are in greatest need of assistance.*

### **b. Annual Performance under the Action Plan**

Provide a narrative addressing each of the following four items:

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

*We addressed needs throughout our HOPWA grant service area consistent with our approved 2018-2019 Action Plan by continuing to serve clients from three counties: Wake, Johnston, and Franklin. Categories of housing include rental apartments, single-family rental homes, and owner-occupied homes. We offered a variety of types of housing assistance, including long term vouchers, short-term emergency assistance, and security deposit payments.*

*This year, a total of 162 households were served with Tenant Based Rental Assistance (TBRA) or Short-Term Rental, Mortgage, and Utility (STRMU) assistance, and Supportive Services. An additional four HIV positive individuals were served with HOPWA funded case management, though they were receiving non -HOPWA rental subsidies. Although the goals in our 2018-2019*

Action plan were slightly higher, we served twelve more clients with housing subsidies than in 2017-2018. Nevertheless, our outcomes were slightly lower than hoped because of several challenges to achieving our goals, as described below.

We served 113 households with STRMU assistance, 32 fewer than anticipated because more assistance was needed per client. The reason is that housing costs continue to rise in Wake County, and a substantial number of people seem to have rental costs they cannot consistently afford, yet they also cannot find affordable units. Thus, more assistance was needed to help stabilize them as they faced other obstacles in their lives. In two cases, a case manager identified STRMU clients who requested ongoing assistance and determined they would be better served with long-term assistance. Thus, after a brief initial period of STRMU assistance, these clients were transitioned to HOPWA TBRA.

We served 49 households with TBRA, though our goal was 55. With this long-term rental assistance program, the significant challenges are locating decent and affordable housing, and finding landlords who are willing to work with us. We were able to engage several new landlords and are going to strengthen this effort in the coming year. The HUD Modernization webinar regarding landlord engagement was helpful in this regard.

Historically, our project sponsor, Under One Roof, had maintained a waitlist for clients needing long-term TBRA. However, instead, in January 2018, we began using our Continuum of Care (CoC) Homeless Coordinated Entry system to identify persons with HIV/AIDS who are in greatest need of housing assistance. Through this system, a person will present at Oak City Center or one of the seven satellite access points for intake and assessment. From there, they will be referred to a homeless shelter or contacted by a member of the Street Outreach Team and their information will be entered into HMIS. A VISPDAT will be performed, and the client will be placed on the By-Name List. If a person on the By-Name list qualifies for a HOPWA subsidy, the Wake County Housing Rental Assistance Housing Program Team will be contacted, and the process will begin for TBRA assessment.

Our Action Plan does not identify specific geographic areas of need for HOPWA recipients; rather, we serve clients throughout Wake, Johnston, and Franklin Counties. Housing types vary according to the character of neighborhoods: some clients live in apartments in densely populated areas, while others live in single-family houses in more suburban or rural environs.

**2. Outcomes Assessed.** Assess your program's success in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and improve access to care. Compare current year results to baseline results for clients. Describe how program activities/projects contributed to meeting stated goals. If program did not achieve expected targets, please describe how your program plans to address challenges in program implementation and the steps currently being taken to achieve goals in next operating year. If your program exceeded program targets, please describe strategies the program utilized and how those contributed to program successes.

Our overall stability outcomes were good, with approximately 138 out of 166 clients (83%) remaining in or moving into permanent housing. These results are higher than our stability percentage last year (70%). However, our outcomes for stability after STRMU assistance (78% stability) are not as high as we would like to see. We plan to address this in the coming year in several ways. Our STRMU case managers will need to do thorough assessments of whether a potential STRMU client would be better served by long-term housing assistance (HOPWA or other), or whether housing search help is needed to find a more affordable living situation. In addition, case managers will need to ensure appropriate case management, referrals, and supportive services are provided to STRMU clients. As noted earlier, there is a shortage of affordable housing in Wake County, and most clients prefer to live in Wake County, because Franklin and Johnston counties lack transportation options. Wake County Housing is working on various strategies to increase the affordable housing stock, which is necessary as the county becomes saturated with new residents, high-cost new housing, and redevelopment of older housing into more expensive units.

The foundation of these strategies is the recent expansion of Wake County Housing into its own department, the Wake County Department of Housing Affordability and Community Revitalization. Formerly located within Human Services, the new Housing Department now includes its own three divisions: the Permanent Housing and Supportive Services Division, the Homeless and Prevention Services Division, and the Equitable Housing and Community Development Division. The divisions work together to create and preserve affordable units, provide supportive housing with wrap-around services, and assist persons who are homeless or at imminent risk of homelessness with finding housing stability.

In the coming year, approximately 792 affordable rental units will be constructed through LIHTC developments. 10% of these units will be set-aside for tenants who receive rental assistance from Wake County. In addition, there will be additional proposals for affordable housing development coming in, as well as efforts made to preserve existing affordable housing.

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

*All HOPWA case managers reported that they encourage their clients to apply for Housing Choice vouchers through the local housing authority. Sponsors are also working with clients to make sure that they are receiving any entitlement benefits that they may qualify for (SSI, Food Stamps, Medicaid, etc.). Sixty-five (65) households in FY18-19 obtained an income producing job, 159 received other sources of income, and all 166 households served received medical benefits and/or access. We are pleased that these numbers reflect the majority of our clients. Coordination with the Region Six Network of Care and Ryan White providers enabled leveraged funds in the amount of \$102,029.03 to be spent on HOPWA clients. Four clients with HIV/AIDS are case managed with HOPWA funds but receive other federal or county rental subsidies, another example of leveraging other sources.*

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

*This year, we benefitted from the technical assistance provided by HUD through the HOPWA Modernization webinars. They are educational and provide useful tools for assessing and managing our program, such as the adaptable budget spreadsheet. In addition, HUD AAQ is enormously valuable, and the HOPWA TAs provide thorough and practical answers to our questions. We continue to receive increased funding and are expanding our program accordingly. We will contact our technical assistance team with specific program needs and questions.*

**c. Barriers and Trends Overview**

Provide a narrative addressing items 1 through 3. Explain how barriers and trends affected your program’s ability to achieve the objectives and outcomes discussed in the previous section.

1. Describe any barriers (including regulatory and non-regulatory) encountered in the administration or implementation of the HOPWA program, how they affected your program’s ability to achieve the objectives and outcomes discussed, and, actions taken in response to barriers, and recommendations for program improvement. Provide an explanation for each barrier selected.

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

**HOPWA/HUD Regulations:**

Landlords often do not want to rent to an assisted tenant because of the additional requirements of the program, such as annual inspections and request for approval for rent increases. In addition, landlords are limited by the assisted rent rates, and can rent the same unit at a higher rate in the private market without the additional requirements.

The HOPWA regulations do not allow vacancy/damage payments, but these payments could provide an incentive for landlords. These payments from other programs have assisted with recruiting landlords.

**Actions taken in response:** Case managers have requested Wake County funding for vacancy/damage payments, when these limited funds are available.

**Recommendations:** Allow vacancy/damage payments as part of the HOPWA program.

**Rent Determination and Fair Market Rent:**

Required Fair Market Rent (FMR) rates cannot compete with the booming housing market in Wake County. Low housing stock compared to increasing growth has resulted in an upward increase in rents, over the FMR, limiting options for clients. Rental prices may be lower in Johnston or Franklin Counties, but transportation for our clients is difficult in these more rural areas. In addition, sometimes there is difficulty finding comparable rent costs because of new high rises and luxury housing in Wake County.

Often the client has several landlord screening barriers. i.e., poor credit and rental history. However, the program can't offer market rate rent to provide an incentive for the landlord to take a chance on a tenant they would not approve at FMR.

**Actions taken in response:** The program may be able to pay up to 110% of Fair Market Rent, but the local Housing Authority must approve this. Case managers utilize all rental websites including Craigslist, Hot Pads, apartment.com, forrent.com, nchousingsearch.com, etc.

**Recommendations:** Increase Fair Market Rent

**Housing Availability/Housing Affordability:**

The housing market is expensive in Wake County. The program does not have a large landlord pool because non-assisted rents can be higher. Also, some tax credit properties are expiring, and naturally occurring affordable housing is being sold for redevelopment, resulting in the loss of participating landlords. Even if the housing remains affordable, often the new owner does not want to sign contracts and/or have inspections conducted. Much of the available affordable housing is located in areas that will not benefit the populations served, such as areas where substance abuse is prevalent and potentially harmful to clients in recovery and/or managing their health. It is difficult to find affordable rents in areas of opportunity: reliable transportation, job centers, access to health amenities, and healthful food options.

**Actions taken in response:** Case managers talk to landlords about the benefits of the program (security deposit, monthly in-home inspection by a case manager, guaranteed rent, and support from the housing program). Wake County Housing Department created a new staff position who will monitor expiring LIHTC developments, and alert appropriate staff who can begin discussions with developers about maintaining affordability, and a 10% set-aside in LIHTC developments for people receiving Wake County rental assistance.

**Recommendations:** Housing construction, housing preservation, higher Fair Market Rent, provide incentives to non-LIHTC landlords who want to redevelop to identify ways to continue unit affordability.

**Rental History/ Credit History:**

Many of the landlords with whom we currently work are not willing to house someone with bad credit. Previous evictions and owed rent need to be paid before a TBRA voucher will be accepted by landlords. This is difficult for a client on a fixed income.

**Actions taken in response:** Case managers work with clients to identify financial resources, communicate with the potential landlord and act as advocates for the client. Trying to find private landlords who are more flexible with past credit history. Education of landlords about the benefits of the program such as: monthly in-home inspection by a case manager, support from the housing program/case managers, guaranteed rent, and one-time security deposit assistance. Making attractive lending deals to housing developers in exchange for a percentage of units set-aside for program clients, development of an enhanced homelessness prevention program.

**Recommendations:** Supportive housing with classes such as budgeting for clients where needed. Partner with landlords who are flexible on screening barriers. Permit the use of HOPWA funds for vacancy or damage fee as an incentive.

**Criminal Justice History:**

Many of the landlords with whom we currently work are not willing to house someone with a criminal history. One landlord who did has sold his property, which will be redeveloped. Trying to find a landlord willing to house someone with a criminal history in a safe area that does not have drug or criminal activity can be difficult.

**Actions taken in response:** A good working relationship between the case manager, the landlord, and the client has helped, even if the neighborhood is not ideal. Also, our case managers try to keep clients engaged in activities such as working, volunteering, and taking classes to keep them occupied, and less likely to relapse. Case managers can try to assist with reasonable accommodations, try to find landlords who will exercise more flexibility, and talk to landlords about the benefits of assisted rent (security deposit, monthly in-home inspection by a case manager, guaranteed rent, and support from the housing program), Re-entry partnerships.

**Recommendations:** Housing construction, Supportive Housing including counseling and other services. Permit the HOPWA program to pay vacancy/damage fees as an incentive.

**Discrimination:**

Landlords may have perceived notions that assisted clients will cause more issues than other tenants since they are receiving assistance through a program.

**Actions taken in response:** Case managers have requested Wake County funding for vacancy/damage payments, when these limited funds are available. Educate landlord on program benefits, complete check-ins with landlord often

**Recommendations:** Allow vacancy/damage payments as part of the HOPWA program.

**Supportive Services:**

Varying definition of quality supportive services, lack of follow-through with recipient/landlord/housing office.

**Actions taken in response:** Provision of thorough training to providers, creation of the Permanent Housing and Supportive Services Division to help increase quality of supportive housing and support services.

**Recommendations:** Ensure that case managers have access to the resources they need, Better explain expected level of service in contracts and agreement, monitor performance of agency providers.

**Multiple diagnoses:**

Our clients also have multiple diagnoses that impact their overall health and wellness, including substance use problems; if clients are unable to find safe affordable housing, then they live in housing in areas where substance use is more available. Individuals with multiple diagnoses may also have increased housing struggles to maintain stability. Landlords may see disruptive behavior, possible budgeting issues, substance use, and clients may have trouble securing housing and remaining housed.

**Actions taken in response:** Ensure that case managers provide access to services and are in regular communication with landlords, creation of the Permanent Housing and Supportive Services Division to help increase quality of supportive housing and support services

**Recommendations:** Supportive housing including counseling and other services. Permit the HOPWA program to pay vacancy/damage fees as an incentive, Better explain expected level of service in contracts and agreement, monitor performance of agency providers.

2. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population. Lack of affordable housing, while described above as a barrier, continues to be a trend because of the development of apartments, condominiums, and homes that HOPWA income-eligible households cannot afford. Clients continue to face economic hardships and have difficulty finding stable employment. Economic hardships can come in the forms of car repairs, extensive medical bills, family deaths, divorce/dissolvment of relationship with long-term partner, etc.

Wake County has made a new \$15 million investment to increase and preserve affordable housing and the Housing Department has hired additional staff and created new strategies. These strategies include: the CoC Coordinated Entry prioritizing highest need clients, extensive data analysis, evaluating the use of public land for affordable housing

*construction, creating and monitoring a preservation database, creating an acquisition/preservation fund, working to engage existing affordable housing owners, and offering incentives to affordable housing developers.*

*Provision of services will continue to be done through our case managers and referrals to other community resources.*

3. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public. *A needs assessment is completed by the Access Network of Care for Region 6 (our region for HIV care) every three years; it is a comprehensive assessment that interviews clients and service providers to identify gaps and strengths in service delivery and ascertains what additional services are needed by clients in the region.*

*In 2017, we completed HUD's Community Planning Assessment and Strategy Tool to comprehensively address current and future needs of our HOPWA program in order to best serve HIV positive individuals in our HOPWA jurisdiction. We have identified goals and implemented strategies, such as coordination with outside partners, increasing the number of landlords participating in the program, and determining additional supportive service needs for the future.*

*In addition, the HOPWA CAPER is available to the public for recommendation and program improvement.*

**End of PART 1**

**PART 2: Sources of Leveraging and Program Income**

**1. Sources of Leveraging**

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in the Consolidated or Annual Plan and used in the delivery of the HOPWA program and the amount of leveraged dollars. In Column [1], identify the type of leveraging. Some common sources of leveraged funds have been provided as a reference point. You may add Rows as necessary to report all sources of leveraged funds. Include Resident Rent payments paid by clients directly to private landlords. Do NOT include rents paid directly to a HOPWA program as this will be reported in the next section. In Column [2] report the amount of leveraged funds expended during the operating year. Use Column [3] to provide some detail about the type of leveraged contribution (e.g., case management services or clothing donations). In Column [4], check the appropriate box to indicate whether the leveraged contribution was a housing subsidy assistance or another form of support.

*Note: Be sure to report on the number of households supported with these leveraged funds in Part 3, Chart 1, Column d.*

**A. Source of Leveraging Chart**

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance	\$36,960.03	Rent, utility	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	\$65,069	Dental costs, and medical costs: health insurance premiums, copays, medication assistance.	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Continuum of Care			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Wake County Public Health Division funds	\$4,198.59	Rent/utility	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Private Funding			
Grants			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
In-kind Resources			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Funding			

Grantee/Project Sponsor (Agency) Cash			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	\$57,934		
<b>TOTAL (Sum of all Rows)</b>	<b>\$164,161.62</b>		

## 2. Program Income and Resident Rent Payments

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

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

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

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	\$8,403.06
2.	Resident Rent Payments made directly to HOPWA Program	
3.	<b>Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)</b>	\$8,403.06

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

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

Program Income and Resident Rent Payment Expended on HOPWA programs		Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	\$6,692.07
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	
3.	<b>Total Program Income Expended (Sum of Rows 1 and 2)</b>	\$6,692.07

**End of PART 2**

**PART 3: Accomplishment Data Planned Goal and Actual Outputs**

In Chart 1, enter performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families.

**1. HOPWA Performance Planned Goal and Actual Outputs**

<b>HOPWA Performance Planned Goal and Actual</b>		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
<b>HOPWA Housing Subsidy Assistance</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
1.	Tenant-Based Rental Assistance	55	49			\$472,443.21	\$404,541.35
2a.	<b>Permanent Housing Facilities:</b> Received Operating Subsidies/Leased units (Households Served)						
2b.	<b>Transitional/Short-term Facilities:</b> Received Operating Subsidies/Leased units (Households Served) (Households Served)						
3a.	<b>Permanent Housing Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)						
3b.	<b>Transitional/Short-term Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)						
4.	Short-Term Rent, Mortgage and Utility Assistance	155	113			\$142,998.62	\$137,358.01
5.	Permanent Housing Placement Services	4	8			\$5,761.45	\$8,261.45
6.	Adjustments for duplication (subtract)	4	8				
7.	<b>Total HOPWA Housing Subsidy Assistance</b> (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	210	162			\$621,203.28	\$550,160.81
<b>Housing Development (Construction and Stewardship of facility based housing)</b>		<b>[1] Output: Housing Units</b>				<b>[2] Output: Funding</b>	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)						
9.	Stewardship Units subject to 3- or 10- year use agreements						
10.	<b>Total Housing Developed</b> (Sum of Rows 8 & 9)						
<b>Supportive Services</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
11a.	Supportive Services provided by project sponsors that also delivered HOPWA housing subsidy assistance	210	166			\$56,569.91	\$56,569.91
11b.	Supportive Services provided by project sponsors that only provided supportive services.						
12.	Adjustment for duplication (subtract)						
13.	<b>Total Supportive Services</b> (Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)	210	166			\$56,569.91	\$56,569.91
<b>Housing Information Services</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
14.	Housing Information Services	11	5			\$13,807.00	\$6,671.95
15.	<b>Total Housing Information Services</b>	11	5			\$13,807.00	\$6,671.95

Grant Administration and Other Activities		[1] Output: Households				[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources					\$6,758.54	\$6,758.54
17.	Technical Assistance (if approved in grant agreement)						
18.	Grantee Administration (maximum 3% of total HOPWA grant)					\$15,599.34	\$15,599.34
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$9,100.00	\$9,100.00
20.	<b>Total Grant Administration and Other Activities (Sum of Rows 16 – 19)</b>					\$31,457.88	\$31,457.88
<b>Total Expended</b>							
						<b>[2] Outputs: HOPWA Funds Expended</b>	
						<b>Budget</b>	<b>Actual</b>
21.	<b>Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)</b>					\$723,038.07	\$644,860.55

## 2. Listing of Supportive Services

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

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

Supportive Services		[1] Output: Number of <u>Households</u>	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance		
2.	Alcohol and drug abuse services		
3.	Case management	166	\$56,569.91
4.	Child care and other child services		
5.	Education		
6.	Employment assistance and training		
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
8.	Legal services		
9.	Life skills management (outside of case management)		
10.	Meals/nutritional services		
11.	Mental health services		
12.	Outreach		
13.	Transportation		
14.	Other Activity (if approved in grant agreement). Specify:		
15.	<b>Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)</b>	166	
16.	<b>Adjustment for Duplication (subtract)</b>		
17.	<b>TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)</b>	166	\$56,569.91

### 3. Short-Term Rent, Mortgage and Utility Assistance (STRMU) Summary

In Row a, enter the total number of households served and the amount of HOPWA funds expended on Short-Term Rent, Mortgage and Utility (STRMU) Assistance. In Row b, enter the total number of STRMU-assisted households that received assistance with mortgage costs only (no utility costs) and the amount expended assisting these households. In Row c, enter the total number of STRMU-assisted households that received assistance with both mortgage and utility costs and the amount expended assisting these households. In Row d, enter the total number of STRMU-assisted households that received assistance with rental costs only (no utility costs) and the amount expended assisting these households. In Row e, enter the total number of STRMU-assisted households that received assistance with both rental and utility costs and the amount expended assisting these households. In Row f, enter the total number of STRMU-assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended assisting these households. In row g, report the amount of STRMU funds expended to support direct program costs such as program operation staff.

**Data Check:** The total households reported as served with STRMU in Row a, column [1] and the total amount of HOPWA funds reported as expended in Row a, column [2] equals the household and expenditure total reported for STRMU in Part 3, Chart 1, Row 4, Columns b and f, respectively.

**Data Check:** The total number of households reported in Column [1], Rows b, c, d, e, and f equal the total number of STRMU households reported in Column [1], Row a. The total amount reported as expended in Column [2], Rows b, c, d, e, f, and g, equal the total amount of STRMU expenditures reported in Column [2], Row a.

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of Households Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	113	\$137,358.01
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	2	\$3,200.72
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	1	\$1,255.99
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	67	\$89,589.12
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	19	\$27,849.45
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	24	\$8,104.72
g.	Direct program delivery costs (e.g., program operations staff time)		\$7,358.01

End of PART 3

**Part 4: Summary of Performance Outcomes**

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

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

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

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

**A. Permanent Housing Subsidy Assistance**

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
<b>Tenant-Based Rental Assistance</b>	49	46	1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing		<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	3	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		<i>Unstable Arrangements</i>
			8 Disconnected/Unknown		
			9 Death		<i>Life Event</i>
<b>Permanent Supportive Housing Facilities/ Units</b>			1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing		<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing		<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		<i>Unstable Arrangements</i>
			8 Disconnected/Unknown		
			9 Death		<i>Life Event</i>

**B. Transitional Housing Assistance**

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

B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months

## Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Housing Subsidy Assistance)

Report the total number of households that received STRMU assistance in Column [1].

In Column [2], identify the outcomes of the households reported in Column [1] either at the time that they were known to have left the STRMU program or through the project sponsor's best assessment for stability at the end of the operating year.

Information in Column [3] provides a description of housing outcomes; therefore, data is not required.

At the bottom of the chart:

- In Row 1a, report those households that received STRMU assistance during the operating year of this report, and the prior operating year.
- In Row 1b, report those households that received STRMU assistance during the operating year of this report, and the two prior operating years.

**Data Check:** The total households reported as served with STRMU in Column [1] equals the total reported in Part 3, Chart 1, Row 4, Column b.

**Data Check:** The sum of Column [2] should equal the number of households reported in Column [1].

### Assessment of Households that Received STRMU Assistance

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
113	<b>Maintain Private Housing without subsidy</b> <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	81	<i>Stable/Permanent Housing (PH)</i>
	<b>Other Private Housing without subsidy</b> <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>	6	
	Other HOPWA Housing Subsidy Assistance	2	
	Other Housing Subsidy (PH)		
	<b>Institution</b> <i>(e.g. residential and long-term care)</i>		
	Likely that additional STRMU is needed to maintain current housing arrangements	19	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	<b>Transitional Facilities/Short-term</b> <i>(e.g. temporary or transitional arrangement)</i>		
	<b>Temporary/Non-Permanent Housing arrangement</b> <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>	3	
	Emergency Shelter/street		<i>Unstable Arrangements</i>
	Jail/Prison		
	Disconnected		
	Death	2	<i>Life Event</i>
1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).			23
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).			13

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

#### 1a. Total Number of Households

Line [1]: For project sponsors that provided HOPWA housing subsidy assistance during the operating year identify in the appropriate row the number of households that received HOPWA housing subsidy assistance (TBRA, STRMU, Facility-Based, PHP and Master Leasing) and HOPWA funded case management services. Use Row c to adjust for duplication among the service categories and Row d to provide an unduplicated household total.

Line [2]: For project sponsors that did NOT provide HOPWA housing subsidy assistance identify in the appropriate row the number of households that received HOPWA funded case management services.

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

Total Number of Households	
1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	170
b. Case Management	166
c. Adjustment for duplication (subtraction)	170
d. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)	166
2. For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	
b. Total Households Served by Project Sponsors without Housing Subsidy Assistance	

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

Column [1]: Of the households identified as receiving services from project sponsors that provided HOPWA housing subsidy assistance as identified in Chart 1a, Row 1d above, report the number of households that demonstrated access or maintained connections to care and support within the operating year.

Column [2]: Of the households identified as receiving services from project sponsors that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a, Row 2b, report the number of households that demonstrated improved access or maintained connections to care and support within the operating year.

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

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	166		Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	166		Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	166		Access to Health Care
4. Accessed and maintained medical insurance/assistance	166		Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	159		Sources of Income

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

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

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

<ul style="list-style-type: none"> <li>• Earned Income</li> <li>• Veteran’s Pension</li> <li>• Unemployment Insurance</li> <li>• Pension from Former Job</li> <li>• Supplemental Security Income (SSI)</li> </ul>	<ul style="list-style-type: none"> <li>• Child Support</li> <li>• Social Security Disability Income (SSDI)</li> <li>• Alimony or other Spousal Support</li> <li>• Veteran’s Disability Payment</li> <li>• Retirement Income from Social Security</li> <li>• Worker’s Compensation</li> </ul>	<ul style="list-style-type: none"> <li>• General Assistance (GA), or use local program name</li> <li>• Private Disability Insurance</li> <li>• Temporary Assistance for Needy Families (TANF)</li> <li>• Other Income Sources</li> </ul>
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**1c. Households that Obtained Employment**

Column [1]: Of the households identified as receiving services from project sponsors that provided HOPWA housing subsidy assistance as identified in Chart 1a, Row 1d above, report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or related case management/counseling services.

Column [2]: Of the households identified as receiving services from project sponsors that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a, Row 2b, report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or case management/counseling services.

*Note: This includes jobs created by this project sponsor or obtained outside this agency.*

*Note: Do not include jobs that resulted from leveraged job training, employment assistance, education or case management/counseling services.*

Categories of Services Accessed	[1 For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	65	

**End of PART 4**

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

The Annual Certification of Usage for HOPWA Facility-Based Stewardship Units is to be used in place of Part 7B of the CAPER if the facility was originally acquired, rehabilitated or constructed/developed in part with HOPWA funds but no HOPWA funds were expended during the operating year. Scattered site units may be grouped together on one page.

Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten (10) years. If non-substantial rehabilitation funds were used they are required to operate for at least three (3) years. Stewardship begins once the facility is put into operation.

*Note: See definition of Stewardship Units.*

**1. General information**

HUD Grant Number(s) NCH13F002	Operating Year for this report <i>From (mm/dd/yy) To (mm/dd/yy)</i> <input type="checkbox"/> Final Yr  <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input checked="" type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6;  <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Wake County Housing	Date Facility Began Operations (mm/dd/yy) 11/26/14

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

Facility Name: Timber Spring Apartments	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units 3 (subject to 3- or 10- year use periods)	3	\$0

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	Timber Spring Apartments
Site Information: Project Zip Code(s)	27529
Site Information: Congressional District(s)	4 <sup>th</sup> Congressional District
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list  <i>Not confidential; information can be made available to the public</i>
<b>If the site is not confidential:</b> Please provide the contact information, phone, email address/location, if business address is different from facility address	

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: Tim Morgan, Vice President, Evergreen Construction Company	Signature & Date (mm/dd/yy) <i>Timothy D. Morgan</i> 07/10/2019
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Emily Fischbein	Contact Phone (with area code) 919-508-0781

End of PART 6

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

**A. Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, Facility-Based Units, Permanent Housing Placement and Master Leased Units ONLY)**

*Note: Reporting for this section should include ONLY those individuals, beneficiaries, or households that received and/or resided in a household that received HOPWA Housing Subsidy Assistance as reported in Part 3, Chart 1, Row 7, Column b. (e.g., do not include households that received HOPWA supportive services ONLY).*

**Section 1. HOPWA-Eligible Individuals Who Received HOPWA Housing Subsidy Assistance**

**a. Total HOPWA Eligible Individuals Living with HIV/AIDS**

In Chart a., provide the total number of eligible (and unduplicated) low-income individuals living with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance during the operating year. This total should include only the individual who qualified the household for HOPWA assistance, NOT all HIV positive individuals in the household.

<b>Individuals Served with Housing Subsidy Assistance</b>	<b>Total</b>
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	162

**Chart b. Prior Living Situation**

In Chart b, report the prior living situations for all Eligible Individuals reported in Chart a. In Row 1, report the total number of individuals who continued to receive HOPWA housing subsidy assistance from the prior operating year into this operating year. In Rows 2 through 17, indicate the prior living arrangements for all new HOPWA housing subsidy assistance recipients during the operating year.

**Data Check:** The total number of eligible individuals served in Row 18 equals the total number of individuals served through housing subsidy assistance reported in Chart a above.

<b>Category</b>		<b>Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance</b>
1.	<u>Continuing</u> to receive HOPWA support from the prior operating year	68
<b>New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year</b>		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	4
4.	Transitional housing for homeless persons	
5.	<b>Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)</b>	4
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	
7.	Psychiatric hospital or other psychiatric facility	
8.	Substance abuse treatment facility or detox center	
9.	Hospital (non-psychiatric facility)	
10.	Foster care home or foster care group home	
11.	Jail, prison or juvenile detention facility	
12.	Rented room, apartment, or house	86
13.	House you own	1
14.	Staying or living in someone else’s (family and friends) room, apartment, or house	3
15.	Hotel or motel paid for without emergency shelter voucher	
16.	Other	
17.	Don’t Know or Refused	
18.	<b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)</b>	162

**c. Homeless Individual Summary**

In Chart c, indicate the number of eligible individuals reported in Chart b, Row 5 as homeless who also are homeless Veterans and/or meet the definition for Chronically Homeless (See Definition section of CAPER). The totals in Chart c do not need to equal the total in Chart b, Row 5.

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance		

**Section 2. Beneficiaries**

In Chart a, report the total number of HOPWA eligible individuals living with HIV/AIDS who received HOPWA housing subsidy assistance (as reported in Part 7A, Section 1, Chart a), and all associated members of their household who benefitted from receiving HOPWA housing subsidy assistance (resided with HOPWA eligible individuals).

*Note:* See definition of HOPWA Eligible Individual

*Note:* See definition of Transgender.

*Note:* See definition of Beneficiaries.

**Data Check:** The sum of each of the Charts b & c on the following two pages equals the total number of beneficiaries served with HOPWA housing subsidy assistance as determined in Chart a, Row 4 below.

**a. Total Number of Beneficiaries Served with HOPWA Housing Subsidy Assistance**

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a)	162
2. Number of ALL other persons <b>diagnosed</b> as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	5
3. Number of ALL other persons <b>NOT diagnosed</b> as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy	40
<b>4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1, 2, &amp; 3)</b>	207

**b. Age and Gender**

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

<b>HOPWA Eligible Individuals (Chart a, Row 1)</b>						
		<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>
		<b>Male</b>	<b>Female</b>	<b>Transgender M to F</b>	<b>Transgender F to M</b>	<b>TOTAL (Sum of Columns A-D)</b>
1.	Under 18					
2.	18 to 30 years	8	2	1		11
3.	31 to 50 years	31	24	1		56
4.	51 years and Older	52	43			95
5.	<b>Subtotal (Sum of Rows 1-4)</b>	91	69	2		162
<b>All Other Beneficiaries (Chart a, Rows 2 and 3)</b>						
		<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>
		<b>Male</b>	<b>Female</b>	<b>Transgender M to F</b>	<b>Transgender F to M</b>	<b>TOTAL (Sum of Columns A-D)</b>
6.	Under 18	9	11			20
7.	18 to 30 years	10	6			16
8.	31 to 50 years	3	1			4
9.	51 years and Older	4	1			5
10.	<b>Subtotal (Sum of Rows 6-9)</b>	26	19			45
<b>Total Beneficiaries (Chart a, Row 4)</b>						
11.	<b>TOTAL (Sum of Rows 5 &amp; 10)</b>	117	88	2	0	207

**c. Race and Ethnicity\***

In Chart c, indicate the Race and Ethnicity of all beneficiaries receiving HOPWA Housing Subsidy Assistance as reported in Section 2, Chart a, Row 4. Report the race of all HOPWA eligible individuals in Column [A]. Report the ethnicity of all HOPWA eligible individuals in column [B]. Report the race of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [C]. Report the ethnicity of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [D]. The summed total of columns [A] and [C] equals the total number of beneficiaries reported above in Section 2, Chart a, Row 4.

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a, Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a, Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native				
2.	Asian				
3.	Black/African American	155	1	45	
4.	Native Hawaiian/Other Pacific Islander				
5.	White	4	2		
6.	American Indian/Alaskan Native & White				
7.	Asian & White				
8.	Black/African American & White				
9.	American Indian/Alaskan Native & Black/African American				
10.	Other Multi-Racial	3			
11.	Column Totals (Sum of Rows 1-10)	162	3	45	
<p><b>Data Check:</b> Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a, Row 4.</p>					

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

**Section 3. Households**

**Household Area Median Income**

Report the income(s) for all households served with HOPWA housing subsidy assistance.

**Data Check:** The total number of households served with HOPWA housing subsidy assistance should equal Part 3C, Row 7, Column b and Part 7A, Section 1, Chart a. (Total HOPWA Eligible Individuals Served with HOPWA Housing Subsidy Assistance).

**Note:** Refer to <https://www.huduser.gov/portal/datasets/il.html> for information on area median income in your community.

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	82
2.	31-50% of area median income (very low)	77
3.	51-80% of area median income (low)	3
4.	<b>Total (Sum of Rows 1-3)</b>	162

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

**B. Facility-Based Housing Assistance**

Complete one Part 7B for each facility developed or supported through HOPWA funds.

**Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds.** If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 2a, Project Site Information, and 2b, Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, but continued to receive HOPWA operating dollars this reporting year.

**1. Project Sponsor Agency Name (Required)**

--

**2. Capital Development**

**2a. Project Site Information for HOPWA Capital Development of Projects (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)**

*Note: If units are scattered-sites, report on them as a group and under type of Facility write "Scattered Sites."*

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

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

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

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

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

Charts 3a, 3b, and 4 are required for each facility. In Charts 3a and 3b, indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

*Note: The number units may not equal the total number of households served.*

**Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.**

**3a. Check one only**

- Permanent Supportive Housing Facility/Units
- Short-term Shelter or Transitional Supportive Housing Facility/Units

**3b. Type of Facility**

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

**Name of Project Sponsor/Agency Operating the Facility/Leased Units:**

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

**4. Households and Housing Expenditures**

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	<b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>		