

# Housing Opportunities for Persons with AIDS (HOPWA) Program

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

**Revised 1/22/15** 

OMB Number 2506-0133 (Expiration Date: 12/31/2017)

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. The public reporting burden for the collection of information is estimated to average 42 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.

Previous editions are obsolete

**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, in conjunction with the Integrated Disbursement Information System (IDIS), 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, and complete annual performance information for all activities undertaken during each program year in the IDIS, demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER and IDIS data to obtain essential information on grant activities, project sponsors, Subrecipient organizations, housing sites, units and households, and beneficiaries (which includes racial and ethnic data on program participants). The Consolidated Plan Management Process tool (CPMP) provides an optional tool to integrate the reporting of HOPWA specific activities with other planning and reporting on Consolidated Plan activities.

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**Continued Use Periods**. Grantees that received HOPWA funding for new construction, acquisition, or substantial rehabilitations are required to operate their facilities 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 Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 6 in CAPER. The required use period is three (3) years if the rehabilitation is non-substantial.

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 <u>HOPWA-funded homeless</u> <u>assistance projects</u>. These project sponsor/subrecipient 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, and Housing Status or Destination at the end of the operating year. Other suggested but optional elements are: Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Date of Contact, Date of Engagement, Financial Assistance, Housing Relocation & Stabilization Services, Employment, Education, General Health Status, , Pregnancy Status, Reasons for Leaving, Veteran's Information, and Children's Education. Other HOPWA projects sponsors may also benefit from collecting these data elements.

**Final Assembly of Report.** After the entire report is assembled, please 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 <u>HOPWA@hud.gov</u>. 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 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C.

**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.

#### **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:

| HC  | OPWA Housing Subsidy<br>Assistance  | [1] Outputs:<br>Number of<br>Households |
|-----|---|---|
| 1.  | Tenant-Based Rental Assistance  | 1                                       |
| 2a. | <b>Permanent Housing Facilities:</b><br>Received Operating<br>Subsidies/Leased units                                      |   |
| 2b. | <b>Transitional/Short-term Facilities:</b><br>Received Operating Subsidies  |   |
| 3a. | <b>Permanent Housing Facilities:</b><br>Capital Development Projects placed<br>in service during the operating year       |   |
| 3b. | <b>Transitional/Short-term Facilities:</b><br>Capital Development Projects placed<br>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<br>Assistance (Sum of Rows 1-4 minus<br>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.

**Central Contractor Registration (CCR):** The primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions, including Federal agency contract and assistance awards. Both current and potential federal government registrants (grantees) are required to register in CCR in order to be awarded contracts by the federal government. Registrants must update or renew their registration at least once per year to maintain an active status. Although recipients of direct federal contracts and grant awards have been required to be registered with CCR since 2003, this requirement is now being extended to indirect recipients of federal funds with the passage of ARRA (American Recovery and Reinvestment Act). Per ARRA and FFATA (Federal Funding Accountability and Transparency Act) federal regulations, all grantees and sub-grantees or subcontractors receiving federal grant awards or contracts must have a DUNS (Data Universal Numbering System) Number.

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 nonbeneficiaries (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 involve 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 rate established in HUD notices, such as the rate of ten dollars per hour. 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 wellbeing 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 the Code of Federal Regulations Title 24, Part 5.403 and the HOPWA Grantee Oversight Resource Guide for additional reference.* 

**Master Leasing:** Applies to a nonprofit or public agency that leases units of housing (scattered-sites or entire buildings) from a landlord, and subleases the units to homeless or low-income tenants. By assuming the tenancy burden, the agency facilitates housing of clients who may not be able to maintain a lease on their own due to 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 for state and local governments at 24 CFR 85.25, or for non-profits at 24 CFR 84.24.

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

**Project Sponsor Organizations:** 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. Funding flows to a project sponsor as follows:

HUD Funding  $\longrightarrow$  Grantee  $\longrightarrow$  Project Sponsor

**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.

**Subrecipient Organization:** Any organization that receives funds from a project sponsor to provide eligible housing and other support services and/or administrative services as defined in 24 CFR 574.300. If a subrecipient organization provides housing and/or other supportive services directly to clients, the subrecipient organization must provide performance data on household served and funds expended. Funding flows to subrecipients as follows:

HUD Funding  $\longrightarrow$  Grantee  $\longrightarrow$  Project Sponsor  $\longrightarrow$  Subrecipient

**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.

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#### **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 CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their administrative or evaluation activities. In Chart 4, indicate each subrecipient organization with a contract/agreement to provide HOPWA-funded services to client households. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Note: Please see the definition section for distinctions between project sponsor and subrecipient.

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

#### 1. Grantee Information

| HUD Grant Number                              |                              |                            | ear for this report      |               |                      |
|---|------------------------------|----------------------------|--------------------------|---------------|----------------------|
| UTH12F001                                     |                              | From (mm/d                 | <i>d/yy</i> ) 07/01/2014 | To (mm/dd/y   | <b>y)</b> 06/30/2015 |
|   |                              |                            |                          |               |                      |
| Grantee Name                                  |                              | ·                          |                          |               |                      |
| Salt Lake City Corporation                    |                              |                            |                          |               |                      |
| Business Address                              | Housing and Neighborhood I   |                            |                          |               |                      |
|   | 451 South State Street, Roon | n 406                      |                          |               |                      |
|   | P.O. Box 145488              |                            |                          | l             |                      |
| City, County, State, Zip                      | Salt Lake City               | Salt Lake                  |                          | UT            | 84114                |
|   |                              |                            | _                        |               |                      |
| Employer Identification Number (EIN) or       | 86-6000279                   | -                          |                          |               |                      |
| Tax Identification Number (TIN)               |                              |                            | •                        |               |                      |
| DUN & Bradstreet Number (DUNs):               | 072957822                    |                            | Central Contractor       |               |                      |
|   |                              |                            | Is the grantee's CCR     | k status curr | ently active?        |
|   |                              |                            | x Yes 🗌 No               |               |                      |
|   |                              |                            | If yes, provide CCR      | Number:       |                      |
|   |                              |                            |                          |               |                      |
| Congressional District of Grantee's Business  | Utah Congressional District  | 2                          |                          |               |                      |
| Address                                       |                              |                            |                          |               |                      |
| *Congressional District of Primary Service    | Utah Congressional District  | 2                          |                          |               |                      |
| Area(s)                                       |                              |                            |                          |               |                      |
| *City(ies) and County(ies) of Primary Service | Cities: Salt Lake City       |                            | Counties: Salt Lake Co   | ounty         |                      |
| Area(s)                                       |                              |                            |                          |               |                      |
| Organization's Website Address                |                              | Is there a waiting list(s) | ) for HOPWA Housing      |               | sistance             |
|   |                              | Services in the Grantee    | service Area? x Yes      | 🗌 No          |                      |
| www.slcgov.com/hand                           |                              | If yes, explain in the na  | rrative section what se  | rvices main   | tain 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 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households. These elements address requirements in the Federal Financial Accountability and Transparency Act of 2006 (Public Law 109-282). *Note: Please see the definitions for distinctions between project sponsor and subrecipient. Note: If any information does not apply to your organization, please enter N/A.* 

| Project Sponsor Agency Name   |  | Parent Company Name, if applicable |   |  |  |
|---|--|------------------------------------|---|--|--|
| Housing Authority of the County of Salt Lake                                |  | N/A                                |   |  |  |
| Name and Title of Contact at Project<br>Sponsor Agency                      | Meghan Mietchen, Supportive  | Housing Manager                    |   |  |  |
| Email Address   | mmietchen@hacsl.org  | mmietchen@hacsl.org                |   |  |  |
| Business Address  | 3595 South Main Street   |                                    |   |  |  |
| City, County, State, Zip,   | Salt Lake City, Salt Lake Cou  | nty, Utah 84115                    |   |  |  |
| Phone Number (with area code)   | 801-284-4462   |                                    |   |  |  |
| Employer Identification Number (EIN) or<br>Tax Identification Number (TIN)  | 87-0288427   |                                    | Fax Number (with area code)                     |  |  |
| DUN & Bradstreet Number (DUNs):   | 959184102  |                                    |   |  |  |
| Congressional District of Project Sponsor's<br>Business Address             | Utah Congressional District 4  | X                                  |   |  |  |
| Congressional District(s) of Primary Service<br>Area(s)                     | Utah Congressional Districts 2   | 2 and 4                            |   |  |  |
| City(ies) <u>and</u> County(ies) of Primary Service<br>Area(s)              | Cities: Cities in Salt Lake County Counties: Salt Lake County                              |                                    |   |  |  |
| Total HOPWA contract amount for this<br>Organization for the operating year | \$191,496 for tenant-based rental assistance, \$20,000 for project-based rental assistance |                                    |   |  |  |
| Organization's Website Address<br>www.hacsl.org                             |  |                                    |   |  |  |
| Is the sponsor a nonprofit organization?                                    | Yes x No   | Does your organization             | <b>n maintain a waiting list?</b> 🗌 Yes 🛛 x No  |  |  |
| Please check if yes and a faith-based organization.                         |  | If yes, explain in the n           | arrative section how this list is administered. |  |  |

| Project Sponsor Agency Name             |                               | Parent Company Name, if applicable |        |                |         |
|---|-------------------------------|------------------------------------|--------|----------------|---------|
| West Valley City Housing Authority      |                               | N/A                                |        |                |         |
| Name and Title of Contact at Project    | Cheryl Syme, Assistant Housi  | ing Administrator                  |        |                |         |
| Sponsor Agency                          |                               |                                    |        |                |         |
| Email Address                           | cheryl.syme@wvc-ut.gov        |                                    |        |                |         |
|   |                               |                                    |        |                |         |
| Business Address                        | 4522 West 3500 South          |                                    |        |                |         |
| City, County, State, Zip,               | West Valley City, Salt Lake C | ounty, Utah 84120                  |        |                |         |
| Phone Number (with area code)           | 801-963-3524                  |                                    |        |                |         |
| Employer Identification Number (EIN) or | 87-0462909                    |                                    | Fax Nu | mber (with are | a code) |
| Tax Identification Number (TIN)         |                               |                                    |        |                |         |
|   |                               |                                    | 801-96 | 3-3518         |         |
| DUN & Bradstreet Number (DUNs):         | 790654425                     |                                    |        |                |         |

| Congressional District of Project Sponsor's<br>Business Address             | Utah Congressional District 2  |                            |   |
|---|--------------------------------|----------------------------|---|
| Congressional District(s) of Primary Service<br>Area(s)                     | Utah Congressional Districts 2 | 2 and 4                    |   |
| City(ies) <u>and</u> County(ies) of Primary Service<br>Area(s)              | Cities: West Valley City and o | cities in Salt Lake County | Counties: Salt Lake County                      |
| Total HOPWA contract amount for this<br>Organization for the operating year | \$52,000                       |                            |   |
| Organization's Website Address<br>http://www.wvc-ut.gov/                    |                                |                            |   |
| Is the sponsor a nonprofit organization?                                    |                                | Does your organizatio      | n maintain a waiting list? 🗌 Yes 🛛 X No         |
| Please check if yes and a faith-based organization.                         |                                | If yes, explain in the n   | arrative section how this list is administered. |

| Project Sponsor Agency Name  |                                | Parent Company Name, if applicable          |  |   |  |
|--|--------------------------------|---|--|---|--|
| Salt Lake Community Action Program   |                                | N/A   |  |   |  |
| Name and Title of Contact at Project<br>Sponsor Agency   | Timothy Savage, Housing Ma     | nnager                                      |  |   |  |
| Email Address  | tsavage@slcap.org              |   |  |   |  |
| Business Address   | 764 South 200 West             |   |  |   |  |
| City, County, State, Zip,  | Salt Lake City, Salt Lake Cou  | unty, Utah 84101                            |  |   |  |
| Phone Number (with area code)  | 801-214-3188                   |   |  |   |  |
| Employer Identification Number (EIN) or<br>Tax Identification Number (TIN)                               | 87-0269683                     |   | Fax Number<br>801-214-3188                           | (with area code)  |  |
| DUN & Bradstreet Number (DUNs):  | 144483377                      |   |  |   |  |
| Congressional District of Project Sponsor's<br>Business Address  | Utah Congressional District 2  |   |  |   |  |
| Congressional District(s) of Primary Service<br>Area(s)  | Utah Congressional Districts   | 2 and 4                                     |  |   |  |
| City(ies) <u>and</u> County(ies) of Primary Service<br>Area(s)   | Cities: Cities in Salt Lake Co | unty  | Counties: Sal  | It Lake County  |  |
| Total HOPWA contract amount for this<br>Organization for the operating year                              | \$100,000                      |   |  |   |  |
| Organization's Website Address   |                                |   |  |   |  |
| http://www.sicap.org   |                                | Does your organization                      | on maintain a v                                      | waiting list? X Yes 🗌 No  |  |
| Is the sponsor a nonprofit organization? X Yes No<br>Please check if yes and a faith-based organization. |                                | The Salt Lake Commu<br>persons seeking HOPV | nity Action Pro<br>WA Housing Su<br>rrals to Project | on how this list is administered.<br>ogram maintains a waiting list of<br>bsidy Assistance Services in the<br>Sponsors when they have available<br>s. |  |

| Project Sponsor Agency Name   |  | Parent Company Name, if applicable |                      |                              |  |
|---|--|------------------------------------|----------------------|------------------------------|--|
| Utah AIDS Foundation  | N/A  |                                    |                      |                              |  |
| Name and Title of Contact at Project<br>Sponsor Agency  | Tyler Fisher, Programming Di   | Tyler Fisher, Programming Director |                      |                              |  |
| Email Address   | tyler.fisher@utahaids.org  |                                    |                      |                              |  |
| Business Address  | 1408 South 1100 East   | 1408 South 1100 East               |                      |                              |  |
| City, County, State, Zip,   | Salt Lake City, Salt Lake Cour   | nty, Utah 84105                    |                      |                              |  |
| Phone Number (with area code)   | 801-487-2323   |                                    |                      |                              |  |
| Employer Identification Number (EIN) or<br>Tax Identification Number (TIN)                                | 87-0455172 Fax Number (with area code)<br>801-486-3978                           |                                    |                      |                              |  |
| DUN & Bradstreet Number (DUNs):   | 612499905  |                                    |                      |                              |  |
| Congressional District of Project Sponsor's<br>Business Address   | Utah Congressional District 2  |                                    |                      |                              |  |
| Congressional District(s) of Primary Service<br>Area(s)   | Utah Congressional Districts 2   | and 4                              |                      |                              |  |
| City(ies) <u>and</u> County(ies) of Primary Service<br>Area(s)  | Cities: Salt Lake City and cities in Salt Lake County Counties: Salt Lake County |                                    |                      |                              |  |
| Total HOPWA contract amount for this<br>Organization for the operating year                               | \$10,000   |                                    |                      |                              |  |
| Organization's Website Address  |  |                                    |                      |                              |  |
| www.utahaids.org Is the sponsor a nonprofit organization? X Y   | es 🗌 No  | Does your organization             | on maintain a waiti  | ng list? 🗌 Yes X No          |  |
| Please check if yes and a faith-based organization.<br>Please check if yes and a grassroots organization. |  | If yes, explain in the             | narrative section ho | w this list is administered. |  |

#### 3. Administrative Subrecipient Information

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

*Note: Please see the definitions for distinctions between project sponsor and subrecipient. Note: If any information does not apply to your organization, please enter N/A.* 

| Subrecipient Name                              | N/A             | Parent Company Name, if applicable |
|--|-----------------|------------------------------------|
|  |                 | N/A                                |
| Name and Title of Contact at Subrecipient      | N/A             |                                    |
| Email Address                                  | N/A             |                                    |
| Business Address                               | N/A             |                                    |
| City, State, Zip, County                       | N/A N/A N/A     | A N/A                              |
| Phone Number (with area code)                  | N/A             | Fax Number (include area code)     |
|  |                 | N/A                                |
| Employer Identification Number (EIN) or        | N/A             |                                    |
| Tax Identification Number (TIN)                |                 |                                    |
| DUN & Bradstreet Number (DUNs):                | N/A             |                                    |
| North American Industry Classification         | N/A             |                                    |
| System (NAICS) Code                            |                 |                                    |
| Congressional District of Subrecipient's       | N/A             |                                    |
| Business Address                               |                 |                                    |
| Congressional District of Primary Service      | N/A             |                                    |
| Area   |                 |                                    |
| City (ies) and County (ies) of Primary Service | Cities: N/A N/A | Counties: N/A                      |
| Area(s)  |                 |                                    |
| Total HOPWA Subcontract Amount of this         |                 | _                                  |
| Organization for the operating year            |                 |                                    |

#### 4. Program Subrecipient Information

Complete the following information for each subrecipient organization providing HOPWA-funded services to client households. These organizations would hold a contract/agreement with a project sponsor(s) to provide these services. For example, a subrecipient organization may receive funds from a project sponsor to provide nutritional services for clients residing within a HOPWA facility-based housing program. Please note that subrecipients who work directly with client households must provide performance data for the grantee to include in Parts 2-7 of the CAPER.

*Note*: *Please see the definition of a subrecipient for more information.* 

Note: Types of contracts/agreements may include: grants, sub-grants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders.

*Note:* If any information is not applicable to the organization, please report N/A in the appropriate box. Do not leave boxes blank.

| Sub-recipient Name  | N/A         |     | Parent Company Name, <i>if applicable</i> |                |          |
|---|-------------|-----|---|----------------|----------|
| Name <u>and</u> Title of Contact at Contractor/<br>Sub-contractor Agency      | N/A         |     |   |                |          |
| Email Address   | N/A         |     |   |                |          |
| Business Address  | N/A         |     |   |                |          |
| City, County, State, Zip  | N/A         | N/A |   | N/A            | N/A      |
| Phone Number (included area code)   | N/A         |     | Fax Numbe                                 | er (include ar | ea code) |
| Employer Identification Number (EIN) or<br>Tax Identification Number (TIN)    | N/A         |     |   |                |          |
| DUN & Bradstreet Number (DUNs)  | N/A         |     |   |                |          |
| North American Industry Classification<br>System (NAICS) Code                 | N/A         |     |   |                |          |
| Congressional District of the Sub-recipient's<br>Business Address             | N/A         |     |   |                |          |
| Congressional District(s) of Primary Service<br>Area                          | N/A         |     |   |                |          |
| City(ies) <u>and County(ies)</u> of Primary Service<br>Area                   | Cities: N/A |     | Counties: N/A                             | Ą              |          |
| Total HOPWA Subcontract Amount of this<br>Organization for the operating year | N/A         |     |   |                |          |

#### 5. Grantee Narrative and Performance Assessment

#### a. Grantee and Community Overview

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

#### Grant Organization

Salt Lake City is designated as an Entitlement City by the U.S. Department of Housing and Urban Development (HUD) and Grantee for the Housing Opportunities for Persons with AIDS (HOPWA) program. The City's Housing and Neighborhood Development Division (HAND) administers the HOPWA program and has managed HUD grant funds since 1974 when the Community Development Block Grant (CDBG) program started. In addition to CDBG and HOPWA, HAND administers the HOME and ESG program.

Salt Lake City utilizes HOPWA funds to provide the following services to HOPWA eligible persons:

- Housing Information Services
- Tenant-based Rental Assistance (TBRA)
- Project-based Rental Assistance (PBRA)
- Short-term Rent, Mortgage, Utility Assistance (STRMU)
- Permanent Housing Placement Assistance (PHP)
- Supportive Services Case Management

#### Area of Service

Salt Lake City administers the HOPWA program for the Salt Lake EMSA, which includes Salt Lake, Summit, and Tooele Counties. According to the U.S. Census Bureau, the EMSA had a population of 1,124,197 in 2010. A report published by the Utah Department of Health indicates that by the end of December 2013, 2,872 persons were living with HIV/AIDS in the State of Utah. Between 2009 and 2010 Utah experienced a large decrease in the number of new cases, decreasing from 127 to 88. Newly diagnosed cases have ticked back up and totaled 105 in 2013. Salt Lake County accounts for 70% of new cases.

The majority of the State's population of persons living with HIV/AIDS is concentrated in Salt Lake City and Salt Lake County. As the population center of Utah, nearly all of the State's resources for medical treatment, dedicated housing, supportive services, and case management are located in the greater Salt Lake City area. Therefore, Salt Lake City and Salt Lake County have the majority of housing units and rental assistance vouchers dedicated to people with HIV/AIDS in Utah.

#### Housing Activities and Achievements

Salt Lake City allocated HOPWA funds during the 2014-2015 program year to provide safe, decent, and affordable housing to persons with HIV/AIDS and their families. Services were successfully provided to a total of 278 unduplicated persons, including HOPWA eligible persons within the Salt Lake EMSA and other persons residing with them. Project sponsors were able to augment assistance to eligible persons through fund and resource leveraging. The following activities were provided:

- Tenant-based rental assistance was provided to 44 individuals including 35 persons residing with them for a total of 79 beneficiaries.
- Project-based rental assistance was provided to 3 individuals with 0 persons residing with them for a total of 3 beneficiaries.
- Housing information services were provided to 90 individuals to include 65 unduplicated individuals received shortterm emergency rent, mortgage and utility assistance and 25 unduplicated individuals received permanent housing placement assistance. These individuals had 60 persons residing with them for a total of 150 beneficiaries.
- Case management and supportive services were provided to 46 individuals to help them stabilize their lives and maintain their housing.

The Salt Lake Community Action Program maintains a waiting list of persons seeking HOPWA housing subsidy assistance services in the EMSA and makes referrals to other Project Sponsors when they have available funding for TBRA or PBRA. While HOPWA eligible individuals are waiting for a housing voucher, Salt Lake Community Action program may coordinate short-term assistance.

#### Program Contacts

Contacts for the Salt Lake MSA HOPWA program are: Michael Akerlow, Director, Salt Lake City Division of Housing and Neighborhood and Development (<u>michael.akerlow@slcgov.com</u>, 801-535-7966); Tammy Hunsaker, Community Development Programs Administrator, Salt Lake City Division of Housing and Neighborhood Development (<u>tammy.hunsaker@slcgov.com</u>, 801-535-6168); Randy Grant, Supportive Housing Manager, Housing Authority of the County of Salt Lake (<u>randygrant@hacsl.org</u>, 801-284-4462); Cheryl Syme, Assistant Housing Manager, West Valley City Housing Authority (<u>Cheryl.syme@wvc-ut.gov</u>, 801-963-3524); Timothy Savage, Housing Manager, Salt Lake Community Action Program (<u>tsavage@slcap.org</u>, 801-214-3188); and Tyler Fisher, Programming Director, Utah AIDS Foundation (<u>tyler.fisher@utahaids.org</u>, 801-487-2323).

#### 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 program year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.

Salt Lake City has prioritized the use of HOPWA funds in its Consolidated Plan for 2010-2014 to provide the following outputs: (1) rental assistance to 225 households, (2) short-term rent, mortgage and utility assistance to 275 households, and (3) housing information and referral services, housing placement services, and supportive services/case management to 750 households. Salt Lake City's HOPWA program exceeded these goals.

Salt Lake City received \$366,410 in HOPWA funds for FY 2014-2015, allocating prior year carryover funds of \$41,882, for a total of \$408,292. The City prioritized the use of HOPWA funds to provide rental assistance; short-term rent, mortgage and utility assistance; housing information and referral services; housing placement services; and supportive services/case management to persons living with HIV/AIDS and their families. The majority of persons with HIV/AIDS in the Salt Lake EMSA reside in Salt Lake County, as this is where resources for medical treatment and supportive services are located. Therefore, the majority of HOPWA assistance was distributed within Salt Lake County.

The City awarded funds to five project sponsor programs, as follows:

- The Housing Authority of the County of Salt Lake received \$191,496 (\$178,969 for project costs and \$12,527 for administrative expenses) to provide tenant-based rental assistance to 30 individuals. It served 33 HOPWA clients and 23 persons residing with them, for a total of 56 beneficiaries.
- The Housing Authority of the County of Salt Lake received \$20,000 (\$18,700 for project costs and \$1,300 for administrative expenses) to provide project-based rental assistance to 3 individuals. It served 3 HOPWA clients and 0 persons residing with them, for a total of 3 beneficiaries.
- The West Valley City Housing Authority received \$52,000 (\$48,599 for project costs and \$3,401 for administrative expenses) to provide tenant-based rental assistance to 6 individuals. It served 11 HOPWA clients and 12 persons residing with them, for a total of 23 beneficiaries.
- The Salt Lake Community Action Program received \$108,931 (\$101,805 for project costs and \$7,126 for administrative expenses) to provide housing information services; short-term rent, mortgage and utility assistance; and permanent housing placement assistance to 114 households. It served 90 HOPWA clients, including STRMU to 65 unduplicated households and Permanent Housing Placement services to 25 unduplicated households. 60 people were residing with them, for a total of 150 beneficiaries.
- The Utah AIDS Foundation received \$10,000 (\$9,300 for project costs and \$700 for administrative expenses) to provide case management and supportive services to 18 individuals to help them gain access to or maintain adequate housing. It served 46 HOPWA clients and 0 persons residing with them, for a total of 46 beneficiaries.

In addition, Salt Lake City Corporation, HOPWA Grantee for the Salt Lake EMSA, was allocated \$14,874 to utilize for future budget decreases and \$10,991 for administrative expenses to manage, oversee and monitor the HOPWA program.

Previous editions are obsolete

**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.

Although faced with increasing challenges related to the region's rental market, Salt Lake City's HOPWA program continues to successfully provide stable housing opportunities and living environments to persons with HIV/AIDS who otherwise would be confronted with limited housing opportunities or homelessness. Project Sponsors were able to coordinate and leverage funds so that Salt Lake City's program met consolidated plan targets. The success of Salt Lake City's HOPWA program is due to the ability of Project Sponsors to collaborate and manage resources to maximize outputs. Salt Lake Community Action Program was essential in facilitating communication between project sponsors.

Salt Lake Community Action Program provided housing information services to 90 individuals; short-term emergency rent, mortgage, and utility assistance to 65 unduplicated individuals; and permanent housing placement assistance to 25 unduplicated individuals. Assistance helped persons without a stable housing situation move into permanent housing and assisted those who were already in housing to maintain it when faced with instability.

The tenant-based and project-based rental assistance provided by the Public Housing Authorities to 47 households contributed to housing stability and provided improved access to medical care and supportive services. The assistance served clients who where homeless or would have become homeless. It significantly contributed to their ability to obtain decent, safe, and affordable housing.

Utah AIDS Foundation provided case management to 46 clients who were referred from programs such as the Social Security Administration, Department of Workforce Services, Medicaid, and Ryan White supportive services. Case management services provided include facilitation of medical care, housing stability, employment, education, and treatment for mental health and substance abuse issues. Both the Utah AIDS Foundation and Clinic 1A at the University of Utah Medical Center also received Ryan White Funds for case management. Their case managers endeavored to assure that their clients remained in housing, medical care, employment, school, and treatment programs.

It is extremely difficult for individuals with a serious illness to access medical care and case management, as well as work toward improving their health, when they don't have a stable living environment. HOPWA housing assistance has provided persons living with HIV/AIDS with a stable living environment and sense of security that has contributed immeasurably to their physical well-being and significantly improved their access to health care and supportive services.

**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.

#### Program Coordination

The *Utah HOPWA Steering Committee* is the primary catalyst for collaboration, coordination, and planning among the various entities involved in addressing housing needs for persons with HIV/AIDS in the Salt Lake EMSA. The Committee meets quarterly to discuss housing needs and related issues of persons with HIV/AIDS. It includes representatives of the University of Utah's Clinic 1A, HOPWA projects sponsors, housing providers, organizations that provide client services, Salt Lake City, the State of Utah, among others.

#### Funding Recommendation Coordination

HAND coordinates its activites with two committees that review applications for HOPWA funding and make recommendations to the Mayor and City Council for final approval. The two committees are as follows:

• HOPWA Entitlement Review Committee: A Collaboritive effort of the community is represented through the HOPWA Entitlement Review Committee, which provides diverse persepectives on issues relating to HIV/AIDS and housing. The Committee is composed of officials from various governmental entities within the Salt Lake MSA. Committee members include a representative from the Utah Department of Health, Utah State Community Services Office, Salt Lake County Human Services, as well as various local municipalies.

• Salt Lake City Housing Trust Fund Advisory Board: The City's Housing Trust Fund Advisory Board is comprised of citizen representatives with expertise in Salt Lake area housing issues, trends, and financing. The board strives to address the health, safety and welfare of the City's citizens by providing assistance for affordable and special needs housing within the City.

#### Coordination of Services

*Salt Lake Community Action Program* coordinates services for the HOPWA program. They worked with case management agencies to receive referrals for clients in need of emergency housing assistance; provide short term rent, mortgage, and utility assistance; provide first month's rent; and provide non-refundable security deposits leading to permanent housing for referred clients. In order to do this, they work with housing authorities, landlords, and property managers to provide suitable housing for client placement.

#### Leveraging

Each HOPWA project sponsor leverages and coordinates resources to maximize services provided to HOPWA eligible persons. Project Sponsors take a proactive approach to private fundraising efforts. In addition, many agencies actively pursue in-kind contributions. Each year, several community-based drives are carried out to collect furnishings, bedding, personal care items, cookware, dishes, and cleaning supplies for persons moving into permanent and transitional housing. Volunteer programs provide much needed assistance to agencies receiving HOPWA funding. In addition, Project Sponsors leverage community resources by partnering with local nonprofit organizations that specialize in providing supportive services for low-income persons. For example, the Housing Authority of the County of Salt Lake has partnered with Housing Opportunities Inc., a nonprofit organization that provide supportive services to persons receiving housing assistance. Housing Opportunities Inc. operates programs that provide supportive services to low-income families and individuals to promote self-sufficiency and empowerment.

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

To ensure program sponsors are aware of program requirements, each agency that was awarded funds received an invitation to attend the 2014-15 Grant Training Seminar. This seminar allows HAND staff to reiterate Federal regulations, provide guidance on changes for the upcoming grant year, identify federal funding concerns, and review expectations of the agencies. HAND encouraged each project sponsor to attend training. Attendees received a handbook that contains important information including contacts, website links, timelines, and a list of documents that are required to be submitted to the HAND annually. Agencies that were unable to attend do have the ability to receive training documents if they contact HAND.

Monitoring efforts revealed that in general, project sponsors have well documented processes and know to contact HAND when questions arise. Minor deficiencies were identified and agencies have worked quickly to adjust processes as necessary and move forward with stronger programs. All of the 2014-15 project sponsors have received HOPWA funding for several consecutive program years, as such not technical assistance visits were completed. HAND also performed grant management oversight of project sponsor activities on an ongoing basis as they submitted requests for reimbursement. Each reimbursement request was assessed against the grant agreement scope of services and budget provisions. In addition, required documentation was analyzed to verify the legitimacy of each expense.

#### 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.

Commonly reported barriers include the following:

- Only a small number of Section 8 vouchers became available during the 2014-15 program year, which delayed the process of transferring HOPWA housing assistance beneficiaries to Section 8 vouchers. Despite the lack of Section 8 vouchers, project sponsors leverage funding and resources to meet the housing needs of eligible HIV/AIDS beneficiaries.
- Affordibility for housholds at the low end of income distribution is an increasing problem in the Salt Lake area. Low rental vacancy rates, particularly in lower rent housing, has made it very difficult to find affordable housing for the lowest income clients. Salt Lake City is committed to the expansion of affordable housing opportunities and will continue to increase the stock of affordable housing, including permanent and transitional housing, through partnerships that leverage federal and local funding.
- A vacancy rate of 2.7% has created an environment where landlords are highly selective of tenant selections. In addition, good landlord programs have impacted the ability of clients with criminal backgrounds to secure housing. Therefore, it can be difficult to find safe and affordable housing for HOPWA eligible persons with criminal background, poor credit history, or lack of steady employment. Project sponsors are building relationships with local landlords and property managers to develop capacity for placing persons with credit and background issues in safe and affordable housing.
- It has been difficult for some HOPWA clients to obtain and maintain housing because of their life issues substance abuse, mental health problems, lack of follow-through, and not responding to requests for information. Project sponsors network with each other to promote an environment that ensures HOPWA clients are in treatment and have access to safe, decent, and affordable housing. Clients with mental and substance abuse problems can receive case management services through Utah AIDS Foundation to obtain further access to services.

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.

There are two primary trends impacting the delivery of housing and supportive services to persons with HIV/AIDS in the Salt Lake MSA, as follows:

- Medical and supportive resources for persons with HIV/AIDS are concentrated in Salt Lake City and Salt Lake County. Therefore, the majority of Utah's population with HIV/AIDS comes to Salt Lake City for medical treatment and services. This places a burden on local resource delivery systems aimed at providing stable housing, supportive services, and case management for these individuals.
- The number of HOPWA eligible persons needing housing assistance is at full capacity of funded HOPWA vouchers. It is increasingly difficult to provide tenant-based rental assistance to all persons in need due to both a lack in available Section 8 vouchers and lack of funding to provide HOPWA vouchers.

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

3. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.

Evaluations, studies, assessments of the HOPWA program available to the public are as follows:

- Salt Lake City's 2015 2019 Consolidated Plan, Action Plans, and CAPER reports include needs assessment, priority needs, goals, and activities regarding the HOPWA program.
- Utah HOPWA stakeholders participated in the Healthcare and Housing (H2) Systems Integration Initiative. The resulting Action Plan includes the following:
  - Utah H2 Plan Vision: To improve health and housing stability for Utah's neediest residents through integration of affordable housing with a full array of health and behavioral health care services, and system-level efforts to reduce sub- population disparities in access, utilization and outcomes.
  - Utah H2 Target Population: People experiencing chronic homelessness and/or who are living with HIV/AIDS.
  - Goals and Strategies: Utah has identified five goals, each of which focuses on a key area of activity essential to achieving their vision.

Utah's H2 Action Plan can be found here: <u>https://www.hudexchange.info/onecpd/assets/File/UT-H2-Action-Plan-Overview.pdf</u>

- The Utah Department of Health has prepared a *Comprehensive HIV Service Plan* for the Ryan White HIV/AIDS Part B program. This plan provides valuable information on statistics, needs, gaps in care, prevention and service needs, as well as funding priorities. The complete plan can be found here: http://health.utah.gov/epi/treatment/resources/comp service plan.pdf
- The State of Utah holds an annual HIV Community Planning Committee Meeting that is open for public attendance. This meeting is use to help raise awareness, as well as discuss and compare, services trends, demographics, and outcomes.
- The Utah HIV/AIDS Housing Steering Committee, whose mission is to facilitate the creation and maintenance of affordable housing opportunities for people with HIV/AIDS, meets quarterly to review and discuss ongoing housing issues and develop strategies to address unmet needs.

#### d. Unmet Housing Needs: An Assessment of Unmet Housing Needs

In Chart 1, provide an assessment of the number of HOPWA-eligible households that require HOPWA housing subsidy assistance but are not currently served by any HOPWA-funded housing subsidy assistance in this service area.

In Row 1, report the total unmet need of the geographical service area, as reported in *Unmet Needs for Persons with HIV/AIDS*, Chart 1B of the Consolidated or Annual Plan(s), or as reported under HOPWA worksheet in the Needs Workbook of the Consolidated Planning Management Process (CPMP) tool.

Note: Report most current data available, through Consolidated or Annual Plan(s), and account for local housing issues, or changes in HIV/AIDS cases, by using combination of one or more of the sources in Chart 2.

If data is collected on the type of housing that is needed in Rows a. through c., enter the number of HOPWA-eligible households by type of housing subsidy assistance needed. For an approximate breakdown of overall unmet need by type of housing subsidy assistance refer to the Consolidated or Annual Plan (s), CPMP tool or local distribution of funds. Do not include clients who are already receiving HOPWA-funded housing subsidy assistance.

Refer to Chart 2, and check all sources consulted to calculate unmet need. Reference any data from neighboring states' or municipalities' Consolidated Plan or other planning efforts that informed the assessment of Unmet Need in your service area. *Note:* In order to ensure that the unmet need assessment for the region is comprehensive, HOPWA formula grantees should include those unmet needs assessed by HOPWA competitive grantees operating within the service area.

#### 1. Planning Estimate of Area's Unmet Needs for HOPWA-Eligible Households

| 1. Total number of households that have unmet housing subsidy assistance need.   | 35 |
|--|----|
| 2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance: |    |
| a. Tenant-Based Rental Assistance (TBRA)   | 4  |
| b. Short-Term Rent, Mortgage and Utility payments (STRMU)  | 31 |
| <ul> <li>Assistance with rental costs</li> <li>Assistance with mortgage payments</li> <li>Assistance with utility costs.</li> </ul>    |    |
| c. Housing Facilities, such as community residences,<br>SRO dwellings, other housing facilities  |    |

# 2. Recommended Data Sources for Assessing Unmet Need (check all sources used)

| X =     | = Data as reported in the area Consolidated Plan, e.g. Table 1B, CPMP charts, and related narratives   |
|---------|--|
| X = Dat | a established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care   |
| =       | Data from client information provided in Homeless Management Information Systems (HMIS)  |
| X = Dat | a from project sponsors or housing providers, including waiting lists for assistance or other assessments on need including those completed by HOPWA competitive grantees operating in the region. |
| =       | Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted  |
| =       | Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing   |
| =       | Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g. local health department or CDC surveillance data  |

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<br>of Leveraged<br>Funds | [3] Type of<br>Contribution       | [4] Housing Subsidy<br>Assistance or Other Support |
|--|-------------------------------------|-----------------------------------|--|
| Public Funding                                       |                                     |                                   |  |
| Ryan White-Housing Assistance                        |                                     |                                   | Housing Subsidy Assistance                         |
| Ryan White-Other                                     | 72,329                              | Case Management/<br>Reimbursement | Housing Subsidy Assistance<br>X Other Support      |
| Housing Choice Voucher Program                       |                                     |                                   | Housing Subsidy Assistance                         |
| Low Income Housing Tax Credit                        |                                     |                                   | Housing Subsidy Assistance                         |
| НОМЕ   |                                     |                                   | Housing Subsidy Assistance<br>Other Support        |
| Shelter Plus Care                                    |                                     |                                   | Housing Subsidy Assistance<br>Other Support        |
| Emergency Solutions Grant                            |                                     |                                   | Housing Subsidy Assistance                         |
| Other Public:  |                                     |                                   | Housing Subsidy Assistance                         |
| Other Public:  |                                     |                                   | Housing Subsidy Assistance                         |
| Other Public:  |                                     |                                   | Housing Subsidy Assistance<br>Other Support        |
| Other Public:  |                                     |                                   | Housing Subsidy Assistance                         |
| Other Public:  |                                     |                                   | Housing Subsidy Assistance                         |
| Private Funding                                      |                                     |                                   |  |
| Grants   |                                     |                                   | Housing Subsidy Assistance                         |
| In-kind Resources                                    | 4,706                               | Food Pantry                       | Housing Subsidy Assistance<br>X Other Support      |
| Other Private:                                       |                                     |                                   | Housing Subsidy Assistance<br>Other Support        |
| Other Private:                                       |                                     |                                   | Housing Subsidy Assistance                         |
| Other Funding  |                                     |                                   |  |
| Grantee/Project Sponsor/Subrecipient (Agency) Cash   | 5,580.63                            | Cash                              | Housing Subsidy Assistance<br>X Other Support      |
| Resident Rent Payments by Client to Private Landlord | 69,502                              |                                   |  |
| TOTAL (Sum of all Rows)                              | 152,117.63                          |                                   |  |

#### 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 <u>program income</u>. (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<br>Program Income<br>(for this operating<br>year) |
|----|---|---|
| 1. | Program income (e.g. repayments)                                      | \$0   |
| 2. | Resident Rent Payments made directly to HOPWA Program                 | \$0   |
| 3. | Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2) | \$0   |

#### 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.

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

#### 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.

*Note:* The total households assisted with HOPWA funds and reported in PART 3 of the CAPER should be the same as reported in the annual year-end IDIS data, and goals reported should be consistent with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1.

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

|     |  |      | ] Outpu       | t: Ho   | ıseholds              | [2] Output: Funding |                 |
|-----|--|------|---------------|---------|-----------------------|---------------------|-----------------|
|     | HOPWA Performance  |      | PWA<br>stance |         | everaged<br>ouseholds | HOPWA               | Funds           |
|     | Planned Goal   | a.   | b.            | с.      | d.                    | e.                  | f.              |
|     | and Actual   | Goal | Actual        | Goal    | Actual                | HOPWA<br>Budget     | HOPWA<br>Actual |
|     | HOPWA Housing Subsidy Assistance   | ſ    | 1] Outp       | ıt: Hou | seholds               | [2] Output          | Funding         |
|     | Tenant-Based Rental Assistance   | 45   | 44            |         | Selfords              | 227,568             | 197,925         |
|     | Permanent Housing Facilities:<br>Received Operating Subsidies/Leased units (Households Served)   | 3    | 3             |         |                       | 18,700              | 16,743          |
|     | Transitional/Short-term Facilities:<br>Received Operating Subsidies/Leased units (Households Served)<br>(Households Served)                          |      |               |         |                       |                     |                 |
|     | Permanent Housing Facilities:<br>Capital Development Projects placed in service during the operating year<br>(Households Served)                     |      |               |         |                       |                     |                 |
|     | Transitional/Short-term Facilities:<br>Capital Development Projects placed in service during the operating year<br>(Households Served)               |      |               |         |                       |                     |                 |
| 4.  | Short-Term Rent, Mortgage and Utility Assistance   | 70   | 79            | 70      | 79                    | 45,000              | 45,000          |
| 5.  | Permanent Housing Placement Services   | 44   | 25            |         |                       | 21,184              | 21,184          |
|     | Adjustments for duplication (subtract)   |      | 14            |         | 14                    |                     |                 |
|     | Total HOPWA Housing Subsidy Assistance<br>(Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f.<br>equal the sum of Rows 1-5)    | 159  | 137           | 70      | 65                    | 312,452             | 280,852         |
|     | Housing Development (Construction and Stewardship of facility based housing)   | [1]  | Output        | : Hous  | ing Units             | [2] Output          | : Funding       |
|     | Facility-based units;<br>Capital Development Projects not yet opened (Housing Units)   |      |               |         |                       |                     |                 |
|     | Stewardship Units subject to 3 or 10 year use agreements   |      |               | •       | <u>_+_+_+_+</u> +_+   | ******              | ******          |
| 10. | Total Housing Developed<br>(Sum of Rows 8 & 9)   |      |               |         |                       |                     |                 |
|     | Supportive Services  |      | [1] Outp      | ut Hous | eholds                | [2] Output          | : Funding       |
|     | Supportive Services provided by project sponsors/subrecipient that also delivered<br>HOPWA housing subsidy assistance                                |      |               |         |                       |                     |                 |
|     | Supportive Services provided by project sponsors/subrecipient that only provided supportive services.  | 18   | 46            |         |                       | 9,300               | 9,850.61        |
|     | Adjustment for duplication (subtract)  |      |               |         |                       | <u></u>             |                 |
|     | Total Supportive Services<br>(Columns a. – d. equal the sum of Rows 11 a. & b. minus Row 12; Columns e. and<br>f. equal the sum of Rows 11a. & 11b.) | 18   | 46            |         |                       | 9,300               | 9,850.61        |
|     | Housing Information Services   |      | [1] Outp      | ut Hou  | seholds               | [2] Output          | ,               |
| 14. | Housing Information Services   | 114  | 90            |         |                       | 35,621              | 35,621          |
| 15. | Total Housing Information Services   |      |               |         |                       | 35,621              | 35,621          |

|     | Grant Administration and Other Activities  | [1] Output Households | [2] Outpu                | [2] Output: Funding  |  |
|-----|--|-----------------------|--------------------------|----------------------|--|
| 16. | Resource Identification to establish, coordinate and develop housing assistance resource |                       |                          |                      |  |
| 17. | Technical Assistance<br>(if approved in grant agreement)                                 |                       | 8                        |                      |  |
| 18. | Grantee Administration<br>(maximum 3% of total HOPWA grant)                              |                       | 10,970                   | x                    |  |
| 19. | Project Sponsor Administration<br>(maximum 7% of portion of HOPWA grant awarded)         |                       | 25,054                   | х                    |  |
| 20. | Total Grant Administration and Other Activities<br>(Sum of Rows 16 – 19)                 |                       | 36,024                   | Х                    |  |
|     | Total Expended   |                       |                          | HOPWA Funds<br>ended |  |
| 21. | Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)                  |                       | <b>Budget</b><br>393,397 | Actual<br>334,292.34 |  |

#### 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<br>Expended |
|-----|---|---|---|
| 1.  | Adult day care and personal assistance  |   |   |
| 2.  | Alcohol and drug abuse services   |   |   |
| 3.  | Case management   | 46                                      | 9,8501.61                                     |
| 4.  | Child care and other child services   |   |   |
| 5.  | Education   |   |   |
| 6.  | Employment assistance and training  |   |   |
|     | Health/medical/intensive care services, if approved   |   |   |
| 7.  | 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). <b>Specify</b> :   |   |   |
| 15. | Sub-Total Households receiving Supportive Services<br>(Sum of Rows 1-14)  | 46                                      |   |
| 16. | Adjustment for Duplication (subtract)   | 0                                       |   |
| 17. | TOTAL Unduplicated Households receiving<br>Supportive Services (Column [1] equals Row 15<br>minus Row 16; Column [2] equals sum of Rows 1-14) | 46                                      | 9,8501.61                                     |

#### 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. In Row e., enter the total number of stream of stream of formation of stream of stream of stream of stream of 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.

| н  | ousing Subsidy Assistance Categories (STRMU)   | [1] Output: Number of<br><u>Households</u> Served | [2] Output: Total<br>HOPWA Funds Expended<br>on STRMU during<br>Operating Year |
|----|--|---|--|
| a. | Total Short-term mortgage, rent and/or utility (STRMU) assistance                                    | 79  | 45,000   |
| b. | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.        | 14  | 10,874.77  |
| c. | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. | 0   | 0  |
| d. | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.          | 44  | 28,690.23  |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.   | 1   | 1,060.69   |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.         | 20  | 5,435  |
| g. | Direct program delivery costs (e.g., program operations staff time)                                  |   | n/a  |

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<br>Number of<br>Households<br>Served | [2] Assessment: Number of<br>Households that Continued<br>Receiving HOPWA Housing<br>Subsidy Assistance into the Next<br>Operating Year | [3] Assessment:<br>Households that<br>HOPWA Program;<br>t Status after ]          | exited this<br>their Housing | [4] HOPWA Client<br>Outcomes                             |
|-----------------------------|--|---|---|------------------------------|--|
|                             |  |   | 1 Emergency Shelter/Street  | s                            | Unstable Arrangements                                    |
|                             |  |   | 2 Temporary Housing   |                              | Temporarily Stable, with Reduced<br>Risk of Homelessness |
|                             |  |   | 3 Private Housing   | 2                            |  |
| Tenant-Based<br>Rental      | 44   | 34  | 4 Other HOPWA   |                              | Stable/Permanent Housing (PH)                            |
| Assistance                  |  |   | 5 Other Subsidy   | 4                            | Studie/Fermanent Housing (FH)                            |
|                             |  |   | 6 Institution   |                              |  |
|                             |  |   | 7 Jail/Prison   | 2                            | Ilustable Americanouta                                   |
|                             |  |   | 8 Disconnected/Unknown  | 1                            | Unstable Arrangements                                    |
|                             |  |   | 9 Death   | 1                            | Life Event   |
|                             |  |   | 1 Emergency Shelter/Street  | s                            | Unstable Arrangements                                    |
|                             |  |   | 2 Temporary Housing   |                              | Temporarily Stable, with Reduced<br>Risk of Homelessness |
|                             |  |   | 3 Private Housing   |                              |  |
| Permanent<br>Supportive     | 3  | 2   | 4 Other HOPWA   |                              |  |
| Housing                     | 5  |   | 5 Other Subsidy   | 1                            | Stable/Permanent Housing (PH)                            |
| Facilities/ Units           |  |   | 6 Institution   |                              | -  |
|                             |  |   | 7 Jail/Prison   |                              |  |
|                             |  |   | 8 Disconnected/Unknown  |                              | Unstable Arrangements                                    |
|                             |  |   | 9 Death   |                              | Life Event   |
| B. Transitional             | Housing Assistance                                     |   |   |                              |  |
|                             | [1] Output: Total<br>Number of<br>Households<br>Served | [2] Assessment: Number of<br>Households that Continued<br>Receiving HOPWA Housing<br>Subsidy Assistance into the Next<br>Operating Year | [3] Assessment: Nu<br>Households that ex<br>HOPWA Progran<br>Housing Status after | ited this<br>1; their        | [4] HOPWA Client Outcomes                                |
|                             |  |   | 1 Emergency Shelter/Streets   | N/A                          | Unstable Arrangements                                    |
|                             |  | N/A   | 2 Temporary Housing   | N/A                          | Temporarily Stable with Reduced<br>Risk of Homelessness  |
| Transitional/<br>Short-Term |  |   | 3 Private Housing   | N/A                          |  |
| Housing                     | N/A  |   | 4 Other HOPWA   | N/A                          | Stable/Permanent Housing (PH)                            |
| Facilities/ Units           |  |   | 5 Other Subsidy   | N/A                          |  |
|                             |  |   | 6 Institution   | N/A                          |  |
|                             |  |   | 7 Jail/Prison   | N/A                          | Unstable Arrangements                                    |
|                             |  |   | 8 Disconnected/unknown  | N/A                          | Subarte III rungements                                   |
|                             |  |   | 9 Death   | N/A                          | Life Event   |

# 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 or subrecipient'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].

| [1] Output: Total<br>number of<br>households | [2] Assessment of Housing Status   |    | [3] HOPW                   | A Client Outcomes  |
|--|--|----|----------------------------|--------------------|
|  | Maintain Private Housing <u>without</u> subsidy<br>(e.g. Assistance provided/completed and client is stable, not<br>likely to seek additional support)         | 41 |                            |                    |
|  | Other Private Housing without subsidy  |    | Stable/Permanent Housing ( |                    |
|  | (e.g. client switched housing units and is now stable, not likely to seek additional support)  |    |                            |                    |
|  | Other HOPWA Housing Subsidy Assistance   |    |                            |                    |
|  | Other Housing Subsidy (PH)   |    |                            |                    |
| 65   | Institution<br>(e.g. residential and long-term care)   |    | -                          |                    |
| 0.7  | Likely that additional STRMU is needed to maintain current housing arrangements  | 24 | Temporarily Stable, with   |                    |
|  | Transitional Facilities/Short-term   |    |                            |                    |
|  | (e.g. temporary or transitional arrangement)   |    | Reduced Ri                 | sk of Homelessness |
|  | <b>Temporary/Non-Permanent Housing arrangement</b><br>(e.g. gave up lease, and moved in with family or friends but<br>expects to live there less than 90 days) |    |                            |                    |
|  | Emergency Shelter/street   |    |                            |                    |
|  | Jail/Prison  |    | Unstabl                    | e Arrangements     |
|  | Disconnected   |    |                            |                    |
|  | Death  |    | L                          | ife Event          |
|  | ouseholds that received STRMU Assistance in the operating year or<br>rior operating year (e.g. households that received STRMU assistance)                      |    |                            | 20                 |
|  | ouseholds that received STRMU Assistance in the operating year of<br>wo prior operating years (e.g. households that received STRMU ass                         | 1  |                            | 10                 |

#### Assessment of Households that Received STRMU Assistance

#### Section 3. HOPWA Outcomes on Access to Care and Support 1a. Total Number of Households

Line [1]: For project sponsors/subrecipients 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/subrecipients that did <u>NOT</u> 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 | Total Number of Households   |     |  |  |  |
|-----------------|--|-----|--|--|--|
|                 | <ol> <li>For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that<br/>received the following <u>HOPWA-funded</u> services:</li> </ol> |     |  |  |  |
| a.              | Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing   | 126 |  |  |  |
| b.              | Permanent Housing Placement  | 25  |  |  |  |
| с.              | Case Management  | 0   |  |  |  |
| d.              | Adjustment for duplication (subtraction)   | 14  |  |  |  |
| e.              | Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)  | 137 |  |  |  |
|                 | 2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:                            |     |  |  |  |
| a.              | HOPWA Case Management  | 46  |  |  |  |
| b.              | Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance   | 46  |  |  |  |

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

Column [1]: Of the households identified as receiving services from project sponsors/subrecipients 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 program year.

Column [2]: Of the households identified as receiving services from project sponsors/subrecipients 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 program year.

| Note: For information on types a                   | 1                       | 1 1. 1.       | / • /                         |                        |
|--|-------------------------|---------------|-------------------------------|------------------------|
| Note Hor intormation on types a                    | na sources of income an | a moaicai inc | euranco/accictanco            | rotor to I harts holow |
| <b>1 0 0 0</b> . $1 0 1 0 1 0 0 1 0 0 0 0 0 0 0 0$ |                         | и теансин ты  | M M M M C / M M M M M M M C C |                        |
|  |                         |               |                               |                        |

| Categories of Services Accessed   | [1] For project<br>sponsors/subrecipients that<br>provided HOPWA housing subsidy<br>assistance, identify the households<br>who demonstrated the following: | [2] For project<br>sponsors/subrecipients that<br>did NOT provide HOPWA<br>housing subsidy assistance,<br>identify the households who<br>demonstrated the following: | Outcome<br>Indicator             |
|---|--|--|----------------------------------|
| 1. Has a housing plan for maintaining or establishing stable on-<br>going housing   | 132  | 46   | Support for<br>Stable<br>Housing |
| 2. Had contact with case manager/benefits counselor consistent<br>with the schedule specified in client's individual service plan<br>(may include leveraged services such as Ryan White Medical<br>Case Management) | 132  | 46   | Access to<br>Support             |
| 3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan   | 121  | 46   | Access to<br>Health Care         |
| 4. Accessed and maintained medical insurance/assistance   | 109  | 46   | Access to<br>Health Care         |
| 5. Successfully accessed or maintained qualification for sources of income  | 97   | 46   | Sources of<br>Income             |

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

- MEDICAID Health Insurance Program, or Veterans Affairs Medical Services use local program AIDS Drug Assistance Program (ADAP) name State Children's Health Insurance Program (SCHIP), or use local program name
  - Ryan White-funded Medical or Dental Assistance

MEDICARE Health Insurance Program, or use local program name

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

- Earned Income • Veteran's Pension
- Child Support
  - Social Security Disability Income (SSDI)
- Unemployment Insurance
- Pension from Former Job • Supplemental Security Income (SSI)
- Alimony or other Spousal Support Veteran's Disability Payment
- Retirement Income from Social Security
- Worker's Compensation

- General Assistance (GA), or use local program name
- Private Disability Insurance Temporary Assistance for Needy
- Families (TANF)
- Other Income Sources

### 1c. Households that Obtained Employment

Column [1]: Of the households identified as receiving services from project sponsors/subrecipients 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/subrecipients 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/subrecipients 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/subrecipients that<br>provided HOPWA housing subsidy<br>assistance, identify the households who<br>demonstrated the following: | [2] For project sponsors/subrecipients that did<br>NOT provide HOPWA housing subsidy assistance,<br>identify the households who demonstrated the<br>following: |  |
|--|--|--|--|
| Total number of households that obtained an income-producing job | 31   | 0  |  |

End of PART 4

### PART 5: Worksheet - Determining Housing Stability Outcomes (optional)

| Permanent  | Stable Housing   | Temporary Housing                        | Unstable     | Life Event  |
|--|------------------|--|--------------|-------------|
| Housing Subsidy (# of households   |                  | (2)                                      | Arrangements | (9)         |
| Assistance remaining in program  |                  |  | (1+7+8)      |             |
|  | plus 3+4+5+6)    |  |              |             |
| Tenant-Based   | N/A              | N/A                                      | N/A          | N/A         |
| Rental Assistance  |                  |  |              |             |
| (TBRA)   |                  |  |              |             |
| Permanent Facility-  | N/A              | N/A                                      | N/A          | N/A         |
| based Housing  |                  |  |              |             |
| Assistance/Units   |                  |  |              |             |
| Transitional/Short-  | N/A              | N/A                                      | N/A          | N/A         |
| Term Facility-based  |                  |  |              |             |
| Housing  |                  |  |              |             |
| Assistance/Units   |                  |  |              |             |
| Total Permanent  | N/A              | N/A                                      | N/A          | N/A         |
| HOPWA Housing  |                  |  |              |             |
| Subsidy Assistance   |                  |  |              |             |
| Reduced Risk of  | Stable/Permanent | Temporarily Stable, with Reduced Risk of | Unstable     | Life Events |
| Homelessness:  | Housing          | Homelessness                             | Arrangements | Enc Events  |
| Short-Term   | Housing          | Homelessiless                            | mangements   |             |
| Short-Term   |                  |  |              |             |
|  |                  |  |              |             |
| Assistance   | N/A              | N/A                                      | N/A          | N/A         |
| Assistance<br>Short-Term Rent,   | N/A              | N/A                                      | N/A          | N/A         |
| Assistance   | N/A              | N/A                                      | N/A          | N/A         |
| Assistance<br>Short-Term Rent,<br>Mortgage, and                                  | N/A              | N/A                                      | N/A          | N/A         |
| Assistance<br>Short-Term Rent,<br>Mortgage, and<br>Utility Assistance            | N/A<br>N/A       | N/A<br>N/A                               | N/A<br>N/A   | N/A<br>N/A  |
| Assistance<br>Short-Term Rent,<br>Mortgage, and<br>Utility Assistance<br>(STRMU) |                  |  |              |             |

**1.** This chart is designed to assess program results based on the information reported in Part 4 and to help Grantees determine overall program performance. Completion of this worksheet is optional.

#### **Background on HOPWA Housing Stability Codes**

#### Stable Permanent Housing/Ongoing Participation

3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self-sufficient arrangements) with reasonable expectation that additional support is not needed.

4 = Other HOPWA-funded housing subsidy assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.

5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).

6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

#### **Temporary Housing**

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

#### **Unstable Arrangements**

1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).

7 = Jail /prison.

8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

#### Life Event

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

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

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

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

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

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

#### End of PART 5

#### PART 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) | Operating Year for this report<br>From (mm/dd/yy) To (mm/dd/yy)  Final Yr |
|---------------------|---|
| N/A                 | □ Yr 1; □ Yr 2; □ Yr 3; □ Yr 4; □ Yr 5; □ Yr 6;                           |
|                     | □ Yr 7; □ Yr 8; □ Yr 9; □ Yr 10;  |
| Grantee Name        | Date Facility Began Operations (mm/dd/yy)                                 |
|                     | N/4   |
| N/A                 | N/A   |

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

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

#### 3. Details of Project Site

| <u> </u>   |   |
|--|---|
| Project Sites: Name of HOPWA-funded project      | N/A   |
| Site Information: Project Zip Code(s)            | N/A   |
| Site Information: Congressional District(s)      | N/A   |
| Is the address of the project site confidential? | Yes, protect information; do not list                               |
|  | □ Not confidential; information can be made available to the public |
| If the site is not confidential:                 |   |
| Please provide the contact information, phone,   |   |
| email address/location, if business address is   | N/A   |
| 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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. |                                |  |  |  |
|---|--------------------------------|--|--|--|
| Name & Title of Authorized Official of the organization that continues Signature & Date (mm/dd/yy)  |                                |  |  |  |
| to operate the facility:  |                                |  |  |  |
|   | N/A                            |  |  |  |
| N/A   |                                |  |  |  |
| Name & Title of Contact at Grantee Agency   | Contact Phone (with area code) |  |  |  |
| (person who can answer questions about the report and program)  |                                |  |  |  |
|   |                                |  |  |  |
| N/A   | N/A                            |  |  |  |

#### 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) <u>low-income individuals living with HIV/AIDS</u> who qualified their household to receive HOPWA housing subsidy assistance during the operating year. This total should include only the individual who qualified the household for HOPWA assistance, NOT all HIV positive individuals in the household.

| Individuals Served with Housing Subsidy Assistance   | Total |
|--|-------|
| Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance. | 137   |

#### **Chart b. Prior Living Situation**

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

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

|     | Category  | Total HOPWA<br>Eligible Individuals<br>Receiving Housing<br>Subsidy Assistance |
|-----|---|--|
| 1.  | Continuing to receive HOPWA support from the prior operating year   | 62   |
| New | Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year   | •  |
| 2.  | Place not meant for human habitation<br>(such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)   | 0  |
| 3.  | Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)   | 0  |
| 4.  | Transitional housing for homeless persons   | 0  |
| 5.  | Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior<br>Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4) | 0  |
| 6.  | Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)  | 0  |
| 7.  | Psychiatric hospital or other psychiatric facility  | 0  |
| 8.  | Substance abuse treatment facility or detox center  | 2  |
| 9.  | Hospital (non-psychiatric facility)   | 0  |
| 10. | Foster care home or foster care group home  | 0  |
| 11. | Jail, prison or juvenile detention facility   | 1  |
| 12. | Rented room, apartment, or house  | 33   |
| 13. | House you own   | 13   |
| 14. | Staying or living in someone else's (family and friends) room, apartment, or house  | 12   |
| 15. | Hotel or motel paid for without emergency shelter voucher   | 1  |
| 16. | Other   | 0  |
| 17. | Don't Know or Refused   | 13   |
| 18. | TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)   | 137  |

#### 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 <u>not</u> need to equal the total in Chart b., Row 5.

| Category   | Number of<br>Homeless<br>Veteran(s) | Number of Chronically<br>Homeless |  |
|--|-------------------------------------|-----------------------------------|--|
| HOPWA eligible individuals served with<br>HOPWA Housing Subsidy Assistance | 0                                   | 0                                 |  |

#### Section 2. Beneficiaries

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

Note: See definition of HOPWA Eligible Individual

Note: See definition of Transgender.

Note: See definition of <u>Beneficiaries</u>.

**Data Check:** The sum of <u>each</u> 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.) | 137          |
| 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           | 12           |
| 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 benefited from the HOPWA housing subsidy                    | 83           |
| 4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)   | 231          |

#### 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.

|     | HOPWA Eligible Individuals (Chart a, Row 1) |      |                   |                        |                    |                               |  |
|-----|---|------|-------------------|------------------------|--------------------|-------------------------------|--|
|     |   | А.   | В.                | C.                     | D.                 | E.                            |  |
|     | 1   | Male | Female            | Transgender M to F     | Transgender F to M | TOTAL (Sum of<br>Columns A-D) |  |
| 1.  | Under 18                                    |      |                   |                        |                    |                               |  |
| 2.  | 18 to 30 years                              | 7    | 3                 |                        |                    | 10                            |  |
| 3.  | 31 to 50 years                              | 62   | 25                |                        |                    | 87                            |  |
| 4.  | 51 years and Older                          | 26   | 9                 |                        |                    | 35                            |  |
| 5.  | Subtotal (Sum<br>of Rows 1-4)               | 95   | 37                |                        |                    | 132                           |  |
|     |   | Al   | l Other Beneficia | aries (Chart a, Rows 2 | and 3)             |                               |  |
|     |   | А.   | В.                | С.                     | D.                 | Е.                            |  |
|     |   | Male | Female            | Transgender M to F     | Transgender F to M | TOTAL (Sum of<br>Columns A-D) |  |
| 6.  | Under 18                                    | 24   | 36                |                        |                    | 60                            |  |
| 7.  | 18 to 30 years                              | 3    | 4                 |                        |                    | 2                             |  |
| 8.  | 31 to 50 years                              | 14   | 9                 |                        |                    | 23                            |  |
| 9.  | 51 years and<br>Older                       | 2    | 3                 |                        |                    | 5                             |  |
| 10. | Subtotal (Sum<br>of Rows 6-9)               | 43   | 52                |                        |                    | 95                            |  |
|     |   |      | Total Benefic     | iaries (Chart a, Row 4 | )                  |                               |  |
| 1   | TOTAL (Sum                                  | 138  | 89                |                        |                    | 227                           |  |

#### 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 <u>race</u> of all HOPWA eligible individuals in Column [A]. Report the <u>ethnicity</u> of all HOPWA eligible individuals in column [B]. Report the <u>race</u> of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [C]. Report the <u>ethnicity</u> 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.

|   |  | HOPWA Eligible Individuals  |  | All Other Beneficiaries  |  |
|---|--|---|--|--|--|
| Category  |  | [A] Race<br>[all individuals<br>reported in<br>Section 2, Chart<br>a., Row 1] | [B] Ethnicity<br>[Also identified as<br>Hispanic or<br>Latino] | [C] Race<br>[total of<br>individuals<br>reported in<br>Section 2, Chart<br>a., Rows 2 & 3] | [D] Ethnicity<br>[Also identified as<br>Hispanic or<br>Latino] |
| 1.  | American Indian/Alaskan Native                             | 1   |  |  |  |
| 2.  | Asian  | 5   |  | 6  |  |
| 3.  | Black/African American                                     | 32  | 1  | 37   |  |
| 4.  | Native Hawaiian/Other Pacific Islander                     | 1   |  | 1  |  |
| 5.  | White  | 135   | 36   | 51   | 25   |
| 6.  | American Indian/Alaskan Native & White                     |   |  |  |  |
| 7.  | Asian & White  | 3   |  |  |  |
| 8.  | Black/African American & White                             |   |  |  |  |
| 9.  | American Indian/Alaskan Native &<br>Black/African American |   |  |  |  |
| 10.   | Other Multi-Racial   | 1   |  |  |  |
| 11.   | Column Totals (Sum of Rows 1-10)                           | 178   | 37   | 95   | 25   |
| Data Check: Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a., Row 4. |  |   |  |  |  |

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

#### Section 3. Households

#### Household Area Median Income

Report the area median 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 <u>http://www.huduser.org/portal/datasets/il/il2010/select\_Geography\_mfi.odn</u> for information on area median income in your community.* 

|    | Percentage of Area Median Income            | Households Served with HOPWA Housing Subsidy<br>Assistance |  |  |  |
|----|---|--|--|--|--|
| 1. | 0-30% of area median income (extremely low) | 100  |  |  |  |
| 2. | 31-50% of area median income (very low)     | 25   |  |  |  |
| 3. | 51-80% of area median income (low)          | 7  |  |  |  |
| 4. | Total (Sum of Rows 1-3)                     | 132  |  |  |  |

#### 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 or subrecipient should complete Part 6: Annual Certification of 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/Subrecipient Agency Name (Required)

The Housing Authority of the County of Salt Lake

#### 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<br>Development<br>this operating<br>year                  |   | HOPWA<br>Funds<br>Expended<br>this operating<br>year<br>( <i>if applicable</i> ) | Non-HOPWA funds<br>Expended<br>(if applicable) | Name of Facility:<br>N/A  |  |
|---|---|--|--|---|--|
| New construction     Rehabilitation     Acquisition     Operating |   | \$ 0<br>\$0<br>\$0<br>\$0<br>\$0   | \$0<br>\$0<br>\$0<br>\$0                       | Type of Facility [Check only one box.]         Permanent housing         Short-term Shelter or Transitional housing         Supportive services only facility |  |
| a.  | Purchase/lease of property:   |  |  | Date (mm/dd/yy):  |  |
| b.  | o. Rehabilitation/Construction Dates:                                     |  |  | Date started: Date Completed:   |  |
| c.  | Operation dates:  |  |  | Date residents began to occupy:   |  |
| d.  | Date supportive services began:   |  |  | Date started:   |  |
| e.  | Number of units in the facility:  |  |  | HOPWA-funded units = Total Units =  |  |
| f.  | Is a waiting list maintained for the facility?                            |  | ,  | Yes       No         If yes, number of participants on the list at the end of operating year  |  |
| g.  | What is the address of the facility (if different from business address)? |  | ent from business address)?                    |   |  |
| h.  | Is the address of the project site confidential?                          |  | al?  | <ul> <li>Yes, protect information; do not publish list</li> <li>No, can be made available to the public</li> </ul>  |  |

# 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)

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

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

## 3. Units Assisted in Types of Housing Facility/Units Leased by Project Sponsor or Subrecipient

<u>Charts 3a., 3b. and 4 are required for each facility</u>. 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: Housing Authority of the County of Salt Lake

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

#### 4. Households and Housing Expenditures

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

| Н  | ousing Assistance Category: Facility Based Housing                               | Output: Number of<br>Households | Output: Total HOPWA Funds Expended during<br>Operating Year by Project Sponsor/subrecipient |  |  |  |
|----|--|---------------------------------|---|--|--|--|
| a. | Leasing Costs  |                                 |   |  |  |  |
| b. | Operating Costs  |                                 |   |  |  |  |
| с. | Project-Based Rental Assistance (PBRA) or other leased units                     | 3                               | 20,000  |  |  |  |
| d. | Other Activity (if approved in grant agreement) Specify:                         |                                 |   |  |  |  |
| e. | Adjustment to eliminate duplication (subtract)                                   |                                 |   |  |  |  |
| f. | TOTAL Facility-Based Housing Assistance<br>(Sum Rows a. through d. minus Row e.) | 3                               | 20,000  |  |  |  |

Previous editions are obsolete