



# Housing Opportunities for Persons with AIDS (HOPWA) Program

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

“2014 HOPWA CAPER – State of Florida”  
(Federal Fiscal Year 2014  
(State Fiscal Year 2014-2015)  
FINAL – 10/06/2015

OMB Number 2506-0133 (Expiration Date: 10/31/2014)

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.

Over (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.

**Table of Contents**

**PART 1: Grantee Executive Summary**

1. Grantee Information
2. Project Sponsor Information
3. Administrative Subrecipient Information
4. Program Subrecipient Information
5. Grantee Narrative and Performance Assessment
  - a. Grantee and Community Overview
  - b. Annual Performance under the Action Plan
  - c. Barriers or Trends Overview
  - d. Assessment of Unmet Housing Needs

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

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

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

**PART 4: Summary of Performance Outcomes**

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

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

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

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

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

**Continued Use Periods.** Grantees that 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 HOPWA-funded homeless assistance projects. 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 [HOPWA@hud.gov](mailto:HOPWA@hud.gov). Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard

copies can be mailed to: Office of HIV/AIDS Housing, Room 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:

HOPWA Housing Subsidy Assistance		[1] Outputs: Number of Households
1.	Tenant-Based Rental Assistance	1
2a.	<b>Permanent Housing Facilities:</b> Received Operating Subsidies/Leased units	
2b.	<b>Transitional/Short-term Facilities:</b> Received Operating Subsidies	
3a.	<b>Permanent Housing Facilities:</b> Capital Development Projects placed in service during the operating year	
3b.	<b>Transitional/Short-term Facilities:</b> Capital Development Projects placed in service during the operating year	
4.	Short-term Rent, Mortgage, and Utility Assistance	1
5.	<b>Adjustment for duplication (subtract)</b>	1
6.	<b>TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)</b>	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 non-beneficiaries (e.g. a shared housing arrangement with a roommate) who resided in the unit are not reported on in the CAPER.

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

**In-kind Leveraged Resources:** These 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 well-being of the person; (2) is not obligated for the support of the person; and (3) would not be living in the unit except to provide the necessary supportive services. See 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 → Grantee → 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 → Grantee → Project Sponsor → 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.

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

OMB Number 2506-0133 (Expiration Date: 10/31/2014)

## 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

<b>HUD Grant Number</b> FLH09F999, FLH10F999		<b>Operating Year for this report</b> <i>From (mm/dd/yy)</i> 07/01/2014 <i>To (mm/dd/yy)</i> 06/30/2015		
<b>Grantee Name</b> Florida Department of Health				
<b>Business Address</b>		4052 Bald Cypress Way, BIN A-09		
<b>City, County, State, Zip</b>		Tallahassee	Leon	FL 32399-1715
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		59-3502843		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		364215061	<b>Central Contractor Registration (CCR):</b> <b>Is the grantee's CCR status currently active?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, provide CCR Number:</b>	
<b>*Congressional District of Grantee's Business Address</b>		2nd		
<b>*Congressional District of Primary Service Area(s)</b>		NA		
<b>*City(ies) <u>and</u> County(ies) of Primary Service Area(s)</b>		Cities: NA		Counties: NA
<b>Organization's Website Address</b>  www.floridahealth.gov		<b>Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.</b>		

**\* 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.*

<b>Project Sponsor Agency Name</b> Lutheran Services Florida, Inc., Northwest		<b>Parent Company Name, if applicable</b> N/A			
<b>Name and Title of Contact at Project Sponsor Agency</b>		Michele Bradley, Program Manager			
<b>Email Address</b>		<a href="mailto:mbradley@lsfnet.org">mbradley@lsfnet.org</a>			
<b>Business Address</b>		7008 North Palafox Street			
<b>City, County, State, Zip,</b>		Pensacola	Escambia	FL	32503
<b>Phone Number (with area code)</b>		850 497-7157		<b>Fax Number (with area code)</b> 850 497-7342	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		59-2198911			
<b>DUN &amp; Bradstreet Number (DUNs):</b>		NA			
<b>Congressional District of Business of Project Sponsor's Business Address</b>		District 1			
<b>Congressional District(s) of Primary Service Area(s)</b>		District 1			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Pensacola, DeFuniak Springs, Destin, Ft. Walton Beach, Gulf Breeze, Milton, Jay, Century, Navarre		Escambia, Okaloosa, Santa Rosa, Walton	
<b>Total HOPWA contract amount for this Organization</b>		\$420,126.00			
<b>Organization's Website Address</b> <a href="http://www.lsfnet.org">http://www.lsfnet.org</a>			<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> Yes <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>			<b>If yes, explain in the narrative section how this list is administered.</b>		

## 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.*

<b>Project Sponsor Agency Name</b> BASIC NWFL, Inc.		<b>Parent Company Name, if applicable</b> N/A			
<b>Name and Title of Contact at Project Sponsor Agency</b>		Valerie Mincey, President/CEO			
<b>Email Address</b>		<a href="mailto:Valerie.mincey@basicnwfl.com">Valerie.mincey@basicnwfl.com</a>			
<b>Business Address</b>		432 Magnolia Avenue			
<b>City, County, State, Zip,</b>		Panama City	Bay	FL	32401
<b>Phone Number (with area code)</b>		850 785-1088 x121		<b>Fax Number (with area code)</b> 850 785-8111	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		59-2994863			
<b>DUN &amp; Bradstreet Number (DUNs):</b>		82-7326620			
<b>Congressional District of Business Location of Sponsor</b>		District 2			
<b>Congressional District(s) of Primary Service Area(s)</b>		District 2			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Panama City, Marianna, Port St. Joe, Bonifay, Chipley, Graceville, Blountstown		Bay, Calhoun, Gulf, Holmes, Jackson, Washington	
<b>Total HOPWA contract amount for this Organization</b>		\$176,315.00			
<b>Organization's Website Address</b> <a href="http://www.basicnwfl.com">www.basicnwfl.com</a>			<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> Yes <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/> Yes			<b>If yes, explain in the narrative section how this list is administered.</b>		

## 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.*

<b>Project Sponsor Agency Name</b> Big Bend Cares, Inc.		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Melissa Walton, Director of Client Services		
<b>Email Address</b>		<a href="mailto:MWalton@bigbendcares.org">MWalton@bigbendcares.org</a>		
<b>Business Address</b>		2201 South Monroe Street		
<b>City, County, State, Zip,</b>		Tallahassee	Leon	FL 32301
<b>Phone Number (with area code)</b>		850 656-2437 x233		<b>Fax Number (with area code)</b> 850 942-6402
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		59-2816580		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		87-769-0859		
<b>Congressional District of Business Location of Sponsor</b>		2nd		
<b>Congressional District(s) of Primary Service Area(s)</b>		2nd		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Tallahassee, Woodville, Sopchoppy, Eastpointe, Apalachicola, Crawfordville, Madison, Perry, Quincy, Gretna, Havana, Midway, Bristol, Chattahoochee, Monticello, Lloyd, Carrabelle		Leon, Franklin, Gadsden, Jefferson, Madison, Taylor Liberty, Wakulla
<b>Total HOPWA contract amount for this Organization</b>		\$229,500.00		
<b>Organization's Website Address</b> <a href="http://www.bigbendcares.org">www.bigbendcares.org</a>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> Yes <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/> Yes		<b>If yes, explain in the narrative section how this list is administered.</b>		

## 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.*

<b>Project Sponsor Agency Name</b> WellFlorida Council, Inc.		<b>Parent Company Name, if applicable</b> North Central Florida Health Planning Council, Inc.			
<b>Name and Title of Contact at Project Sponsor Agency</b>		Karen Klubertanz, HIV/AIDS Program Director			
<b>Email Address</b>		<a href="mailto:kklubertanz@wellflorida.org">kklubertanz@wellflorida.org</a>			
<b>Business Address</b>		1785 NW 80 Boulevard			
<b>City, County, State, Zip,</b>		Gainesville	Alachua	FL	32606
<b>Phone Number (with area code)</b>		352 313-6500, ext. 124		<b>Fax Number (with area code)</b> 352 313-6515	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		23-7083163			
<b>DUN &amp; Bradstreet Number (DUNs):</b>		05-826-7162			
<b>Congressional District of Business Location of Sponsor</b>		3			
<b>Congressional District(s) of Primary Service Area(s)</b>		2,3,4,5,6,7,8			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Gainesville, Starke, Lecanto, Lake City, Cross City, Trenton, Jasper, Mayo, Tavares, Bronson, Ocala, Palatka, Bushnell, Live Oak, Lake Butler		Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	
<b>Total HOPWA contract amount for this Organization</b>		\$581,953.00			
<b>Organization's Website Address</b> <a href="http://www.wellflorida.org">www.wellflorida.org</a>			<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> Yes <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/> Yes			<b>If yes, explain in the narrative section how this list is administered.</b>		

#### 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 subrecipient 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.*

<b>Subrecipient Name</b>	Catholic Charities Bureau of Gainesville			<b>Parent Company Name, if applicable</b>	N/A
<b>Name and Title of Contact at Subrecipient</b>	Susan Frizzell, HOPWA Coordinator				
<b>Email Address</b>	<a href="mailto:ncfhpc@yahoo.com">ncfhpc@yahoo.com</a>				
<b>Business Address</b>	1701 N W 9 Street				
<b>City, State, Zip, County</b>	Gainesville	Alachua	FL	32609	
<b>Phone Number (with area code)</b>	352 372-1422			<b>Fax Number (include area code)</b>	
				352 371-3157	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-1785681				
<b>DUN &amp; Bradstreet Number (DUNs):</b>	065887390				
<b>North American Industry Classification System (NAICS) Code</b>	624190				
<b>Congressional District of Location</b>	3				
<b>Congressional District of Primary Service Area</b>	2,3,4,5,6,7,8				
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Gainesville, Starke, Lecanto, Lake City, Cross City, Trenton, Jasper, Mayo, Tavares, Bronson, Ocala, Palatka, Bushnell, Live Oak, Lake Butler			Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$216,487.00				

## 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.*

<b>Project Sponsor Agency Name</b> Hillsborough County Health Department		<b>Parent Company Name, if applicable</b> Florida Department of Health		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Vivian Aquino-Ramirez		
<b>Email Address</b>		Vivian.Ramirez-Aquino@flhealth.gov		
<b>Business Address</b>		1105 E. Kennedy Blvd., Suite 312		
<b>City, County, State, Zip,</b>		Tampa	Hillsborough	FL 33602
<b>Phone Number (with area code)</b>		813 272-8015 extension 6502		<b>Fax Number (with area code)</b> 813 276-2839
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		NA		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		NA		
<b>Congressional District of Business Location of Sponsor</b>		9, 11, 12		
<b>Congressional District(s) of Primary Service Area(s)</b>		12, 13		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Bayshore Gardens, Braden Castle, Bradenton, Cortez, Ellenton, Ilxhurst, Manatee, Memphis, Holmes, Palmetto, Somoset, Whitfield, Whitney Beach.		Manatee
<b>Total HOPWA contract amount for this Organization</b>		\$200,000.00		
<b>Organization's Website Address</b> <a href="http://www.hillsboroughcounty.org">www.hillsboroughcounty.org</a>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> Yes <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> Yes		<b>If yes, explain in the narrative section how this list is administered.</b>		

#### 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.*

<b>Subrecipient Name</b>	Manatee County Rural Health Services			<b>Parent Company Name, if applicable</b>	
				N/A	
<b>Name and Title of Contact at Subrecipient</b>	Linda Snyder, Director Specialized Programs and Contracts				
<b>Email Address</b>	<a href="mailto:lsnyder@mcrhs.org">lsnyder@mcrhs.org</a>				
<b>Business Address</b>	700 8 <sup>th</sup> Avenue, Suite 101				
<b>City, State, Zip, County</b>	Parrish	Manatee	FL	34219	
<b>Phone Number (with area code)</b>	828 247-6678			<b>Fax Number (include area code)</b>	
				941 776-4010	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-1773262				
<b>DUN &amp; Bradstreet Number (DUNs):</b>	N/A				
<b>North American Industry Classification System (NAICS) Code</b>	N/A				
<b>Congressional District of Location</b>	13 2703 19 <sup>th</sup> Street Court E. Suite 2				
<b>Congressional District of Primary Service Area</b>	13				
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Bradenton, Palmetto, Anna Maria, Bradenton Beach, Myakka City			Manatee	
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$33,804.00				

## 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.*

<b>Project Sponsor Agency Name</b> Polk County Health Department		<b>Parent Company Name, if applicable</b> Florida Department of Health		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Nicole Frigel, Sr. Human Services Program Manager		
<b>Email Address</b>		<a href="mailto:nicole.frigel@flhealth.gov">nicole.frigel@flhealth.gov</a>		
<b>Business Address</b>		1255 Brice Blouvard		
<b>City, County, State, Zip,</b>		Bartow	Polk	FL 33884
<b>Phone Number (with area code)</b>		863 519-8233		<b>Fax Number (with area code)</b> 863 519-8304
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		59-350-02843		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		364-215061		
<b>Congressional District of Business Location of Sponsor</b>		15th		
<b>Congressional District(s) of Primary Service Area(s)</b>		15 <sup>th</sup> and 17 <sup>th</sup>		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Lakeland, Winter Haven, Davenport, Wauchula, Bowling Green		Hardee and Highlands
<b>Total HOPWA contract amount for this Organization</b>		\$332,994.00		
<b>Organization's Website Address</b> <a href="http://www.MyPolkHealth.org">www.MyPolkHealth.org</a>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> NA <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> NA		<b>If yes, explain in the narrative section how this list is administered.</b>		

## 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.*

<b>Project Sponsor Agency Name</b> United Way of Brevard County, Inc.		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Terry Taylor, Grant/Contract Coordinator		
<b>Email Address</b>		<a href="mailto:ttaylor@uwbrevard.org">ttaylor@uwbrevard.org</a>		
<b>Business Address</b>		937 Dixon Boulevard		
<b>City, County, State, Zip,</b>		Cocoa	Brevard	FL 32922
<b>Phone Number (with area code)</b>		321 631-2740		<b>Fax Number (with area code)</b> 321 631-2007
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		59-0836384		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		168435030		
<b>Congressional District of Business Location of Sponsor</b>		15th		
<b>Congressional District(s) of Primary Service Area(s)</b>		15 <sup>th</sup> and 24 <sup>th</sup>		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Cocoa, Titusville, Mims, Port St. John, Rockledge, Merritt Island, Cocoa Beach, Cape Canaveral, Melbourne, Micco, Palm Bay		Brevard
<b>Total HOPWA contract amount for this Organization</b>		\$473,099.00		
<b>Organization's Website Address</b> <a href="http://www.uwbrevard.org">www.uwbrevard.org</a>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> Yes <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/> Yes		<b>If yes, explain in the narrative section how this list is administered.</b>		

#### 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.*

<b>Subrecipient Name</b>	Brevard County Health Department			<b>Parent Company Name, if applicable</b>	
				Florida Department of Health	
<b>Name and Title of Contact at Subrecipient</b>	Deborah Guerra, Sr. Human Services Counselor Supervisor				
<b>Email Address</b>	<a href="mailto:Deborah.Guerra@flhealth.gov">Deborah.Guerra@flhealth.gov</a>				
<b>Business Address</b>	255 Judge Fran Jamieson Way				
<b>City, State, Zip, County</b>	Viera	Brevard	FL	32940	
<b>Phone Number (with area code)</b>	321 690-6495			<b>Fax Number (include area code)</b>	
				321 690-3286	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-3502843				
<b>DUN &amp; Bradstreet Number (DUNs):</b>	364-215061				
<b>North American Industry Classification System (NAICS) Code</b>	N/A				
<b>Congressional District of Location</b>	15th				
<b>Congressional District of Primary Service Area</b>	15 <sup>th</sup> and 24th				
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Melbourne,, Cocoa, Rockledge, Palm Bay, Merritt Island, Mims, Cocoa Beach			Brevard	
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$108,107.53				

<b>Subrecipient Name</b>	Project Response, Inc.			<b>Parent Company Name, if applicable</b>	
				N/A	
<b>Name and Title of Contact at Subrecipient</b>	Christine Hackford, Director of Operations				
<b>Email Address</b>	<a href="mailto:chackford@projectresponse.org">chackford@projectresponse.org</a>				
<b>Business Address</b>	745 S. Apollo Boulevard				
<b>City, State, Zip, County</b>	Melbourne	Brevard	FL	32901	
<b>Phone Number (with area code)</b>	321 724-1177			<b>Fax Number (include area code)</b>	
				321 724-2255	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-3036563				
<b>DUN &amp; Bradstreet Number (DUNs):</b>	N/A				
<b>North American Industry Classification System (NAICS) Code</b>	N/A				
<b>Congressional District of Location</b>	15th				
<b>Congressional District of Primary Service Area</b>	15 <sup>th</sup> and 24th				
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Melbourne,, Cocoa, Palm Bay, Merritt Island, Titusville, Cape Canaveral			Brevard	
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$134,808.47				

<b>Subrecipient Name</b>	Comprehensive Health Care		<b>Parent Company Name, if applicable</b> N/A	
<b>Name and Title of Contact at Subrecipient</b>	John Kim, Housing Specialist			
<b>Email Address</b>	<a href="mailto:Jkim@chcfl.net">Jkim@chcfl.net</a>			
<b>Business Address</b>	1495 N. Harbor City Blvd.			
<b>City, State, Zip, County</b>	Melbourne	Brevard	FL	32935
<b>Phone Number (with area code)</b>	321 259-8928		<b>Fax Number (include area code)</b> 321 259-6060	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-3062093			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	N/A			
<b>North American Industry Classification System (NAICS) Code</b>	N/A			
<b>Congressional District of Location</b>	15th			
<b>Congressional District of Primary Service Area</b>	15 <sup>th</sup> and 24th			
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Melbourne, Cocoa, Palm Bay		Brevard	
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$197,062.00			

## 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.*

<b>Project Sponsor Agency Name</b> The Health Planning Council of Southwest Florida, Inc.		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Peggy Brown, Director		
<b>Email Address</b>		<a href="mailto:peggybrown@hpcswf.com">peggybrown@hpcswf.com</a>		
<b>Business Address</b>		8961 Daniels Center Drive, Suite 401		
<b>City, County, State, Zip,</b>		Fort Myers	Lee	FL 33912
<b>Phone Number (with area code)</b>		239 433-6700, ext. 223		<b>Fax Number (with area code)</b> 239 433-6705
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		59-2269305		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		931898514		
<b>Congressional District of Business Location of Sponsor</b>		14		
<b>Congressional District(s) of Primary Service Area(s)</b>		13,14,16, Parts of 23, & 25		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Fort Myers, Cape Coral, Naples, Immokalee, Everglades City, Charlotte, Punta Gorda, Arcadia, Labelle, Clewiston, Moore Haven, Sarasota	Lee, Charlotte, Collier, Desoto, Hendry, Glades, Sarasota	
<b>Total HOPWA contract amount for this Organization</b>		\$1,041,604.00		
<b>Organization's Website Address</b> <a href="http://www.hpcswf.com">www.hpcswf.com</a>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> NA <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> NA		<b>If yes, explain in the narrative section how this list is administered.</b>		

#### 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.*

<b>Subrecipient Name</b>	Lee County Human Services, Inc.			<b>Parent Company Name, if applicable</b>	
				N/A	
<b>Name and Title of Contact at Subrecipient</b>	Kim Hustad, Program Manager				
<b>Email Address</b>	<a href="mailto:khusdad@leegov.com">khusdad@leegov.com</a>				
<b>Business Address</b>	2440 Thompson Street				
<b>City, State, Zip, County</b>	Fort Myers	Lee	FL	33901	
<b>Phone Number (with area code)</b>	239 533-7916			<b>Fax Number (include area code)</b>	
				239 533-7976	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-6000702				
<b>DUN &amp; Bradstreet Number (DUNs):</b>	013461611				
<b>North American Industry Classification System (NAICS) Code</b>	N/A				
<b>Congressional District of Location</b>	14th				
<b>Congressional District of Primary Service Area</b>	14th				
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Fort Myers, Cape Coral , Lehigh Acres			Lee	
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$103,000.00				

<b>Subrecipient Name</b>	Collier County Health Department			<b>Parent Company Name, if applicable</b>	
				Florida Department of Health	
<b>Name and Title of Contact at Subrecipient</b>	Susan Craig, Program Manager				
<b>Email Address</b>	<a href="mailto:Susan_Craig@doh.state.fl.us">Susan_Craig@doh.state.fl.us</a>				
<b>Business Address</b>	3301 Tamiami Trail East, Building H				
<b>City, State, Zip, County</b>	Naples	Collier	FL	34112	
<b>Phone Number (with area code)</b>	239 252-2683			<b>Fax Number (include area code)</b>	
				239 252-6016	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-3502843				
<b>DUN &amp; Bradstreet Number (DUNs):</b>	364-215061				
<b>North American Industry Classification System (NAICS) Code</b>	228992312				
<b>Congressional District of Location</b>	25th				
<b>Congressional District of Primary Service Area</b>	25th				
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Naples, Immokalee			Collier	
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$37,000.00				

<b>Subrecipient Name</b>	Desoto County Health Department			<b>Parent Company Name, if applicable</b>
				Florida Department of Health
<b>Name and Title of Contact at Subrecipient</b>	Mary Kay Burns, Administrator			
<b>Email Address</b>	<a href="mailto:Marykay_burns@doh.state.fl.us">Marykay_burns@doh.state.fl.us</a>			
<b>Business Address</b>	34 S. Baldwin Avenue			
<b>City, State, Zip, County</b>	Arcadia	Desoto	FL	34266
<b>Phone Number (with area code)</b>	863 993-4601		<b>Fax Number (include area code)</b>	
			863 993-4601	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-3502843			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	364-215061			
<b>North American Industry Classification System (NAICS) Code</b>	228992312			
<b>Congressional District of Location</b>	13th			
<b>Congressional District of Primary Service Area</b>	13th			
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Arcadia		Desoto	
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$38,000.00			

<b>Subrecipient Name</b>	Hendry Glades County Health Department			<b>Parent Company Name, if applicable</b>
				Florida Department of Health
<b>Name and Title of Contact at Subrecipient</b>	Robert Bobo, Program Manager			
<b>Email Address</b>	<a href="mailto:robert_bobo@doh.state.fl.us">robert_bobo@doh.state.fl.us</a>			
<b>Business Address</b>	1140 Pratt Boulevard			
<b>City, State, Zip, County</b>	Labelle	Hendry	FL	33935
<b>Phone Number (with area code)</b>	863 674-4041		<b>Fax Number (include area code)</b>	
			863 674-4076	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-3502843			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	364-215061			
<b>North American Industry Classification System (NAICS) Code</b>	228992312			
<b>Congressional District of Location</b>	16			
<b>Congressional District of Primary Service Area</b>	16			
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Labelle, Clewiston, Moore Haven, Buckhead Ridge, Muse, Lakeport		Hendry, Glades	
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$42,000.00			

<b>Subrecipient Name</b>	Charlotte County Health Department			<b>Parent Company Name, if applicable</b>
	Florida Department of Health			
<b>Name and Title of Contact at Subrecipient</b>	Mary Kay Burns, Acting Administrator			
<b>Email Address</b>	<a href="mailto:MaryKay_Burns@doh.state.fl.us">MaryKay_Burns@doh.state.fl.us</a>			
<b>Business Address</b>	514 E. Grace Street			
<b>City, State, Zip, County</b>	Punta Gorda	Charlotte	FL	33950
<b>Phone Number (with area code)</b>	941 639-1181		<b>Fax Number (include area code)</b>	
			941 639-4632	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-3502843			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	364-215061			
<b>North American Industry Classification System (NAICS) Code</b>	228992312			
<b>Congressional District of Location</b>	16th			
<b>Congressional District of Primary Service Area</b>	16th			
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Punta Gorda, Port Charlotte, Englewood, North Port			Charlotte
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$39,125			

<b>Subrecipient Name</b>	Sarasota County Health Department			<b>Parent Company Name, if applicable</b>
	Florida Department of Health			
<b>Name and Title of Contact at Subrecipient</b>	Lynthia T. Oratokhai			
<b>Email Address</b>	<a href="mailto:Lynthia_Oratokhai@doh.state.fl.us">Lynthia_Oratokhai@doh.state.fl.us</a>			
<b>Business Address</b>	2200 Ringling Blvd.			
<b>City, State, Zip, County</b>	Sarasota	Sarasota	FL	34237
<b>Phone Number (with area code)</b>	941 861-2970		<b>Fax Number (include area code)</b>	
			941 861-2869	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-3502843			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	364-215061			
<b>North American Industry Classification System (NAICS) Code</b>	228992312			
<b>Congressional District of Location</b>	13th			
<b>Congressional District of Primary Service Area</b>	13th			
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Sarasota, Venice, North Port, Englewood			Sarasota, Charlotte, Manatee
<b>Total HOPWA Contract Amount of this Organization for the operating year</b>	\$21,000.00			

<b>Subrecipient Name</b>	Community AIDS Network			<b>Parent Company Name, if applicable</b>
				N/A
<b>Name and Title of Contact at Subrecipient</b>	Michael Cuffage, President & CEO			
<b>Email Address</b>	<a href="mailto:mike@cccsrq.org">mike@cccsrq.org</a>			
<b>Business Address</b>	1231 N. Tuttle Avenue			
<b>City, State, Zip, County</b>	Sarasota	Sarasota	FL	34327
<b>Phone Number (with area code)</b>	941 366-0461		<b>Fax Number (include area code)</b>	
			941 951-1795	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	65-0278528			
<b>DUN &amp; Bradstreet Number (DUNs):</b>	966571366			
<b>North American Industry Classification System (NAICS) Code</b>	624190			
<b>Congressional District of Location</b>	13th			
<b>Congressional District of Primary Service Area</b>	13th			
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Sarasota		Sarasota	
<b>Total HOPWA Contract Amount</b>	\$43,000.00			

## 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.*

<b>Project Sponsor Agency Name</b> Monroe County Health Department		<b>Parent Company Name, if applicable</b> Florida Department of Health		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Esneider Gomez		
<b>Email Address</b>		<a href="mailto:esneider.gomez@flhealth.gov">esneider.gomez@flhealth.gov</a>		
<b>Business Address</b>		1100 Simonton Street – Office 29		
<b>City, County, State, Zip,</b>		Key West	Monroe	FL 33040
<b>Phone Number (with area code)</b>		305 809-5616		<b>Fax Number (with area code)</b> 305 809-5629
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>				
<b>DUN &amp; Bradstreet Number (DUNs):</b>				
<b>Congressional District of Business Location of Sponsor</b>		18th		
<b>Congressional District(s) of Primary Service Area(s)</b>		18 <sup>th</sup> District of Florida Monroe County		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Key West, Marathon, Key Largo		Monroe
<b>Total HOPWA contract amount for this Organization</b>		\$520,788.00		
<b>Organization's Website Address</b>  http://www.doh.state.fl.us/chdMonroe/index.html		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>If yes, explain in the narrative section how this list is administered.</b>		

#### 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.*

<b>Subrecipient Name</b> AIDS Help, Inc.		<b>Parent Company Name, if applicable</b>		
<b>Name and Title of Contact at contractor/Sub-contractor Agency</b>	Scott Pridgen, Executive Director			
<b>Email Address</b>	scott.p@aidshelp.cc			
<b>Business Address</b>	1434 Kennedy Drive			
<b>City, County, State, Zip,</b>	Key West	Monroe	Florida	33040
<b>Phone Number (with area code)</b>	(305) 293-4800		<b>Fax Number (with area code)</b> (305) 296-6337	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-2678740			
<b>DUN &amp; Bradstreet Number (DUNs)</b>	60-234-8690			
<b>Congressional District of Sponsor's Business Address</b>	18th District			
<b>Congressional District(s) of Primary Service Area</b>	18th District of Florida Monroe County			
<b>City(ies) and County(ies) of Primary Service Area</b>	Cities: Key West, Florida Keys		Counties: Monroe	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$363,249.00			
<b>Organization's Website Address</b> www.aidshelp.cc	<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	A.H. of Monroe County, Inc. maintains a waitlist for Housing Assistance. There is no wait/waitlist for Supportive Services provided by A.H. of Monroe County, Inc.			
<b>Please check if yes and a faith-based organization</b> <input type="checkbox"/>				
<b>Please check if yes and a grassroots organization</b> <input type="checkbox"/>				

## 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.*

<b>Project Sponsor Agency Name</b> Health Planning Council of Northeast Florida, Inc.		<b>Parent Company Name, if applicable</b> N/A		
<b>Name and Title of Contact at Project Sponsor Agency</b>		Dr. Dawn Emerick, Executive Director		
<b>Email Address</b>		<a href="mailto:Dawn_Emerick@hpcnef.org">Dawn_Emerick@hpcnef.org</a>		
<b>Business Address</b>		644 Cesery Boulevard, suite 210		
<b>City, County, State, Zip,</b>		Jacksonville	Duval	FL 32211
<b>Phone Number (with area code)</b>		904 723-2162, ext. 110		<b>Fax Number (with area code)</b> 904 723-2170
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		59-2274759		
<b>DUN &amp; Bradstreet Number (DUNs):</b>		78-702-8745		
<b>Congressional District of Business Location of Sponsor</b>		7, 24		
<b>Congressional District(s) of Primary Service Area(s)</b>		24		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Daytona Beach, Port Orange, DeLeon Springs, Edgewater, New Smyrna Beach, Ormand Beach, Pierson, DeBary, Seville, Deltona, DeLand, Lake Helen, Oak Hill, Orange City, Bunnell, Flagler Beach, Palm Coast and Osteen		Volusia and Flagler
<b>Total HOPWA contract amount for this Organization</b>		\$311,584.00		
<b>Organization's Website Address</b> <a href="http://www.hpcnef.org">www.hpcnef.org</a>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>If yes, explain in the narrative section how this list is administered.</b>		

## 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.*

<b>Project Sponsor Agency Name</b> St. Lucie County Health Department		<b>Parent Company Name, if applicable</b> Florida Department of Health			
<b>Name and Title of Contact at Project Sponsor Agency</b>		Robert Jewett, Contract Manager			
<b>Email Address</b>		Robert.Jewett@flhealth.gov			
<b>Business Address</b>		5150 NW Milner Drive			
<b>City, County, State, Zip,</b>		Port St. Lucie, FL	St. Lucie	FL	34983
<b>Phone Number (with area code)</b>		772 462-5657		<b>Fax Number (with area code)</b> 772 873-4941	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>					
<b>DUN &amp; Bradstreet Number (DUNs):</b>					
<b>Congressional District of Business Location of Sponsor</b>		16th			
<b>Congressional District(s) of Primary Service Area(s)</b>		16th			
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		Stuart, Indiantown, Port St. Lucie, Ft. Pierce, Vero Beach, Sebastian, Roseland, Gifford		St. Lucie, Indian River, Martin, Okeechobee	
<b>Total HOPWA contract amount for this Organization</b>		\$682,296			
<b>Organization's Website Address</b>  http://doh.state.fl.us/chdStLucie/index.htm		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		<b>If yes, explain in the narrative section how this list is administered.</b>			

#### 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.*

<b>Subrecipient Name</b>	Project Response			<b>Parent Company Name, if applicable</b>	
				N/A	
<b>Name and Title of Contact at Subrecipient</b>	Roberto Ortiz, Executive Director				
<b>Email Address</b>	<a href="mailto:robertoortiz@projectresponse.org">robertoortiz@projectresponse.org</a>				
<b>Business Address</b>	745 S. Apollo				
<b>City, State, Zip, County</b>	Melbourne	Brevard	FL	32906	
<b>Phone Number (with area code)</b>	321 724-1177			<b>Fax Number (include area code)</b>	
				321 724-2255	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	59-3036563				
<b>DUN &amp; Bradstreet Number (DUNs):</b>	N/A				
<b>North American Industry Classification System (NAICS) Code</b>	N/A				
<b>Congressional District of Location</b>	15th				
<b>Congressional District of Primary Service Area</b>	15 <sup>th</sup> , 16 <sup>th</sup>				
<b>City (ies) and County (ies) of Primary Service Area(s)</b>	Stuart, Indiantown, Port St. Lucie, Ft. Pierce, Vero Beach, Sebastian, Roseland, Gifford			St. Lucie, Indian River, Martin, Okeechobee	
<b>Total HOPWA Contract Amount</b>	\$403,880.00				

## 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.*

The Florida Department of Health (DOH) administers the state Housing Opportunities for Persons With AIDS (HOPWA) program. The Bureau of HIV/AIDS, Patient Care Resources Section is the designated office within the department, which has the lead responsibility for management of the program. The department contracts with local community organizations as project sponsors to provide HOPWA services in 10 Ryan White Part B consortium geographical areas throughout the state. These areas receive state HOPWA funds at the local level for services in 51 of Florida's 67 counties. There are over 19,930 persons living with HIV/AIDS in the state program's jurisdiction. The areas are mainly rural with a high concentration of low-income individuals (minimum wage or Social Security Disability Income), the majority of which rent housing and are at risk of becoming homeless. The remaining 16 counties not included in the state program service area qualify as eligible metropolitan statistical areas (EMSAs) and receive funding directly from HUD. There are currently 11 federally established EMSA jurisdictions in Florida.

The goals of Florida's housing program are to prevent the condition of homelessness from occurring to individuals or families with HIV disease; or if already homeless, to transition the individuals or families back into stable housing as soon as possible; and to create a strategy for long-term housing stability for persons living with HIV/AIDS. The program places emphasis on the connection between housing assistance and appropriate supportive services that are available through the HOPWA program and other funding sources, such as Ryan White and state general revenue. Therefore, supportive services that contribute to stable housing are readily available to HOPWA clients.

Florida's Ryan White Part B HIV/AIDS state and local planning bodies are responsible for providing recommendations to the department relating to HOPWA eligibility requirements, as well as other requirements, which may be more restrictive than those outlined in the federal regulations and state guidelines. Since the Department of Health, as the state HOPWA grantee, is ultimately responsible and accountable to HUD for the state program activities, the department reviews the recommendations within the parameters of the state and federal requirements before implementation.

The state program's annual area funding allocation is based on the cumulative number of reported living HIV/AIDS cases in the 10 geographical areas through December 31 of the calendar year, each area's proportionate share of the cumulative number of living HIV/AIDS cases, utilization rates, and available funds. A minimum of 97 % of the total state HOPWA grant award was allocated statewide to 12 project sponsors to carry out eligible program services and activities. These project sponsors are local community organizations as well as county health departments. In order to ensure that the state pays a fair and reasonable price for the services to be provided, and to enhance quality, availability, and collaboration within the state housing program, the Department drafted a Request for Proposal consisting of a four-year contract cycle. For the first HOPWA fiscal year (2012-2013), contracts were only for a 9-month period starting on October 1, 2012; for the remaining three years, contracts will be for the full 12 months. State certified contract managers manage these contracts at the local level. Program funds were distributed geographically according to the state action plan to provide for short-term emergency housing including rent, mortgage and utility assistance and other select short-term housing services allowed by federal regulations for eligible individuals and families living with HIV/AIDS. In addition, the state program offered assistance with security deposits, utility hookup and processing costs, supportive services such as case management, counseling to help develop a housing service plan, support to enable access to care and treatment, as well as assistance in completing public housing applications and referrals to other needed services. Resource identification activities allowed providers to establish, coordinate and develop housing assistance resources for eligible persons.

Actions taken during the year to address the special needs of persons, who are not homeless, but require supportive services were done in conjunction with the Florida Supportive Housing Coalition (FSHC). The department continues a shared commitment with FSHC, focusing on the strategic plan, which is periodically updated to address the special needs of persons who require supportive housing services for stability. In addition to eligibility and case management staff assessing supportive services needs and ensuring that these services are provided through Ryan White and state general revenue programs, the state continued to collaborate with the coalition to expand supportive housing for persons with special needs. Major federal and state funding streams were identified by the coalition to be used to provide community, tenancy, and employment supports for clients. This information is provided to local staff and partners to address the needs of persons who are not homeless, but require supportive housing, as well as assisting persons who are homeless.

Other accomplishments during the reporting period are:

The Florida Department of Health Pre-Release Planning Program funds Department of Corrections (DOC) planners to link men and women to initial medical appointments in their home communities as they are released from prison. The funding level for this program is \$450,000 per year to maintain staff and program services. In calendar year 2014, 32,754 inmates were released from Florida's prisons. During that period, 899 HIV positive persons were seen by the Pre-Release Planning Program and 69% of those who participated in the program were successfully linked to initial medical care. There are five DOC Pre-Release Planners across the state who provide one-on-one planning with inmates who have an imminent release date. One of the planners is also a Community Linkage Coordinator (CLC) in the Miami-Dade and Broward county area. Another CLC in Orlando is a county health department staff. The CLCs link clients in Broward, Miami-Dade and Orange counties to medical care as well as to housing, transportation and other services that support continuity of care. For up to one year, the CLCs provide case management for these former inmates, with a 93% linkage success rate to initial medical care in 2014. Housing for this population continues to be a challenge for local providers. And, of Florida's 67 counties, Broward, Duval, Hillsborough, Miami-Dade, Orange and Pinellas Counties received about one-half of the former inmates released by the Department of Corrections during this period.

The Corrections Infections Workgroup continues to focus on program development, education and advocacy on issues related to HIV/AIDS, Hepatitis, Sexually Transmitted Diseases (STD), and Tuberculosis (TB) in correctional settings. This workgroup provides an opportunity for the Department of Juvenile Justice, the Department of Children and Families' Substance Abuse and Mental Health Program Office, the Department of Health (DOH) HIV/AIDS and Hepatitis Sections, the Correctional Medical Authority, the Department of Corrections and other partners to discuss changes in their programs and how to collaborate on behalf of their common clients who are incarcerated and soon to be released.

The Florida Supportive Housing Coalition (FLSHC) continues its commitment to create long-term housing solutions in Florida for people with special needs. The annual strategic planning meeting was held and priorities for the upcoming year were established. The coalition will continue to focus on fund raising, advocacy for the homeless, supportive housing for persons with special needs and relevant legislation. The department sponsored the *2014 Southeast Institute on Homelessness and Supportive Housing* conference presented by the Florida Coalition for the Homeless and the Florida Supportive Housing Coalition held October 1-3, 2014. The conference theme was *Home Matters*. The institute was very successful with over 450 attendees including consumers, advocates, and government officials. The numerous sessions and workshops allowed national and state speakers the opportunity to share their knowledge and experience addressing housing issues, community resources and services, best practices, advocacy, awareness and programs for special needs populations. The sessions and workshops were well attended; allowing for the expansion of knowledge and capacity of stakeholders to improve the quality of life of homeless, at risk individuals and, vulnerable populations, including those living with HIV/AIDS and their families throughout the Southeastern United States.

Florida Housing Search.org is used as a statewide resource to find available and affordable rental housing.

Direct any comments or questions regarding the program to Mr. Craig Reynolds, State HOPWA Program Coordinator, Ms. Cheryl Urbas, State Housing Coordinator, and Mrs. Sharon Linzy, Reporting Program Analyst.

#### **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.

Accomplishments and distribution of funds during the program year are as follows: The State HOPWA program provided services to 1,555 households during the program year and spent \$3,164,985 (includes leveraged funds); 532 of the households were served in the prior year, and 466 of those were served in the prior two years. Of the 1,949 individuals assisted, 1,555 received assistance with TBRA, STRMU, Transitional Housing and, Permanent Housing Placement services. In addition to these 1,555, another 1,240 individuals resided in the household. The 1422 households in private housing received \$1,865,506 in TBRA and STRMU assistance. The state plan is to continue the increase in the percentage of individuals in stable housing by identifying resources to supplement HOPWA client incomes and provide non-HOPWA supportive services.

During the reporting period, approximately 50% of funds expended were used for short-term housing activities, consistent with the state Action Plan. The Plan estimated that 2,737 households would be served through the HOPWA program with priority given to persons with low-family incomes. The actual number of households totaled 1,949 or 72% of the Plan. This represents a significant decrease from last year's 2,313 households that received HOPWA housing assistance. This decrease is due to technical assistance provided to project sponsors on adhering to federal HOPWA program requirements as well as allowing more clients to be served through more fiscal accountability.

**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

Data collected during the program year reflects that of the 1,949 clients served, 553 are in permanent, stable housing and 817 are temporarily stable with a reduced risk of homelessness because of HOPWA housing assistance. Note that of the total clients assisted, 15 chronically homeless are currently in a more stable housing arrangement. This number is down from the 23 identified in the previous program year. The state's assessment of client stability outcomes resulting from short-term emergency housing assistance is that over 88% of households served are in a stable or temporarily stable housing arrangement. About 6% of clients are in unstable housing arrangements. The overall outcomes for this program year reflect that over half of eligible clients/households are able to establish and better maintain suitable stable housing; improved accessibility to health care and other support services; and reduced risk of homelessness among individuals and families living with HIV/AIDS.

**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.

Coordination with other housing and supportive services agencies was vital in achieving the state program goal to prevent homelessness and provide clients with a stable living situation. Project sponsors remain committed to the goal of fostering housing stability for members of the affected community by maintaining a relationship with the local Housing Care Continuum and the Homeless Coalition. Project sponsors also attend and contribute to Homeless and Hunger Networking meetings as well as participate in the development of the Comprehensive Homeless Assistance Plan for the state of Florida and the Tallahassee area Consolidated Plan.

Leveraged funds were primarily used for additional housing activities, including permanent housing placement, case management, and other supportive services to address the emergency and long-term housing needs of persons living with HIV/AIDS in the service area. In addition to funds leveraged from Ryan White and state general revenue, Part 2 of this report reflects other specific resources used during the program year.

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

The state will continue to take advantage of training opportunities and technical assistance available through HUD Webinars, live meetings and calls. The state program would benefit from the direct delivery of in-house IDIS training for key staff involved in IDIS activities. The state will maintain open communication with our Jacksonville HUD office community planning and development representative who provide on-going program support and technical assistance. The state would benefit from the completion of technical assistance that began during the last program year and was abruptly halted due to a contractual issue.

### **c. Barriers and Trends Overview**

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

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

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

Barriers:

- Housing affordability and availability remain major obstacles in many areas of the state. There is a continuous immigration of students, faculty and professionals, from throughout the state, the nation and the world, which impacts housing demand, keeps property values high, and often unaffordable for HOPWA eligible households. Citing the 2014 report from the Florida Housing Coalition, *Home Matters* Florida is one of several states with the greatest decrease in affordable housing. Further, the share of working households with a severe housing cost burden is 40% in Florida. The median gross rent in Florida is \$972, while the US median is \$905, thus affecting a household's ability to find affordable housing.
- Property owners typically perform credit and background checks, thus preventing some clients from obtaining permanent affordable housing, especially when the client has a lack of and/or poor credit history. The cost of living in some areas of the state affects clients' housing stability. Many clients' primary source of income is Social Security or Social Security Disability that does not cover the average costs of maintaining stable housing. The number of housing emergencies that ultimately put clients at risk of homelessness is related to income and service needs.
- A lack of available, affordable housing and low-income housing providers are barriers to housing stability for persons with low income in the state. Safe, affordable housing is inadequate while the number of households needing housing support continues to increase. Statewide, Public Housing Authorities are experiencing a 5+ year waitlist, which affects the movement of people to long-term, stable housing. While the state's foreclosure rate has decreased slightly, investment properties that were previously low rental properties have created a substantial decrease in available rental property in some areas.
- Many clients have had eviction filings or no rental history, living with relatives, verbal lease agreement or other arrangements and public housing authorities require rental history to obtain housing in most areas.
- Fair market rents in some areas are not consistent with the actual amount charged for rent. Property taxes in the state have increased over the last few years and the increase has contributed to high rents.
- Support for re-entry of formerly incarcerated persons into the community is improving, but remains inadequate. Formerly incarcerated persons with HIV/AIDS often encounter the twin-barriers of employment and access to rental housing due to limitations imposed by having a criminal background. Section 8 and public housing eligibility requirements are restrictive and unavailable to those with a criminal history. Additionally, the State of Florida has specific regulations related to registered sexual offenders therefore, the state program has incorporated language in our contracts with providers prohibiting the use of funds to house registered sex offenders.
- Many non-profit and faith-based organizations such as United Way, Salvation Army, etc., that previously addressed housing emergencies experienced a decrease of funding which had an impact on housing support services. These agencies have revised their focus to rebuild communities and assist persons impacted by natural disasters.

The state's response: In addition to collaborating with other specialty programs to increase resources, the state continued cooperative efforts in working with agencies providing community, tenancy, and employment supports. The state provided training specific to STRMU activities which resulted in an enhanced understanding of the intent of short-term housing activities. The state continued to provide resources through available federal and state funding to address housing needs of people with HIV/AIDS who are leaving jails and prisons. Through focused efforts provided by HOPWA housing coordinators, 91 individuals obtained an income-producing job during this reporting period. State partners continue to approach land/property owners and developers to consider building affordable rental housing units to increase the low-income housing inventory in Florida. A new statewide resource to find and qualify clients for affordable available rental housing, previously mentioned, is being used. The area providing tenant-based rental assistance continues to be a successful addition to the housing continuum. The state is collaborating with Collaborative Solutions in the development of State HOPWA Policies and Procedures to allow for the potential expansion of TBRA statewide.

The state's recommendations: All case management providers will continue to increase their knowledge of the resources that are available for housing and support services through federal, state, and local programs. Therefore, staff competence regarding community, housing, and employment, as well as other social, health and economic services, are enhanced by training, technical assistance and monitoring. The state will work toward improving staff knowledge and competence in housing-related issues such as housing affordability strategies, resources, fair housing practices, and tenant-landlord issues. The state continues its efforts to enhance and expand capacity of housing resources; ensure community-wide strategies and partnerships to include closer collaboration with Continuums of Care and Public Housing Authorities to provide affordable housing that is accessible to persons living with HIV/AIDS, and to promote client independence. The state continues to seek leveraged resources that will significantly expand programs that work. The state will continue to encourage housing providers to pursue all housing grant funding opportunities, encourage appropriate modifications of housing programs to address housing instability, as it remains a significant barrier to employment and health care. The state will develop a comprehensive statewide needs assessment to include consumers, advocates, providers, and DOH/HOPWA staff, once the technical assistance through Collaborative Solutions is reinstated.

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.

Trends facing communities that may affect the way in which the needs of persons living with HIV/AIDS are being address include:

- A serious decrease in safe and affordable housing due in part to the slow recovery of the economy has created the new face of homeless households. The average cost of safe and decent rental property in some areas far exceed fair market rents.
- All though the housing market has experienced a slight improvement, Florida's housing programs continue to be impacted by a reduction in building new structures and the resale and renting of current structures.
- Households considered stable a few years ago continue to experience instability as a result of changes in cost of living and unemployment.

In addition to housing costs, unemployment rates and significant housing cost burdens, other trends facing communities in the state include:

- Awareness of HIV+ status and resulting need for housing services
- Mortgage foreclosure due to unemployment or the exhaustion of unemployment benefits
- Population increasing statewide with a significant increase noted in central and south Florida
- Maintenance of property insurance is difficult in some parts of the state
- Rental housing is out of reach for low-income, minimum wage earners

The state will continue to focus on key areas of inter-agency coordination and improving access to needed services through available resources and the strengthening of state and local partnerships.

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

The State HOPWA program performs an annual monitoring of each contracted project sponsor. The results are available to the public through a public records request.

**End of Narrative**

**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.*

**NOTE: We are a formula grantee.**

**1. Planning Estimate of Area’s Unmet Needs for HOPWA-Eligible Households**

1. Total number of households that have unmet housing subsidy assistance need.	0
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)	0
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	0
• Assistance with rental costs	0
• Assistance with mortgage payments	0
• Assistance with utility costs.	0
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	0

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

= Data as reported in the area Consolidated Plan, e.g. Table 1B, CPMP charts, and related narratives
= Data 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)
= Data 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 A.*

**A. Source of Leveraging Chart**

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
<b>Public Funding</b>			
Ryan White-Housing – Other	\$70,985	Emergency Financial Assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program	\$12,655	Reduced Rent	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
OP ~Public	\$92,347	Reduced Rent	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
OP ~ Monroe County Health Svcs	\$1,692	Life skills	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Low Income Housing Tax Credit	\$65,274	Reduced Rent	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
OP ~ FEMA	\$4,548	Utilities & Food	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
OP ~ Making Home Affordable	\$5,000	Housing Assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Area Churches	\$5,553	Utility Assistance	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
OP ~ Section 8	\$28,488	Housing Assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
OP ~Social Service Agencies	\$8,607	Rent & Utility	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
<b>Private Funding</b>			
In-kind Resources	\$12,500	Transportation	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Grants/Foundations ~ Broadway Cares	\$8,050	Housing Assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private ~ Donations	\$61,203	Housing Assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
<b>Other Funding</b>			
Project Sponsor/Project Sponsor/Subrecipient (Agency) Cash	\$350	Utility Pmts.	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	\$663,153		
<b>TOTAL (Sum of all Rows)</b>	<b>\$1,040,405</b>		

## 2. Program Income and Resident Rent Payments

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

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

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

<b>Program Income and Resident Rent Payments Collected</b>		<b>Total Amount of Program Income (for this operating year)</b>
1.	Program income (e.g. repayments)	\$1,794
2.	Resident Rent Payments made directly to HOPWA Program	\$0.00
3.	<b>Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)</b>	<b>\$1,794</b>

### 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.

<b>Program Income and Resident Rent Payment Expended on HOPWA programs</b>		<b>Total Amount of Program Income Expended (for this operating year)</b>
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	\$1,794
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	\$0.00
3.	<b>Total Program Income Expended (Sum of Rows 1 and 2)</b>	<b>\$1,794</b>

**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**

<b>HOPWA Performance Planned Goal and Actual</b>		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
<b>HOPWA Housing Subsidy Assistance</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
1.	Tenant-Based Rental Assistance	45	44	98	80	\$283,980	\$280,734
2a.	<b>Permanent Housing Facilities: NA</b> Received Operating Subsidies/Leased units (Households Served)	0	0	0	0	0	0
2b.	<b>Transitional/Short-term Facilities:</b> Received Operating Subsidies/Leased units (Households Served) (Households Served)	62	47	5	15	\$153,469	\$64,527
3a.	<b>Permanent Housing Facilities: NA</b> Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	0	0
3b.	<b>Transitional/Short-term Facilities: NA</b> Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	0	0
4.	Short-Term Rent, Mortgage and Utility Assistance	1756	1378	68	61	\$2,563,475	\$1,584,772
5.	Permanent Housing Placement Services	192	286	42	9	\$289,358	\$194,547
6.	Adjustments for duplication (subtract)	0	-200	0	0		
7.	<b>Total HOPWA Housing Subsidy Assistance</b> (Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)	2055	1555	213	165	\$3,290,282	\$2,124,580
<b>Housing Development (Construction and Stewardship of facility based housing)</b>		<b>[1] Output: Housing Units</b>				<b>[2] Output: Funding</b>	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units) NA	0	0	0	0	0	0
9.	Stewardship Units subject to 3 or 10 year use agreements NA	0	0				
10.	<b>Total Housing Developed</b> (Sum of Rows 8 & 9)	0	0	0	0	0	0
<b>Supportive Services</b>		<b>[1] Output Households</b>				<b>[2] Output: Funding</b>	
11a.	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance	2237	1949			\$1,172,041	\$971,931
11b.	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.	0	0			0	0
12.	Adjustment for duplication (subtract)	0	0			0	0
13.	<b>Total Supportive Services</b> (Columns a. – d. equal the sum of Rows 11 a. & b. minus Row 12; Columns e. and f. equal the sum of Rows 11a. & 11b.)	2237	1949			\$1,172,041	\$971,931
<b>Housing Information Services</b>		<b>[1] Output Households</b>				<b>[2] Output: Funding</b>	
14.	Housing Information Services	0	0			0	0
15.	<b>Total Housing Information Services</b>	0	0			0	0

Grant Administration and Other Activities		[1] Output Households				[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources					\$116,074	\$90,438
17.	Technical Assistance (if approved in grant agreement)					\$0	\$0
18.	Grantee Administration (maximum 3% of total HOPWA grant)					\$147,000	\$130,256
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$330,299	\$318,727
20.	<b>Total Grant Administration and Other Activities (Sum of Rows 17 – 20)</b>					<b>\$587,110</b>	<b>\$539,421</b>
<b>Total Expended</b>							
						[2] Outputs: HOPWA Funds Expended	
						Budget	Actual
21.	<b>Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)</b>					<b>\$5,055,696</b>	<b>\$3,635,932</b>

## 2. Listing of Supportive Services

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

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

Supportive Services		[1] Output: Number of <u>Households</u>	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance		
2.	Alcohol and drug abuse services		
3.	Case management	1949	\$971,931
4.	Child care and other child services		
5.	Education		
6.	Employment assistance and training		
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
8.	Legal services		
9.	Life skills management (outside of case management)		
10.	Meals/nutritional services		
11.	Mental health services		
12.	Outreach		
13.	Transportation		
14.	Other Activity (if approved in grant agreement). <b>Specify:</b>	0	0
15.	<b>Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)</b>	1949	
16.	<b>Adjustment for Duplication (subtract)</b>	0	
17.	<b>TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)</b>	<b>1949</b>	<b>\$971,931</b>

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

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

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

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

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of <u>Households</u> Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	1378	\$1,584,772
b.	Of the total STRMU reported on Row a, total who received assistance with <u>mortgage costs ONLY</u> .	57	\$65,949
c.	Of the total STRMU reported on Row a, total who received assistance with <u>mortgage and utility</u> costs.	56	\$143,578
d.	Of the total STRMU reported on Row a, total who received assistance with <u>rental costs ONLY</u> .	492	\$564,708
e.	Of the total STRMU reported on Row a, total who received assistance with <u>rental and utility</u> costs.	410	\$646,991
f.	Of the total STRMU reported on Row a, total who received assistance with <u>utility costs ONLY</u> .	363	\$163,546
g.	Direct program delivery costs (e.g., program operations staff time)		NA

End of PART 3

**Part 4: Summary of Performance Outcomes**

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

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

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

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

**A. Permanent Housing Subsidy Assistance**

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
<b>Tenant-Based Rental Assistance</b>	44	31	1 Emergency Shelter/Streets	2	<i>Unstable Arrangements</i>
			2 Temporary Housing	0	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	2	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	6	
			5 Other Subsidy	2	
			6 Institution	0	
			7 Jail/Prison	1	<i>Unstable Arrangements</i>
			8 Disconnected/Unknown	0	
			9 Death	0	<i>Life Event</i>
<b>Permanent Supportive Housing Facilities/ Units</b>	NA	NA	1 Emergency Shelter/Streets	0	<i>Unstable Arrangements</i>
			2 Temporary Housing	0	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	0	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	0	
			5 Other Subsidy	0	
			6 Institution	0	
			7 Jail/Prison	0	<i>Unstable Arrangements</i>
			8 Disconnected/Unknown	0	
			9 Death	0	<i>Life Event</i>

**B. Transitional Housing Assistance**

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
<b>Transitional/ Short-Term Housing Facilities/ Units</b>	47	7	1 Emergency Shelter/Streets	2	<i>Unstable Arrangements</i>
			2 Temporary Housing	16	<i>Temporarily Stable with Reduced Risk of Homelessness</i>
			3 Private Housing	13	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	0	
			5 Other Subsidy	1	
			6 Institution	0	
			7 Jail/Prison	1	<i>Unstable Arrangements</i>
			8 Disconnected/unknown	7	
			9 Death	0	<i>Life Event</i>
B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months			0		

**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].

**Assessment of Households that Received STRMU Assistance**

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
1378	<b>Maintain Private Housing <u>without</u> subsidy</b> <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	438	<i>Stable/Permanent Housing (PH)</i>
	<b>Other Private Housing without subsidy</b> <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>	26	
	Other HOPWA Housing Subsidy Assistance	6	
	Other Housing Subsidy (PH)	19	
	<b>Institution</b> <i>(e.g. residential and long-term care)</i>	2	
	Likely that additional STRMU is needed to maintain current housing arrangements	770	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	<b>Transitional Facilities/Short-term</b> <i>(e.g. temporary or transitional arrangement)</i>	2	
	<b>Temporary/Non-Permanent Housing arrangement</b> <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>	29	
	Emergency Shelter/street	12	<i>Unstable Arrangements</i>
	Jail/Prison	4	
	Disconnected	57	
	Death	13	<i>Life Event</i>
1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).			532
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).			466

### 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, Permanent Housing Placement Services, 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 NOT provide HOPWA housing subsidy assistance identify in the appropriate row the number of households that received HOPWA funded case management services.

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

<b>Total Number of Households</b>	
<b>1. For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following <u>HOPWA-funded</u> services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	1755
b. Case Management	1949
c. Adjustment for duplication (subtraction)	1755
<b>d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)</b>	<b>1949</b>
<b>2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following <u>HOPWA-funded</u> service:	
a. HOPWA Case Management	0
<b>b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance</b>	<b>0</b>

#### 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 and sources of income and medical insurance/assistance, refer to Charts below.

<b>Categories of Services Accessed</b>	<b>[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b>	<b>[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b>	<b>Outcome Indicator</b>
1. Has a housing plan for maintaining or establishing stable on-going housing	1949	0	<i>Support for Stable Housing</i>
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	1949	0	<i>Access to Support</i>
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	1949	0	<i>Access to Health Care</i>
4. Accessed and maintained medical insurance/assistance	1949	0	<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income	1949	0	<i>Sources of Income</i>

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

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

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

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

**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 provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	91	0

**End of PART 4**

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

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.

<b>Permanent Housing Subsidy Assistance</b>	<b>Stable Housing</b> (# of households remaining in program plus 3+4+5+6)	<b>Temporary Housing</b> (2)	<b>Unstable Arrangements</b> (1+7+8)	<b>Life Event</b> (9)
Tenant-Based Rental Assistance (TBRA)	41	0	3	0
Permanent Facility-based Housing Assistance/Units	0	0	0	0
Transitional/Short-Term Facility-based Housing Assistance/Units	21	16	10	0
<b>Total Permanent HOPWA Housing Subsidy Assistance</b>	<b>62</b>	<b>16</b>	<b>13</b>	<b>0</b>
<b>Reduced Risk of Homelessness: Short-Term Assistance</b>	<b>Stable/Permanent Housing</b>	<b>Temporarily Stable, with Reduced Risk of Homelessness</b>	<b>Unstable Arrangements</b>	<b>Life Events</b>
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)	491	801	73	13
<b>Total HOPWA Housing Subsidy Assistance</b>	<b>553</b>	<b>817</b>	<b>86</b>	<b>13</b>

**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:** Stable Housing 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. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item: 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

**Permanent Facility-Based Housing Assistance:** Stable Housing 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 Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

**Transitional/Short-Term Facility-Based Housing Assistance:** Stable Housing 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 Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations 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:** Stable Housing 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. Temporarily Stable, 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, with additional STRMU assistance; Transitional Facilities/Short-term; and Temporary/Non-Permanent Housing arrangements. Unstable Situation is the sum of number of households reported under housing status: Emergency Shelter; Jail/Prison; and Disconnected.

**End of PART 5**

Not Applicable

**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 From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr  <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6;  <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name	Date Facility Began Operations (mm/dd/yy)

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

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

**3. Details of Project Site**

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

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

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility:	Signature & Date (mm/dd/yy)
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program)	Contact Phone (with area code)

**End of PART 6**

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

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

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

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

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

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

<b>Individuals Served with Housing Subsidy Assistance</b>	<b>Total</b>
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	1555

**Chart b. Prior Living Situation**

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

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

<b>Category</b>		<b>Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance</b>
1.	<u>Continuing</u> to receive HOPWA support from the prior operating year	784
<b>New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year</b>		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	25
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	15
4.	Transitional housing for homeless persons	10
5.	<b>Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)</b>	<b>50</b>
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	1
7.	Psychiatric hospital or other psychiatric facility	0
8.	Substance abuse treatment facility or detox center	1
9.	Hospital (non-psychiatric facility)	4
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	8
12.	Rented room, apartment, or house	565
13.	House you own	57
14.	Staying or living in someone else’s (family and friends) room, apartment, or house	72
15.	Hotel or motel paid for without emergency shelter voucher	12
16.	Other	1
17.	Don’t Know or Refused	0
18.	<b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)</b>	<b>1555</b>

**c. Homeless Individual Summary**

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

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	15	27

**Section 2. Beneficiaries**

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

*Note: See definition of HOPWA Eligible Individual*

*Note: See definition of Transgender.*

*Note: See definition of Beneficiaries.*

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

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

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a.)	1555
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	54
3. Number of ALL other persons <b>NOT diagnosed</b> as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy	1186
<b>4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, &amp; 3)</b>	2795

**b. Age and Gender**

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

<b>HOPWA Eligible Individuals (Chart a, Row 1)</b>						
		<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>
		<b>Male</b>	<b>Female</b>	<b>Transgender M to F</b>	<b>Transgender F to M</b>	<b>TOTAL (Sum of Columns A-D)</b>
1.	Under 18	0	0	0	0	0
2.	18 to 30 years	84	50	1	0	135
3.	31 to 50 years	363	396	2	0	761
4.	51 years and Older	393	263	3	0	659
5.	<b>Subtotal (Sum of Rows 1-4)</b>	<b>840</b>	<b>709</b>	<b>6</b>	<b>0</b>	<b>1555</b>
<b>All Other Beneficiaries (Chart a, Rows 2 and 3)</b>						
		<b>A.</b>	<b>B.</b>	<b>C.</b>	<b>D.</b>	<b>E.</b>
		<b>Male</b>	<b>Female</b>	<b>Transgender M to F</b>	<b>Transgender F to M</b>	<b>TOTAL (Sum of Columns A-D)</b>
6.	Under 18	331	309	0	0	640
7.	18 to 30 years	102	103	1	0	206
8.	31 to 50 years	104	95	0	0	199
9.	51 years and Older	88	107	0	0	195
10.	<b>Subtotal (Sum of Rows 6-9)</b>	<b>625</b>	<b>614</b>	<b>1</b>	<b>0</b>	<b>1240</b>
11.	<b>TOTAL (Sum of Rows 5 &amp; 10)</b>	<b>1465</b>	<b>1323</b>	<b>7</b>	<b>0</b>	<b>2795</b>

**c. Race and Ethnicity\***

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

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a., Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a., Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native	4	0	5	0
2.	Asian	1	0	98	0
3.	Black/African American	863	4	661	7
4.	Native Hawaiian/Other Pacific Islander	8	6	26	3
5.	White	647	115	396	83
6.	American Indian/Alaskan Native & White	1	0	1	0
7.	Asian & White	0	0	0	0
8.	Black/African American & White	23	1	15	4
9.	American Indian/Alaskan Native & Black/African American	0	0	0	3
10.	Other Multi-Racial	8	1	38	2
11.	Column Totals (Sum of Rows 1-10)	<b>1555</b>	<b>127</b>	<b>1240</b>	<b>102</b>
<i>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.</i>					

\*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 [http://www.huduser.org/portal/datasets/il/il2010/select\\_Geography\\_mfi.odn](http://www.huduser.org/portal/datasets/il/il2010/select_Geography_mfi.odn) for information on area median income in your community.

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	851
2.	31-50% of area median income (very low)	462
3.	51-80% of area median income (low)	242
4.	<b>Total (Sum of Rows 1-3)</b>	<b>1555</b>

**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)**

--

**2. Capital Development**

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

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

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

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

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

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

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

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

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

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

**3a. Check one only**

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

**3b. Type of Facility**

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

**Name of Project Sponsor/Agency Operating the Facility/Leased Units:** **BASIC NWFL, INC.**

Type of housing facility operated by the project sponsor/subrecipient		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <u>Specify:</u> Relax Inn, 980 Harrison Ave., Panama City, FL	7				

**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.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u> Transitional Housing	7	\$5,219
e.	<b>Adjustment to eliminate duplication (subtract)</b>		
f.	<b>TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)</b>	7	\$5,219

Name of Project Sponsor/Agency Operating the Facility/Leased Units: **United Way of Brevard, Inc.**

Type of housing facility operated by the project sponsor/subrecipient		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <b>Specify:</b> Various: Courtyard by Marriot, Sea Dell Motel, Rodeway Inn, LaQuinta Inn, Springhills Suite, Continental Hotel	15				

**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.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <b>Specify:</b> Transitional Housing	15	\$15,699
e.	<b>Adjustment to eliminate duplication (subtract)</b>		
f.	<b>TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)</b>	15	\$15,699

Name of Project Sponsor/Agency Operating the Facility/Leased Units: **HPC of Southwest FL, Inc.**

Type of housing facility operated by the project sponsor/subrecipient		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <b>Specify:</b> Various Providers: Econo Lodge, Value Place, Candlwood Suites, Days Inn, Hi-way Motel, Economy Inn	20				

**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.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <b>Specify:</b> Transitional Housing	20	\$33,209

e.	Adjustment to eliminate duplication (subtract)		
f.	<b>TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)</b>	20	\$33,209

Name of Project Sponsor/Agency Operating the Facility/Leased Units: **St. Lucie County Health Dept.**

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

**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.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u> Transitional Housing	5	\$10,400
e.	Adjustment to eliminate duplication (subtract)		
f.	<b>TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)</b>	5	\$10,400

THIS SPACE INTENTIONALLY LEFT BLANK