



Housing Opportunities for Persons with AIDS (HOPWA) Program

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

State of California
Program Year July 1, 2014 – June 30, 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.

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

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

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,

Previous editions are obsolete

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

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

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

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

HUD Grant Number CA-H14-F999		Operating Year for this report From (mm/dd/yy) 7/1/2014 To (mm/dd/yy) 6/30/2015		
Grantee Name State of California				
Business Address		1616 Capitol Avenue		
City, County, State, Zip		Sacramento	Sacramento	CA 95814
Employer Identification Number (EIN) or Tax Identification Number (TIN)		74-320-4993		
DUN & Bradstreet Number (DUNs):		799150615	Central Contractor Registration (CCR): Is the grantee's CCR status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide CCR Number:	
*Congressional District of Grantee's Business Address		5 th		
*Congressional District of Primary Service Area(s)		NA		
*City(ies) and County(ies) of Primary Service Area(s)		Cities: NA		Counties: NA
Organization's Website Address www.cdph.ca.gov/programs/AIDS		Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.		

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

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 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.

1.

Project Sponsor Agency Name AIDS Housing Santa Barbara		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency		Debbie McQuade, Executive Director	
Email Address		office@sarahhousesb.org	
Business Address		P. O. Box 20031	
City, County, State, Zip		Santa Barbara, Santa Barbara, CA 93120	
Phone Number (with area code)		805-882-1192	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		77-0224415	Fax Number (with area code) 805-965-2252
DUN & Bradstreet Number (DUNs):		059519855	
Congressional District of Project Sponsor's Business Address		23 rd	
Congressional District(s) of Primary Service Area(s)		22, 23, 24	
City(ies) and County(ies) of Primary Service Area(s)		Cities: All Cities within Santa Barbara County	
Total HOPWA contract amount for this Organization for the operating year		\$67,896	Counties: Santa Barbara
Organization's Website Address www.sarahhousesb.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	
Is the sponsor a nonprofit organization? <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"/>			

2

Project Sponsor Agency Name Caring Choices		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency		Debra Suderman, RN, Project Director	
Email Address		dsuderman@caring-choices.org	
Business Address		1398 Ridgewood Drive	
City, County, State, Zip,		Chico, Butte, CA 95973	
Phone Number (with area code)		530-899-3873	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		68-0337307	Fax Number (with area code) 530-899-3749
DUN & Bradstreet Number (DUNs):		140536462	
Congressional District of Project Sponsor's Business Address		2	
Congressional District(s) of Primary Service Area(s)		2	
City(ies) and County(ies) of Primary Service Area(s)		Cities: All Cities within the counties of Butte, Colusa, Glenn, Shasta, Trinity, Tehama, Yuba and Sutter	
Total HOPWA contract amount for this Organization for the operating year		\$147,217	Counties: Butte, Colusa, Glenn, Shasta, Trinity, Tehama, Yuba, Sutter
Organization's Website Address http://www.caring-choices.org/		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	
Is the sponsor a nonprofit organization? <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"/>			

Project Sponsor Agency Name Central Coast HIV/AIDS Services		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency		Kim Keefer, Executive Director	
Email Address		kim@CCHAS.org	
Business Address		P. O. Box 1931	
City, County, State, Zip		Monterey, Monterey, CA 93942	
Phone Number (with area code)		831-442-3959	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		77-0192226	Fax Number (with area code) 831-442-3985
DUN & Bradstreet Number (DUNs):		962479239	
Congressional District of Project Sponsor's Business Address		17	
Congressional District(s) of Primary Service Area(s)		17	
City(ies) and County(ies) of Primary Service Area(s)		Cities: All cities in County of Monterey	Counties: Monterey
Total HOPWA contract amount for this Organization for the operating year		\$183,723	
Organization's Website Address		www.cchas.org	
Is the sponsor a nonprofit organization? <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"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Community Care Management Corporation		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency		Amy Diffley, Program Manager	
Email Address		adiffley@ccmc1.org	
Business Address		8050 A Lake Street	
City, County, State, Zip,		Lower Lake, CA 95457	
Phone Number (with area code)		707-995-1606	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		68-0046074	Fax Number (with area code) 707-995-0309
DUN & Bradstreet Number (DUNs):		18-764-5668	
Congressional District of Project Sponsor's Business Address		1	
Congressional District(s) of Primary Service Area(s)		1	
City(ies) and County(ies) of Primary Service Area(s)		Cities: All Cities in Lake County	
Total HOPWA contract amount for this Organization for the operating year		\$28,291	Counties: Lake
Organization's Website Address communitycare707.com		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	
Is the sponsor a nonprofit organization? <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"/>			

5

Project Sponsor Agency Name Community Impact Central Valley (previously Stanislaus Community Assistance Project)		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Kathy Lee, Finance Director		
Email Address	kathycicv@gmail.com		
Business Address	900 H Street		
City, County, State, Zip	Modesto, Stanislaus, CA 95354		
Phone Number (with area code)	(209)572-2437		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	77-0178507	Fax Number (with area code) (209)572-1641	
DUN & Bradstreet Number (DUNs):	37876401		
Congressional District of Project Sponsor's Business Address	18		
Congressional District(s) of Primary Service Area(s)	18, 19		
City(ies) and County(ies) of Primary Service Area(s)	Cities: all cities in the county	Counties: Stanislaus	
Total HOPWA contract amount for this Organization for the operating year	\$165,923		
Organization's Website Address	Not available		
Is the sponsor a nonprofit organization? <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"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

6

Project Sponsor Agency Name Del Norte County		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Melody Canon, Public Health Branch Program Manager		
Email Address	mcannon@co.del-norte.ca.us		
Business Address	880 Northcrest Drive		
City, County, State, Zip,	Crescent City, Del Norte, CA 95531		
Phone Number (with area code)	707-464-3191		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-2254126	Fax Number (with area code) 707-465-0855	
DUN & Bradstreet Number (DUNs):	858937188		
Congressional District of Project Sponsor's Business Address	1		
Congressional District(s) of Primary Service Area(s)	1		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All Cities within Del Norte County		
Total HOPWA contract amount for this Organization for the operating year	\$9,595	Counties: Del Norte	
Organization's Website Address	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>			

7

Project Sponsor Agency Name Face to Face/Sonoma AIDS Support Network		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency	Rick Dean, Executive Director		
Email Address	rdean@f2f.org		
Business Address	873 Second Street		
City, County, State, Zip,	Santa Rosa, Sonoma, CA 95404		
Phone Number (with area code)	(707) 544-1581		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	68-005-2664	Fax Number (with area code) (707)544-1586	
DUN & Bradstreet Number (DUNs):	792876229		
Congressional District of Project Sponsor's Business Address	6		
Congressional District(s) of Primary Service Area(s)	1, 6		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities within the county of Sonoma		
Total HOPWA contract amount for this Organization for the operating year	\$385,350	Counties: Sonoma	
Organization's Website Address www.f2f.org	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <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"/>			

8

Project Sponsor Agency Name Family Services of Tulare County		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency	Caity S. Meader, Executive Director		
Email Address	caity.meader@fstc.net		
Business Address	815 W. Oak, Visalia, CA 93291		
City, County, State, Zip	Visalia, Tulare, CA 93291		
Phone Number (with area code)	(559) 741-7310 x 13		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-2897970	Fax Number (with area code) (559) 732-6404	
DUN & Bradstreet Number (DUNs):	167638667		
Congressional District of Project Sponsor's Business Address	21		
Congressional District(s) of Primary Service Area(s)	21		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All Cities within the County of Tulare	Counties: Tulare	
Total HOPWA contract amount for this Organization for the operating year	\$82,360		
Organization's Website Address	www.fstc.net		
Is the sponsor a nonprofit organization? <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"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Fresno County – Public Health, Community Health Division		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency	Stephanie Garcia, Supervising Communicable Disease Specialist		
Email Address	Stephanie.garcia@co.fresno.ca.us		
Business Address	1221 Fulton Mall		
City, County, State, Zip,	Fresno, Fresno, CA 93721		
Phone Number (with area code)	559-445-3434		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-6000512	Fax Number (with area code) 559-445-3459	
DUN & Bradstreet Number (DUNs):	55-619-7655		
Congressional District of Project Sponsor's Business Address	19		
Congressional District(s) of Primary Service Area(s)	18, 19, 20, 21		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities in County of Fresno	Counties: Fresno	
Total HOPWA contract amount for this Organization for the operating year	\$135,000		
Organization's Website Address	www.fedph.org		
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

Project Sponsor Agency Name Humboldt County Public Health/North Coast AIDS Project		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency	Mike Goldsby, Senior Program Manager		
Email Address	mgoldsby@co.humboldt.ca.us		
Business Address	529 I Street		
City, County, State, Zip,	Eureka, Humboldt, CA 95501		
Phone Number (with area code)	(707) 268-2167		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-6000514	Fax Number (with area code) (707) 268-0415	
DUN & Bradstreet Number (DUNs):	08-156-2514		
Congressional District of Project Sponsor's Business Address	1		
Congressional District(s) of Primary Service Area(s)	1		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All Cities in Humboldt County	Counties: Humboldt	
Total HOPWA contract amount for this Organization for the operating year	\$46,866		
Organization's Website Address	www.co.humboldt.ca.us/health		

Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.
--	--

11

Project Sponsor Agency Name Imperial County (Public Health)		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Denise Andrade, Program Supervisor		
Email Address	deniseandrade@co.imperial.ca.us		
Business Address	935 Broadway		
City, County, State, Zip,	El Centro, Imperial, CA 92243		
Phone Number (with area code)	760.482.4906		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	95-6000924	Fax Number (with area code)	760.482.4757
DUN & Bradstreet Number (DUNs):	7-335-4573		
Congressional District of Project Sponsor's Business Address	51		
Congressional District(s) of Primary Service Area(s)	51		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities within the county	Counties: Imperial	
Total HOPWA contract amount for this Organization for the operating year	\$65,528		
Organization's Website Address			
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

12

Project Sponsor Agency Name Kern County		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Denise Smith, Director of Disease Control		
Email Address	smithde@co.kern.ca.us		
Business Address	1800 Mt. Vernon Ave.		
City, County, State, Zip,	Bakersfield, Kern, CA 93306		
Phone Number (with area code)	661-868-0402		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	95-6000925	Fax Number (with area code)	
DUN & Bradstreet Number (DUNs):	63811350		
Congressional District of Project Sponsor's Business Address	22		
Congressional District(s) of Primary Service Area(s)	20, 22		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All Cities in Kern County	Counties: Kern	
Total HOPWA contract amount for this Organization for the operating year	\$448,993		
Organization's Website Address	www.co.kern.ca.us/health		

Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.
--	--

13

Project Sponsor Agency Name Kings County Public Health		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Lucy Thompson – Supervising Nurse Practitioner		
Email Address	Lucy.thompson@co.kings.ca.us		
Business Address	330 Campus Drive		
City, County, State, Zip	Hanford, Kings, CA 93230		
Phone Number (with area code)	559-852-2619		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-600814	Fax Number (with area code) 559-589-0652	
DUN & Bradstreet Number (DUNs):	74675075		
Congressional District of Project Sponsor's Business Address	20		
Congressional District(s) of Primary Service Area(s)	20		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities in Kings County	Counties: Kings	
Total HOPWA contract amount for this Organization for the operating year	\$56,216		
Organization's Website Address	www.countyofkings.com		
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

14

Project Sponsor Agency Name Madera County		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Diane Kanzaki-Reeves, Program Manager		
Email Address	Diane.reeves@co.madera.gov		
Business Address	14215 Road 28		
City, County, State, Zip	Madera, Madera, CA 93638		
Phone Number (with area code)	559-675-7893		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-6000518	Fax Number (with area code) 559-674-7262	
DUN & Bradstreet Number (DUNs):	004939377		
Congressional District of Project Sponsor's Business Address	4, 19		
Congressional District(s) of Primary Service Area(s)	4, 19		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities in Madera and Mariposa Counties	Counties: Madera and Mariposa	
Total HOPWA contract amount for this Organization for the operating year	\$56,810		
Organization's Website Address	Not available		

Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.
--	--

15

Project Sponsor Agency Name Mendocino County AIDS/Viral Hepatitis Network		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Libby Guthrie, Executive Director		
Email Address	libbyguthrie@yahoo.com		
Business Address	147 Clara Avenue, P.O. Box 1350,		
City, County, State, Zip	Ukiah, Mendocino, CA 95482		
Phone Number (with area code)	707-462-1932		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	68-0159027	Fax Number (with area code) 707-462-2070	
DUN & Bradstreet Number (DUNs):	827661083		
Congressional District of Project Sponsor's Business Address	1		
Congressional District(s) of Primary Service Area(s)	1		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Ukiah, Ft. Bragg, Mendocino	Counties: Mendocino	
Total HOPWA contract amount for this Organization for the operating year	\$34,220		
Organization's Website Address	www.mcavn.org		
Is the sponsor a nonprofit organization? <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"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

16

Project Sponsor Agency Name Merced County Community Action Agency		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Renee Mounce		
Email Address			
Business Address	P.O. Box 2085		
City, County, State, Zip	Merced, Merced, CA 95344		
Phone Number (with area code)	209-723-4565		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-2183288	Fax Number (with area code) 209-723-9525	
DUN & Bradstreet Number (DUNs):	132793340		
Congressional District of Project Sponsor's Business Address	18		
Congressional District(s) of Primary Service Area(s)	18		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Merced	Counties: Merced	
Total HOPWA contract amount for this Organization for the operating year	\$43,643		
Organization's Website Address	www.mercedcaa.org		

Is the sponsor a nonprofit organization? <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"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.
--	--

17

Project Sponsor Agency Name Nevada County		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Kim Honeywell, AIDS Coordinator		
Email Address	Kim.honeywell@co.nevada.ca.us		
Business Address	500 Crown Point Circle, Ste. 110		
City, County, State, Zip	Grass Valley, Nevada, CA 95945		
Phone Number (with area code)	530-265-1731		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-6000526	Fax Number (with area code) 530-271-0876	
DUN & Bradstreet Number (DUNs):	010979029		
Congressional District of Project Sponsor's Business Address	4		
Congressional District(s) of Primary Service Area(s)	4		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities in Nevada County	Counties: Nevada	
Total HOPWA contract amount for this Organization for the operating year	\$25,978		
Organization's Website Address	Mynevadacounty.com		
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

18

Project Sponsor Agency Name Pacific Pride Foundation		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency	David Selberg, Executive Director		
Email Address	david@pacificpridefoundation.org		
Business Address	126 E. Haley St. A11		
City, County, State, Zip,	Santa Barbara, Santa Barbara, CA 93101		
Phone Number (with area code)	805-963-3636		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	95-3133613	Fax Number (with area code) 805-963-9086	
DUN & Bradstreet Number (DUNs):	18-923-9940		
Congressional District of Project Sponsor's Business Address	23		
Congressional District(s) of Primary Service Area(s)	22, 23, 24		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities in Santa Barbara County		
Total HOPWA contract amount for this Organization for the operating year	\$90,122	Counties: Santa Barbara	
Organization's Website Address	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

<p>Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please check if yes and a faith-based organization. <input type="checkbox"/></p> <p>Please check if yes and a grassroots organization. <input type="checkbox"/></p>	
--	--

19

Project Sponsor Agency Name		Parent Company Name, if applicable	
Planned Parenthood Shasta-Diablo			
Name and Title of Contact at Project Sponsor Agency	Jewel Fink, Regional Manager		
Email Address	jfink@pp-sp.org		
Business Address	990 Broadway		
City, County, State, Zip	Vallejo, Solano, CA 94590		
Phone Number (with area code)	707-561-7792		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-1575233	Fax Number (with area code) 707-647-1727	
DUN & Bradstreet Number (DUNs):	051779304		
Congressional District of Project Sponsor's Business Address	7		
Congressional District(s) of Primary Service Area(s)	1,3,6,7		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities in Solano County	Counties: Solano County	
Total HOPWA contract amount for this Organization for the operating year	\$351,557		
Organization's Website Address	www.ppsastadiablo.org		
<p>Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please check if yes and a faith-based organization. <input type="checkbox"/></p> <p>Please check if yes and a grassroots organization. <input type="checkbox"/></p>	<p>Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain in the narrative section how this list is administered.</p>		

20

Project Sponsor Agency Name		Parent Company Name, if applicable	
Plumas County			
Name and Title of Contact at Project Sponsor Agency	Karla Burnworth, Project Director		
Email Address	karlaburnworth@countyofplumas.com		
Business Address	270 County Hospital Rd., Suite 206		
City, County, State, Zip	Quincy, Plumas, CA 95971		
Phone Number (with area code)	530-283-6357		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-6000528	Fax Number (with area code) 530-283-6425	
DUN & Bradstreet Number (DUNs):	119530710		
Congressional District of Project Sponsor's Business Address	4		
Congressional District(s) of Primary Service Area(s)	2 & 4		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities in Plumas, Lassen, Modoc, Sierra, and Siskiyou Counties	Counties: Plumas, Lassen, Modoc, Sierra and Siskiyou	
Total HOPWA contract amount for this Organization for the operating year	\$27,758		
Organization's Website Address	www.countyofplumas.com/publichealth		
<p>Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Please check if yes and a faith-based organization. <input type="checkbox"/></p> <p>Please check if yes and a grassroots organization. <input type="checkbox"/></p>	<p>Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, explain in the narrative section how this list is administered.</p>		

Project Sponsor Agency Name Queen of the Valley Medical Center –Care Network		Parent Company Name, if applicable NA	
Name and Title of Contact at Project Sponsor Agency	Dan Codron, Executive Director		
Email Address	Dana.Codron@stjoe.org		
Business Address	3448 Villa Lane, Suite 102		
City, County, State, Zip,	Napa, Napa, CA 94558		
Phone Number (with area code)	707-251-2000		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-1243669	Fax Number (with area code) 707-257-7898	
DUN & Bradstreet Number (DUNs):	71-696-868		
Congressional District of Project Sponsor's Business Address	1		
Congressional District(s) of Primary Service Area(s)	1		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities in Napa County	Counties: Napa	
Total HOPWA contract amount for this Organization for the operating year	\$60,418		
Organization's Website Address	www.thequeen.org/view/communityoutreach/care_network		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name San Joaquin County		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Hemal Parikh, AIDS Program Coordinator		
Email Address	hparikh@sjcphs.org		
Business Address	1601 Hazelton Avenue		
City, County, State, Zip	Stockton, San Joaquin, CA 95201		
Phone Number (with area code)	209-468-3861		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	94-6000531	Fax Number (with area code) 209-468-3485	
DUN & Bradstreet Number (DUNs):	087-226-056		
Congressional District of Project Sponsor's Business Address	11		
Congressional District(s) of Primary Service Area(s)	11		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities in San Joaquin County	Counties: San Joaquin	
Total HOPWA contract amount for this Organization for the operating year	\$302,952		
Organization's Website Address	www.sjcphs.org		
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name San Luis Obispo County AIDS Support Network		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency		David Kilburn, Executive Director	
Email Address		dkilburn@asn.org	
Business Address		P.O. Box 12158	
City, County, State, Zip		San Luis Obispo, San Luis Obispo, CA 93406	
Phone Number (with area code)		805-781-3660	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		77-0205717	Fax Number (with area code) 805-781-3664
DUN & Bradstreet Number (DUNs):		828-159-475	
Congressional District of Project Sponsor's Business Address		23	
Congressional District(s) of Primary Service Area(s)		22, 23	
City(ies) and County(ies) of Primary Service Area(s)		Cities: All cities in San Luis Obispo County	Counties: San Luis Obispo
Total HOPWA contract amount for this Organization for the operating year		\$131,987	
Organization's Website Address		www.asn.org	
Is the sponsor a nonprofit organization? <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"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

24

Project Sponsor Agency Name Encompass Community Services		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency		Monica Martinez, Chief Executive Officer	
Email Address		Monica.martinez@encompasscs.org	
Business Address		195 Harvey West Blvd	
City, County, State, Zip		Santa Cruz, Santa Cruz, CA 95060	
Phone Number (with area code)		831-469-1700	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		23-7275290	Fax Number (with area code) 831-425-1905
DUN & Bradstreet Number (DUNs):		77179554	
Congressional District of Project Sponsor's Business Address		20	
Congressional District(s) of Primary Service Area(s)		20	
City(ies) and County(ies) of Primary Service Area(s)		Cities: All cities within Santa Cruz County	Counties: Santa Cruz
Total HOPWA contract amount for this Organization for the operating year		\$132,257	
Organization's Website Address		www.scccc.org	
Is the sponsor a nonprofit organization? <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"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

25

Project Sponsor Agency Name Sierra HOPE		Parent Company Name, if applicable	
---	--	---	--

Name and Title of Contact at Project Sponsor Agency	Jerry Cadotte, Executive Director		
Email Address	jerry@sierrahope.org		
Business Address	P. O. Box 159		
City, County, State, Zip,	Angels Camp, Calaveras, CA 95222		
Phone Number (with area code)	209-736-6792		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	77-0258235	Fax Number (with area code) 209-736-6836	
DUN & Bradstreet Number (DUNs):	36093248		
Congressional District of Project Sponsor's Business Address	3		
Congressional District(s) of Primary Service Area(s)	3,19,25		
City(ies) and County(ies) of Primary Service Area(s)	Cities:	Counties: Alpine, Amador, Calaveras, Inyo, Mono, Tuolumne	
Total HOPWA contract amount for this Organization for the operating year	\$35,810		
Organization's Website Address	www.sierrahope.org		
Is the sponsor a nonprofit organization? <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 checked="" type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

26

Project Sponsor Agency Name Ventura County	Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Craig Webb, Program Administrator		
Email Address	Craig.webb@ventura.org		
Business Address	3147 Loma Vista Road		
City, County, State, Zip	Ventura, Ventura, CA 93003		
Phone Number (with area code)	805-652-3310		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	95-6000944	Fax Number (with area code) 805-652-6298	
DUN & Bradstreet Number (DUNs):	066691122		
Congressional District of Project Sponsor's Business Address	23		
Congressional District(s) of Primary Service Area(s)	22, 23		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities in Ventura County	Counties: Ventura County	
Total HOPWA contract amount for this Organization for the operating year	\$259,706		
Organization's Website Address	www.vhca.org/ph/diseasecontrol/aids		
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

27

Project Sponsor Agency Name Fresno Housing Authority		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency		Preston Prince, Executive Director	
Email Address		pprince@fresnohousing.org	
Business Address		1331 Fulton Mall	
City, County, State, Zip		Fresno, Fresno, CA 93721	
Phone Number (with area code)		559-443-8400	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		77-0301242	
DUN & Bradstreet Number (DUNs):			
Congressional District of Project Sponsor's Business Address		19	
Congressional District(s) of Primary Service Area(s)		18, 19, 20, 21	
City(ies) and County(ies) of Primary Service Area(s)		Cities: All cities in County of Fresno	Counties: Fresno County
Total HOPWA contract amount for this Organization for the operating year		\$487,612	
Organization's Website Address			
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

28.

Project Sponsor Agency Name Housing Authority of the County of Marin		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency		Kimberly Carroll, Executive Director	
Email Address		kcarroll@marinhousing.org	
Business Address		4020 Civic Center Drive	
City, County, State, Zip		San Rafael, Marin, CA 94903	
Phone Number (with area code)		415-491-2348	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		94-6002988	
DUN & Bradstreet Number (DUNs):		037871852-0000	
Congressional District of Project Sponsor's Business Address		6	
Congressional District(s) of Primary Service Area(s)		6	
City(ies) and County(ies) of Primary Service Area(s)		Cities: All cities in County of Marin	Counties: Marin County
Total HOPWA contract amount for this Organization for the operating year		\$294,000	
Organization's Website Address			
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

3. Administrative Subrecipient Information

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

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

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

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

4. Program Subrecipient Information

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

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

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

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

1.

Sub-recipient Name	Clinica Sierra Vista – Kern Lifeline		Parent Company Name, if applicable	
Name and Title of Contact at Contractor/ Sub-contractor Agency	Juan Garcia, Program Director			
Email Address	juan.garcia@clinicasierravista.org			
Business Address	2000 Physicians Plaza Blvd.			
City, County, State, Zip	Bakersfield	Kern	CA	93301
Phone Number (included area code)	661-324-3262		Fax Number (include area code) 661-637-2137	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	95-2702101			
DUN & Bradstreet Number (DUNs)	075286914			
North American Industry Classification System (NAICS) Code				
Congressional District of the Sub-recipient's Business Address	20			
Congressional District(s) of Primary Service Area	20, 22			
City(ies) and County(ies) of Primary Service Area	Cities: all cities in Kern County		Counties: Kern	
Total HOPWA Subcontract Amount of this Organization for the operating year	\$165,977			

2.

Sub-recipient Name	Housing Authority of County of Kern		Parent Company Name, if applicable	
Name and Title of Contact at Contractor/ Sub-contractor Agency	Patricia Norris, Deputy Director Housing Management			
Email Address	pnorris@kernha.org			
Business Address	601 24 th Street			
City, County, State, Zip	Bakersfield	Kern	CA	93301
Phone Number (included area code)	661-931-8500 ext 1305		Fax Number (include area code) 661-631-9500	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	95-6001629			
DUN & Bradstreet Number (DUNs)	077979128			
North American Industry Classification System (NAICS) Code				
Congressional District of the Sub-recipient's Business Address	20			
Congressional District(s) of Primary Service Area	20,22			

City(ies) <u>and</u> County(ies) of Primary Service Area	Cities: all cities in Kern county	Counties: Kern
Total HOPWA Subcontract Amount of this Organization for the operating year	\$190,000	

3.

Sub-recipient Name	Stockton Shelter for the Homeless	Parent Company Name, <i>if applicable</i>		
Name <u>and</u> Title of Contact at Contractor/ Sub-contractor Agency	Adam Cheshire, Chief Executive Officer			
Email Address	ceo@stocktonshelter.org			
Business Address	411 S. Harrison Street			
City, County, State, Zip	Stockton	San Joaquin	CA	95203
Phone Number (included area code)	209-465-3612	Fax Number (include area code) 209-939-9733		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	68-0095693			
DUN & Bradstreet Number (DUNs)	188171904			
North American Industry Classification System (NAICS) Code				
Congressional District of the Sub-recipient's Business Address	9			
Congressional District(s) of Primary Service Area	9			
City(ies) <u>and</u> County(ies) of Primary Service Area	Cities: all cities in San Joaquin	Counties: San Joaquin County		
Total HOPWA Subcontract Amount of this Organization for the operating year	\$164,477			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>				

4.

Sub-recipient Name	West Care Inc.	Parent Company Name, <i>if applicable</i>		
Name <u>and</u> Title of Contact at Contractor/ Sub-contractor Agency	Shawn Jenkins, Regional Vice President			
Email Address	Shawn.jenkins@westcare.com			
Business Address	P.O Box 12107			
City, County, State, Zip	Fresno	Fresno	CA	93766
Phone Number (included area code)	559-251-4800 X20902	Fax Number (include area code) 559-455-5983		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	<u>23-7368450</u>			
DUN & Bradstreet Number (DUNs)	054-612-767			
North American Industry Classification System (NAICS) Code				
Congressional District of the Sub-recipient's Business Address	16			
Congressional District(s) of Primary Service Area	16			
City(ies) <u>and</u> County(ies) of Primary Service Area	Cities: all Cities in Fresno County	Counties: Fresno		

Total HOPWA Subcontract Amount of this Organization for the operating year	\$48,619
Is the sponsor a nonprofit organization? <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"/>	

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 State of California has received federal funds for Housing Opportunities for Persons With AIDS (HOPWA) since inception of the program in 1992. The Governor designated the California Department of Public Health, Office of AIDS (DPH/OA) to be the grantee for the State.

DPH/OA distributes funds annually on a non-competitive formula basis to 41 counties outside HUD-designated HOPWA Eligible Metropolitan Statistical Areas (EMSAs). As defined by HUD, EMSA is a metropolitan statistical area with a population of more than 500,000 and more than 1,500 cumulative AIDS cases.

In addition to serving non-EMSAs, DPH/OA assumed grantee responsibilities of the EMSAs of Kern and Fresno counties. Funds for these counties were allocated based on annual HUD allocations for those EMSA's. These counties are not included in the HOPWA formula allocation.

During FY 2014-15, short term rent, mortgage, and/or utility assistance payments (STRMU) was made available to persons living with HIV/AIDS (PLWHAs) residing within the 43-county area. In addition, seven project sponsors provided tenant-based rental assistance (TBRA). Three agencies provided transitional housing to help clients maintain stable housing, and ten agencies provided emergency housing through hotel/motel voucher assistance. In some jurisdictions, sponsors assisted clients in locating and securing housing through housing information services and/or security deposit assistance. All sponsors provided case management and other supportive services, funded through HOPWA or other resources such as the federal Health Resource and Services Administration Ryan White Part B program. Sponsors representing the 43-county area expended funds by activity as follows:

22% - TBRA

33% - STRMU

1% - Permanent housing placement assistance (e.g., security deposits, 1st month's rent, credit checks, utility hookups)

4% - Facility based housing assistance (emergency or transitional housing)

13% - Housing information services and resource identification.

17% - Supportive services (e.g., case management, transportation, life skills, meals, transportation)

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.

The following program accomplishments are related to the overall objectives of the State's FY 2014-15 Consolidated Annual Action Plan (Action Plan) as well as the specific goals of the HOPWA program. See Part 3, "Planned Goals and Actual Outputs," for a comparison of actual accomplishments to proposed goals. The Proposed Household and Proposed Unit Outputs in Part 3 differ from those stated in the Action Plan. The Goals and Actuals set forth in the Action Plan are an aggregated estimate based on prior year actual accomplishments and funding levels. During the HOPWA application process, which occurred after submittal of the Action Plan, project sponsors submitted Goals and Actuals that differed from the aggregated Goals and Actuals in the Action Plan. The Goals and Actuals/outputs obtained from the application process were entered by Project and Activity in HUD's Integrated Disbursement and Information System (IDIS). For consistency, the aggregated Goals and Actuals by activity reported in Part 3 are based on the information reported in IDIS.

In the AP, the aggregated goal of all counties was to provide approximately 1,292 households with housing assistance during the program year. A total of 1,061 households received housing assistance. Since STRMU and hotel/motel voucher assistance are needs-based program activities, utilization of the programs differ from year to year. Consequently, the proposed outputs also differ from the actual number of clients assisted.

HOPWA funds are allocated to non-EMSA jurisdictions through a non-competitive formula based on reported HIV/AIDS cases by county. However, unspent prior year funds were used to “hold harmless” any county with a formula allocation less than 100% of its prior year allocation.

The formula ensures that every eligible jurisdiction receives funding. However, jurisdictions with a lower number of reported HIV/AIDS cases find it challenging to provide adequate housing assistance with the limited funds they receive. To further assist clients, project sponsors rely on collaborative relationships with other housing and service agencies in their communities.

The following summary details the housing and supportive service activities provided in the 43-county area during the program year:

- Twenty-five project sponsors and/or sub-recipients used HOPWA funds to provide STRMU to prevent homelessness.
- Seven project sponsors operated a TBRA program to assist clients in maintaining stable housing. Those project sponsors with ongoing TBRA programs are as follows: 1) Kern County Housing Authority/Kern County, 2) Central Coast HIV/AIDS Services/Monterey County, 3) Face to Face/Sonoma County, 4) Planned Parenthood/Solano County, and 5) Marin Housing Authority/Marin County. Fresno Housing Authority became fully operational in 2014 and placed 13 homeless clients in units by mid FY 2014-15. Community Impact Central Valley in Stanislaus County only served one household with TBRA, but anticipates expanding the service in the next program year.
- Three project sponsors in San Joaquin, Santa Cruz, and Santa Barbara counties operated transitional HIV/AIDS housing facilities with the assistance of HOPWA operating subsidies for eight apartment/condominium units, two single-family homes for shared living, and one licensed Residential Care Facility for the Chronically Ill.
- Ten project sponsors provided hotel/motel voucher assistance to homeless persons with HIV/AIDS (PLWHA) and their families, while assisting them with obtaining more permanent housing.
- Fourteen project sponsors offered permanent housing placement assistance, including housing information, referral services, and security deposit assistance, to assist clients in obtaining permanent housing.
- Twenty-two of the 28 project sponsors provided case management or other supportive services using HOPWA funds.
- From 1998 through 2001, 29 stewardship units of housing were created through acquisition and rehabilitation with HOPWA Funds. Although the ten-year use periods for the stewardship units have expired and those units are no longer reported to HUD, project sponsors report that 18 of the units remain dedicated to persons living with HIV/AIDS without HOPWA operating subsidies. Clients residing in those units receive HOPWA-funded supportive services.

Altogether, DPH/OA contracts with 11 county health departments, 15 community-based nonprofit organizations, and two housing authorities to carry out HOPWA housing and supportive service activities. Most project sponsors provide direct client services. Kern County, San Joaquin County, and the Fresno County Housing Authority subcontract with other service agencies to assist in providing HOPWA services within their jurisdiction.

Several HOPWA projects sponsors have experienced organizational change and/or downsizing over the past two years due to less funding available through public and private resources. Although the project sponsors continue to provide housing and supportive services to PLWHA’s with the greatest need in their communities, there have been challenges in meeting HOPWA performance goals and administrative deadlines. The goals, outputs, and expenditures shown in Parts 2 and 3 of this report reflect the challenges. DPH/OA provided ongoing technical assistance to support improved program performance.

DPH/OA assumed the responsibility of administering the Bakersfield (Kern County) EMSA HOPWA grant totaling \$386,902. 157 households received housing assistance, 137 received Housing Information Services, and 171 households received HOPWA supportive services. In addition to the FY 2014-15 grant, Kern County had unexpended funds from FY 2013-14. The FY 2013-14 funds in the amount of \$73,711 were allocated for tenant-based rental assistance and expended. Tenant-based rental assistance is an ongoing program, and funds remaining at the end of FY 2014-15 will be carried forward and expended in FY 2015-16 for tenant based rental assistance.

DPH/OA also assumed the responsibility of administering the FY 2014-15 City of Fresno EMSA HOPWA grant totaling \$379,006. Of the unspent prior year funds from FY 2012, 2013, and 2014 totaling \$1,038,177, \$135,000 was awarded to Fresno County Public Health (Fresno County) for the continuation of homeless prevention and supportive services in FY 2014-15. Fresno County expended \$101,405 as of June 30, 2015 and provided homeless prevention housing services to 47 households and supportive services to 49 households during the program year.

In 2013, \$487,612 was awarded through a Request for Application process to the Fresno Housing Authority to launch a TBRA program with a case management component. This was a three-year contract period beginning November 1, 2013 and ending June 30, 2016. Fresno Housing Authority experienced a slow program start-up due to contracting and program development delays. The TBRA program became fully operational in 2014 and has placed 13 homeless households in housing. The delays have resulted in an expenditure rate of 16% of the contract amount.

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

Housing Stability Outcomes: Parts 4 and 5 of the CAPER include tables which demonstrate the level of housing stability for households that received housing assistance during the program year. One of the National HIV/AIDS Strategy goals is to increase the number of Ryan White clients in permanent housing nationally from 82% to 86% by 2015. The majority of HOPWA clients are also Ryan White clients and, according to the Housing Outcomes data, 95% of the households assisted with HOPWA TBRA remain stably housed and 55% in transitional housing remain stably housed, while 28% of those receiving STRMU are stably housed and 67% have a reduced risk of homelessness.

Of the 43 counties assisted with State of California HOPWA funds, most are rural with limited affordable housing and housing resources. There is no county in California with a market rent that is affordable to households at or below 30% of Area Median Income (AMI) and most clients need a monthly rent subsidy or subsidized housing. Section 8 or other rent subsidies are scarce with closed waiting lists in most counties. Rents in Low Income Housing Tax Credit projects are typically based on 50% or 60% of AMI, which is still higher than what most of our clients can afford. In addition, clients requesting STRMU usually have more than one barrier to obtaining mainstream rental subsidies such as being undocumented, poor credit history, criminal record, mental health or substance abuse. With an approximate \$3 million annual HOPWA grant and 43 counties to serve, it isn't possible to provide tenant based rental assistance for every household in need. Although STRMU is not meant to be a permanent rental subsidy, it often prevents these households from becoming homeless during the program year, but is not sufficient to resolve the crisis that created the housing emergency. The amount of funding available for STRMU equates to about one-two month's rent per client. Due to all of these reasons, the housing stability rate for persons that receive STRMU is low. Due to the limited resources and options, most will need additional STRMU to maintain their current housing.

DPH/OA is evaluating its funding allocation process to determine if a more equitable method can be developed which may serve less clients but improve the housing stability of those that are assisted.

Access to Care and Support: Part 4, Section 3 measures households' access to care and support through HOPWA resources during the program year. Most persons receiving housing services have a housing plan, see a case manager, have accessed primary medical care, have health care insurance and have obtained or maintained a source of income during the year.

DPH/OA continues to work with project sponsors to increase permanent housing resources or subsidies for HOPWA households, including allocating HOPWA funds for TBRA rather than STRMU where possible.

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.

Project Sponsors leverage funds from various state, federal, local and private resources for housing assistance, supportive services and other non-housing support (refer to Part 2). DPH/OA integrates HOPWA and Ryan White Part B funding to allow a seamless approach to the delivery of housing and care services. The HIV Care Program (Ryan White Part B) administered by DPH/OA, provides HIV care services statewide, including the 43 HOPWA-eligible counties. These services, when used in conjunction with HOPWA services, assist in preventing homelessness and addressing emergency housing needs.

The HOPWA program is administered by local health jurisdictions and nonprofit organizations that are required to include input from the community and consumers in their HIV/AIDS planning process. HOPWA project sponsors are also involved with the Ryan White Program service delivery planning process that requires a documented plan to reach hard-to-serve or underserved populations and link them to supportive services. In addition, DPH/OA receives advisory recommendations from the California Planning Group, comprised of public health officials, representatives of AIDS service organizations, state representatives, consumers, and other interested parties.

The majority of project sponsors participate in their local Continuum of Care Planning Group to ensure that the HIV/AIDS population is represented in the planning process for funding opportunities including identification of housing and service gaps.

DPH/OA continues to encourage collaboration between HIV service providers, community-based organizations, faith-based organizations, drug and alcohol recovery facilities, and correctional facilities, HOPWA project sponsors are able to provide a wider range of referral services to clients. Active collaboration also assists in decreasing client fraud and misuse of services.

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

None at this time.

c. Barriers and Trends Overview

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

<input checked="" type="checkbox"/> HOPWA/HUD Regulations	<input checked="" type="checkbox"/> Planning	<input checked="" type="checkbox"/> Housing Availability	<input type="checkbox"/> Rent Determination and Fair Market Rents
<input type="checkbox"/> Discrimination/Confidentiality	<input checked="" type="checkbox"/> Multiple Diagnosis	<input type="checkbox"/> Eligibility	<input checked="" type="checkbox"/> Technical Assistance or Training
<input 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	

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.

For FY 2014-15, the funding level included prior year unspent funds and the FY 2014-15 grant. This funding level represents approximately \$301 per reported HIV/AIDS case for the non-EMSA’s. Considering the average rent for a one-bedroom housing unit in California is more than \$700 per month, the level of HOPWA funding is not sufficient to assist every household in maintaining stable housing without collaborative efforts with other HIV/AIDS and mainstream housing and service programs. HOPWA funding has remained relatively stable over the past few years. DPH/OA’s goal is to allocate funds using a method that equitably distributes funds based on the level of need in each jurisdiction.

The State’s process for ensuring proper public participation in reviewing the CAPER imposes time constraints for CAPER data collection and analysis. DPH/OA now requires reporting data and financial information be submitted by project sponsors by mid-July. However, this reduced timeframe still leaves DPH/OA little time to evaluate the information, input data into IDIS, and aggregate information for the CAPER, and places additional administrative burden on project sponsors. DPH/OA is taking steps to ensure more efficient and timely data collection and reporting. California has implemented the AIDS Regional Information and Evaluation System (ARIES), a customized, web-based, centralized HIV/AIDS client management system which includes a HOPWA component. A HOPWA CAPER data report in ARIES is currently in the testing stage and release is anticipated in FY 2015-16. DPH/OA continues to work with project sponsors to improve data entry into ARIES which will ultimately result in more streamlined and accurate client level data collection and timely reporting to DPH/OA. The alignment of accomplishment fields in IDIS to the CAPER requirements will also improve reporting.

As fundraising, private donations, grants and other sources of funding have declined, nonprofit HIV/AIDS service and housing organizations are experiencing financial crises and reduced capacity to provide HIV/AIDS and housing services. During the program year, the HOPWA project sponsor for Monterey County (Central Coast HIV/AIDS Services) ceased operations. The data for this report is through December 31, 2014 due to the closure. In the interim, the HOPWA project sponsor for San Luis Obispo County, Access Support Network, is providing housing and HIV/AIDS supportive services to clients in Monterey County.

DPH/OA continues to assist in project sponsor capacity building by providing technical assistance regarding other housing programs and collaboration opportunities, including periodic funding alerts regarding other HUD and state funding opportunities. Most project sponsors participate in their local Continuum of Care Planning Group which has improved their knowledge and collaborative efforts to provide housing and supportive services to PLWHA in their community.

In California, the lack of affordable housing and poverty are the greatest barriers to stable housing for PLWHA. Project sponsors consistently report that housing is one of the top five service gaps for PLWHA. Other reported barriers to stable housing amongst PLWHAs are mental health and substance abuse issues, poor credit and/or rental history, a criminal record, recent release from prison, and lack of U.S. citizenship.

The most recent trend and barrier to housing is an increased number of older adults with HIV/AIDS that require specialized services, easier access or closer proximity to medical care and services, and a shift in the type or location of housing needed.

There are geographical barriers to accessing HIV/AIDS care and treatment in rural areas of California. Due to the lack of affordable housing in urban areas, clients move to rural areas where they face increased difficulty in obtaining specialized HIV medical care, social support networks, access to transportation, as well as appropriate and affordable housing.

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.

With the introduction of the Affordable Care Act, HIV/AIDS service delivery is undergoing changes. It is still too early in the transition period to identify the effects on client housing stability and access to care and support.

3. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.
None

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

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

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

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

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

Refer to Chart 2, and check all sources consulted to calculate unmet need. Reference any data from neighboring states' or municipalities' Consolidated Plan or other planning efforts that informed the assessment of Unmet Need in your service area.

Note: In order to ensure that the unmet need assessment for the region is comprehensive, HOPWA formula grantees should include those unmet needs assessed by HOPWA competitive grantees operating within the service area.

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

1. Total number of households that have unmet housing subsidy assistance need.	241
--	-----

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)	140
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	50
• Assistance with rental costs	15
• Assistance with mortgage payments	12
• Assistance with utility costs.	
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	24

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)
XX = 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. Waiting lists only (6 out of 28 contractors reported waiting lists)
= Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted
= Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing
= Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g. local health department or CDC surveillance data

End of PART 1

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging

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

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

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Public Funding			
Ryan White-Housing Assistance	\$15,759	Rent/utility payments	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	\$922,861	Case Management, Food, Transportation, Dental, Labs, Outpatient Ambulatory, Mental Health, Other	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program	\$185,319		<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit	\$0		<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME	\$0		<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Shelter Plus Care	\$612,318		<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant	\$1,423		<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Various Local Government Agencies	\$52,866	Rental assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: HUD Supportive Housing Program	\$144,259	Case management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: Various Local Government Agencies	\$137,975	Case management and other supportive services	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: Medi-Cal Waiver Program	\$77,734	Case management, food vouchers, transportation	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
			<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Private Funding			
Private Funding			
Grants	\$212,903		<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
In-kind Resources	\$17,650	Volunteers for rides, peer counseling, and other supportive services	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private:	\$145,830	Case Management and Other Supportive Services	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Funding			
Other Funding			
Grantee/Project Sponsor/Subrecipient (Agency) Cash	\$76,492	Administration and other	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	\$765,715		
TOTAL (Sum of all Rows)	\$3,369,104		

2. Program Income and Resident Rent Payments

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

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

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

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	\$9,984
2.	Resident Rent Payments made directly to HOPWA Program	\$122,113
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	\$132,097

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

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

Program Income and Resident Rent Payment Expended on HOPWA programs		Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	\$105,356
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	\$26,741
3.	Total Program Income Expended (Sum of Rows 1 and 2)	\$132,097

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

HOPWA Performance Planned Goal and Actual		[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
HOPWA Housing Subsidy Assistance		[1] Output: Households				[2] Output: Funding	
1.	Tenant-Based Rental Assistance	118	122	NA		\$1,139,802	\$775,966
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)	NA	NA	NA	27	NA	NA
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served)	108	85	N/A		\$205,044	\$139,421
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)	NA	NA	NA	NA	NA	NA
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)	NA	NA	NA	NA	NA	NA
4.	Short-Term Rent, Mortgage and Utility Assistance	1,054	843	N/A		\$1,324,739	\$1,140,937
5.	Permanent Housing Placement Services	88	74	N/A		\$98,047	\$47,918
6.	Adjustments for duplication (subtract)		63	N/A			
7.	Total HOPWA Housing Subsidy Assistance (Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)	1,368	1,061	N/A		\$2,767,632	\$2,104,242
Housing Development (Construction and Stewardship of facility based housing)		[1] Output: Housing Units				[2] Output: Funding	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)	0	0	NA	N/A	\$0	\$0
9.	Stewardship Units subject to 3 or 10 year use agreements	0	0				
10.	Total Housing Developed (Sum of Rows 78 & 9)	0	0			\$0	\$0
Supportive Services		[1] Output Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance	2,121	1,526			\$666,709	\$581,914
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.	Total Supportive Services (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.)	2,121	1,526			\$666,709	\$581,914
Housing Information Services		[1] Output Households				[2] Output: Funding	
14.	Housing Information Services	1,106	980			\$429,815	\$393,826
15.	Total Housing Information Services						

Grant Administration and Other Activities		[1] Output Households				[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources					\$54,260	\$53,984
17.	Technical Assistance (if approved in grant agreement)					0	0
18.	Grantee Administration (maximum 3% of total HOPWA grant)					\$101,350	\$101,350
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$276,020	\$233,343
20.	Total Grant Administration and Other Activities (Sum of Rows 17 – 20)					\$431,630	\$388,676
Total Expended							
						[2] Outputs: HOPWA Funds Expended	
						Budget	Actual
21.	Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)					\$4,295,787	\$3,468,659

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	9	\$44,772
2.	Alcohol and drug abuse services	0	0
3.	Case management	1,401	\$471,379
4.	Child care and other child services	0	0
5.	Education	0	0
6.	Employment assistance and training	0	0
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310	0	0
8.	Legal services	0	0
9.	Life skills management (outside of case management)	104	\$15,654
10.	Meals/nutritional services	249	\$38,357
11.	Mental health services	0	0
12.	Outreach	0	0
13.	Transportation	173	\$11,752
14.	Other Activity (if approved in grant agreement). Specify:	0	0
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	1,936	
16.	Adjustment for Duplication (subtract)	410	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	1,526	\$581,914

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	843	\$1,140,937
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	42	\$48,908
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	9	\$27,518
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	586	\$750,930
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	86	\$125,383
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	120	\$39,862
g.	Direct program delivery costs (e.g., program operations staff time)		\$148,336

*Completion pending receipt of three missing reports from contractors.

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
Tenant-Based Rental Assistance	122	92	1 Emergency Shelter/Streets	1	<i>Unstable Arrangements</i>
			2 Temporary Housing	0	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	11	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	8	
			5 Other Subsidy	5	
			6 Institution	0	
			7 Jail/Prison	0	<i>Unstable Arrangements</i>
			8 Disconnected/Unknown	3	
			9 Death	2	
Permanent Supportive Housing Facilities/ Units	0	0	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	

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
Transitional/ Short-Term Housing Facilities/ Units	85	19	1 Emergency Shelter/Streets	9	<i>Unstable Arrangements</i>
			2 Temporary Housing	17	<i>Temporarily Stable with Reduced Risk of Homelessness</i>
			3 Private Housing	18	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	4	
			5 Other Subsidy	6	
			6 Institution	0	
			7 Jail/Prison	0	<i>Unstable Arrangements</i>
			8 Disconnected/unknown	9	
			9 Death	3	

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
843	Maintain Private Housing <u>without</u> subsidy <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	84	<i>Stable/Permanent Housing (PH)</i>
	Other Private Housing without subsidy <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>	3	
	Other HOPWA Housing Subsidy Assistance	7	
	Other Housing Subsidy (PH)	34	
	Institution <i>(e.g. residential and long-term care)</i>	0	
	Likely that additional STRMU is needed to maintain current housing arrangements	677	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	Transitional Facilities/Short-term <i>(e.g. temporary or transitional arrangement)</i>	6	
	Temporary/Non-Permanent Housing arrangement <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>	1	
	Emergency Shelter/street	4	<i>Unstable Arrangements</i>
	Jail/Prison	0	
	Disconnected	15	
	Death	12	<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).		
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).			437

Section 3. HOPWA Outcomes on Access to Care and Support

1a. Total Number of Households

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

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

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

Total Number of Households	
1. For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance: 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	1,046
b. Case Management	1,370
c. Adjustment for duplication (subtraction)	930
d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)	1,486
2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following <u>HOPWA-funded</u> service:	
a. HOPWA Case Management	
b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance	

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.

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:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	1,391		<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)	1,417		<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	1,403		<i>Access to Health Care</i>
4. Accessed and maintained medical insurance/assistance	1,412		<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income	1,418		<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"> • MEDICAID Health Insurance Program, or use local program name • MEDICARE Health Insurance Program, or use local program name 	<ul style="list-style-type: none"> • Veterans Affairs Medical Services • AIDS Drug Assistance Program (ADAP) • State Children’s Health Insurance Program (SCHIP), or use local program name 	<ul style="list-style-type: none"> • Ryan White-funded Medical or Dental Assistance
--	--	--

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

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

1c. Households that Obtained Employment

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

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

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

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

Categories of Services Accessed	[1 For project sponsors/subrecipients that 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	2	

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.

Permanent Housing Subsidy Assistance	Stable Housing (# of households remaining in program plus 3+4+5+6)	Temporary Housing (2)	Unstable Arrangements (1+7+8)	Life Event (9)
Tenant-Based Rental Assistance (TBRA)	116	0	4	2
Permanent Facility-based Housing Assistance/Units	0	0	0	0
Transitional/Short-Term Facility-based Housing Assistance/Units	47	17	18	3
Total Permanent HOPWA Housing Subsidy Assistance	163	17	22	5
Reduced Risk of Homelessness: Short-Term Assistance	Stable/Permanent Housing	Temporarily Stable, with Reduced Risk of Homelessness	Unstable Arrangements	Life Events
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)	128	684	19	12
Total HOPWA Housing Subsidy Assistance	291	701	41	17

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

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. **NOT APPLICABLE***

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
If the site is not confidential: 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.

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	1,061

Chart b. Prior Living Situation

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

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

Category		Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	Continuing to receive HOPWA support from the prior operating year	633
New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	56
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	24
4.	Transitional housing for homeless persons	16
5.	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)	96
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	3
7.	Psychiatric hospital or other psychiatric facility	1
8.	Substance abuse treatment facility or detox center	3
9.	Hospital (non-psychiatric facility)	3
10.	Foster care home or foster care group home	13
11.	Jail, prison or juvenile detention facility	6
12.	Rented room, apartment, or house	251
13.	House you own	24
14.	Staying or living in someone else’s (family and friends) room, apartment, or house	24
15.	Hotel or motel paid for without emergency shelter voucher	2
16.	Other	2
17.	Don’t Know or Refused	
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	1,061

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	10	66

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.)	1,061
2. Number of ALL other persons diagnosed as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	64
3. Number of ALL other persons NOT diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy	666
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)	1,791

b. Age and Gender

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

HOPWA Eligible Individuals (Chart a, Row 1)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18	7	3	1	0	11
2.	18 to 30 years	45	20	0	0	65
3.	31 to 50 years	386	152	11	1	550
4.	51 years and Older	329	105	1	0	435
5.	Subtotal (Sum of Rows 1-4)	767	280	13	1	1,061
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	143	172	0	0	315
7.	18 to 30 years	60	37	0	0	97
8.	31 to 50 years	111	76	0	0	187
9.	51 years and Older	73	58	0	0	131
10.	Subtotal (Sum of Rows 6-9)	387	343	0	0	730
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	1,154	623	13	0	1,791

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	12	3	6	0
2.	Asian	4	0	10	0
3.	Black/African American	159	3	76	6
4.	Native Hawaiian/Other Pacific Islander	9	0	2	0
5.	White	785	333	531	348
6.	American Indian/Alaskan Native & White	6	0	4	0
7.	Asian & White	3	0	1	0
8.	Black/African American & White	4	1	9	0
9.	American Indian/Alaskan Native & Black/African American	0	0	0	0
10.	Other Multi-Racial	79	77	91	90
11.	Column Totals (Sum of Rows 1-10)	1,061	417	730	444
<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 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)	712
12.	31-50% of area median income (very low)	214
3.	51-80% of area median income (low)	135
4.	Total (Sum of Rows 1-3)	1,061

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)

San Joaquin County
Subrecipient of Sponsor – Stockton Shelter for the Homeless (owner)

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: Holman House
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input type="checkbox"/> Permanent housing <input checked="" type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$62,708.53	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy): 08/1998
b.	Rehabilitation/Construction Dates:		Date started: _____ Date Completed: _____
c.	Operation dates:		Date residents began to occupy: 11/1998 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 11/1998 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 1 house/5 bedrooms Total Units = 1
f.	Is a waiting list maintained for the facility?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year 0</i>
g.	What is the address of the facility (if different from business address)?		Stockton, California (confidential)
h.	Is the address of the project site confidential?		<input checked="" 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		1		
Rental units rehabbed				
Homeownership units constructed (if approved)				

1. Project Sponsor/Subrecipient Agency Name (Required)

San Joaquin County Public Health – Project Sponsor Stockton Shelter for the Homeless – Sub-recipient of Sponsor (owner)
--

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: Scattered Sites
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input type="checkbox"/> Permanent housing <input checked="" type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$12,158.74	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy): 6/2000, 7/5/2000, 8/2000, 5/2001, 12/2001
b.	Rehabilitation/Construction Dates:		Date started: _____ Date Completed: _____
c.	Operation dates:		Date residents began to occupy: 8/2000 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 8/2000 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 5 Total Units = 5
f.	Is a waiting list maintained for the facility?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year 0</i>
g.	What is the address of the facility (if different from business address)?		Scattered Sites, Stockton, CA
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		5		
Rental units rehabbed				
Homeownership units constructed (if approved)				

1. Project Sponsor/Subrecipient Agency Name (Required)

Encompass Community Services (previously named Santa Cruz Community Counseling Center)

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: Perlman House
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input type="checkbox"/> Permanent housing <input checked="" type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$8,306.28	\$	
a. Purchase/lease of property:			Date (mm/dd/yy): 7/2001
b. Rehabilitation/Construction Dates:			Date started: _____ Date Completed: _____
c. Operation dates:			Date residents began to occupy: 9/2001 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 9/2001 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 1 house/4 br Total Units = 1/four br
f. Is a waiting list maintained for the facility?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year 0</i>
g. What is the address of the facility (if different from business address)?			Perlman House, Santa Cruz, CA (confidential site)
h. Is the address of the project site confidential?			<input checked="" 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		1		
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: San Joaquin County/Stockton Shelter for the Homeless – New House

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>				1	

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 (Hotel/Motel voucher)		
b.	Operating Costs	1	\$2,507.61
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

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: AIDS Housing Santa Barbara

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	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						1
c.	Project-based rental assistance units or leased units						
d.	Other housing facility <u>Specify:</u>						

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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	9	\$4,124
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

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: Caring Choices

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	5+bdrm
a.	Single room occupancy dwelling	1				
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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 (Hotel/Motel Assistance)	1	\$488.78
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		

e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

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: Cental Coast HIV/AIDS Services (CHHAS)

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
a.	Single room occupancy dwelling	3				
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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	3	\$4,491.36
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

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: Face to Face/Sonoma County AIDS Network

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
a.	Single room occupancy dwelling	9				
b.	Community residence					

c.	Project-based rental assistance units or leased units						
d.	Other housing facility Specify:						

4. Households and Housing Expenditures

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

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 (Hotel/Motel voucher)	10	\$17,916.36
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

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: Fresno County

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	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units						
d. Other housing facility Specify:						

4. Households and Housing Expenditures

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

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 (Hotel/Motel Assistance)	7	\$3,524.35
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

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: Kings County

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
a.	Single room occupancy dwelling	2				
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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 (Hotel/Motel Assistance)	2	\$300
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

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: Kern County

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
a.	Single room occupancy dwelling	9				
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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	9	\$12,366.73
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

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: Planned Parenthood Shasta Diablo – Solano County

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	5+bdrm
a. Single room occupancy dwelling	3					
b. Community residence						
c. Project-based rental assistance units or leased units						
d. Other housing facility <u>Specify:</u>						

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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 (Hotel/Motel Assistance)	3	\$4,299.84
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

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: Sierra Hope

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
a.	Single room occupancy dwelling	3				
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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 (Hotel/Motel Assistance)	3	\$2,055
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

a. 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: Ventura County

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
a.	Single room occupancy dwelling	12				
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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	Output: Total HOPWA Funds
---	-------------------	---------------------------

		Households	Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs (Hotel/Motel Assistance)	4	\$1,170
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		

a. 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: Humboldt County

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	5+bd rm
a. Single room occupancy dwelling	5					
b. Community residence						
c. Project-based rental assistance units or leased units						
d. Other housing facility <u>Specify:</u>						

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/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 (Hotel/Motel Assistance)	5	\$2,906
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)		