

HOME Match Report

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

OMB Approval No. 2506-0171
(exp. 12/31/2012)

Match Contributions for Federal Fiscal Year (yyyy)
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Part I Participant Identification

1. Participant No. (assigned by HUD)	2. Name of the Participating Jurisdiction	3. Name of Contact (person completing this report)	
5. Street Address of the Participating Jurisdiction		4. Contact's Phone Number (include area code)	
6. City	7. State	8. Zip Code	

Part II Fiscal Year Summary

1. Excess match from prior Federal fiscal year	\$	
2. Match contributed during current Federal fiscal year (see Part III.9.)	\$	
3. Total match available for current Federal fiscal year (line 1 + line 2)		\$
4. Match liability for current Federal fiscal year		\$
5. Excess match carried over to next Federal fiscal year (line 3 minus line 4)		\$

Part III Match Contribution for the Federal Fiscal Year

1. Project No. or Other ID	2. Date of Contribution (mm/dd/yyyy)	3. Cash (non-Federal sources)	4. Foregone Taxes, Fees, Charges	5. Appraised Land / Real Property	6. Required Infrastructure	7. Site Preparation, Construction Materials, Donated labor	8. Bond Financing	9. Total Match

Name of the Participating Jurisdiction								Federal Fiscal Year (yyyy)
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1. Project No. or Other ID	2. Date of Contribution (mm/dd/yyyy)	3. Cash (non-Federal sources)	4. Foregone Taxes, Fees, Charges	5. Appraised Land / Real Property	6. Required Infrastructure	7. Site Preparation, Construction Materials, Donated labor	8. Bond Financing	9. Total Match

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

Instructions for the HOME Match Report

Applicability:

The HOME Match Report is part of the HOME APR and must be filled out by every participating jurisdiction that incurred a match liability. Match liability occurs when FY 1993 funds (or subsequent year funds) are drawn down from the U.S. Treasury for HOME projects. A Participating Jurisdiction (PJ) may start counting match contributions as of the beginning of Federal Fiscal Year 1993 (October 1, 1992). A jurisdiction not required to submit this report, either because it did not incur any match or because it had a full match reduction, may submit a HOME Match Report if it wishes. The match would count as excess match that is carried over to subsequent years. The match reported on this form must have been contributed during the reporting period (between October 1 and September 30).

Timing:

This form is to be submitted as part of the HOME APR on or before December 31. The original is sent to the HUD Field Office. One copy is sent to the

Office of Affordable Housing Programs, CGHF
Room 7176, HUD, 451 7th Street, S.W.
Washington, D.C. 20410.

The participating jurisdiction also keeps a copy.

Instructions for Part II:

1. **Excess match from prior Federal fiscal year:** Excess match carried over from prior Federal fiscal year.
2. **Match contributed during current Federal fiscal year:** The total amount of match contributions for all projects listed under Part III in column 9 for the Federal fiscal year.

3. **Total match available for current Federal fiscal year:** The sum of excess match carried over from the prior Federal fiscal year (Part II, line 1) and the total match contribution for the current Federal fiscal year (Part II, line 2). This sum is the total match available for the Federal fiscal year.

4. **Match liability for current Federal fiscal year:** The amount of match liability is available from HUD and is provided periodically to PJs. The match must be provided in the current year. The amount of match that must be provided is based on the amount of HOME funds drawn from the U.S. Treasury for HOME projects. The amount of match required equals 25% of the amount drawn down for HOME projects during the Federal fiscal year. Excess match may be carried over and used to meet match liability for subsequent years (see Part II line 5). Funds drawn down for administrative costs, CHDO operating expenses, and CHDO capacity building do not have to be matched. Funds drawn down for CHDO seed money and/or technical assistance loans do not have to be matched if the project does not go forward. A jurisdiction is allowed to get a partial reduction (50%) of match if it meets one of two statutory distress criteria, indicating "fiscal distress," or else a full reduction (100%) of match if it meets both criteria, indicating "severe fiscal distress." The two criteria are poverty rate (must be equal to or greater than 125% of the average national family poverty rate to qualify for a reduction) and per capita income (must be less than 75% of the national average per capita income to qualify for a reduction). In addition, a jurisdiction can get a full reduction if it is declared a disaster area under the Robert T. Stafford Disaster Relief and Emergency Act.

5. **Excess match carried over to next Federal fiscal year:** The total match available for the current Federal fiscal year (Part II, line 3) minus the match liability for the current Federal fiscal year (Part II, line 4). Excess match may be carried over and applied to future HOME project match liability.

Instructions for Part III:

1. **Project No. or Other ID:** "Project number" is assigned by the C/MI System when the PJ makes a project setup call. These projects involve at least some Treasury funds. If the HOME project does not involve Treasury funds, it must be identified with "other ID" as follows: the fiscal year (last two digits only), followed by a number (starting from "01" for the first non-Treasury-funded project of the fiscal year), and then at least one of the following abbreviations: "SF" for project using shortfall funds, "PI" for projects using program income, and "NON" for non-HOME-assisted affordable housing. Example: 93.01.SF, 93.02.PI, 93.03.NON, etc.

Shortfall funds are non-HOME funds used to make up the difference between the participation threshold and the amount of HOME funds allocated to the PJ; the participation threshold requirement applies only in the PJ's first year of eligibility. [§92.102]

Program income (also called "repayment income") is any return on the investment of HOME funds. This income must be deposited in the jurisdiction's HOME account to be used for HOME projects. [§92.503(b)]

Non-HOME-assisted affordable housing is investment in housing not assisted by HOME funds that would qualify as “affordable housing” under the HOME Program definitions. “NON” funds must be contributed to a specific project; it is not sufficient to make a contribution to an entity engaged in developing affordable housing. [§92.219(b)]

2. **Date of Contribution:** Enter the date of contribution. Multiple entries may be made on a single line as long as the contributions were made during the current fiscal year. In such cases, if the contributions were made at different dates during the year, enter the date of the last contribution.
3. **Cash:** Cash contributions from non-Federal resources. This means the funds are contributed permanently to the HOME Program regardless of the form of investment the jurisdiction provides to a project. Therefore all repayment, interest, or other return on investment of the contribution must be deposited in the PJ’s HOME account to be used for HOME projects. The PJ, non-Federal public entities (State/local governments), private entities, and individuals can make contributions. The grant equivalent of a below-market interest rate loan to the project is eligible when the loan is not repayable to the PJ’s HOME account. [§92.220(a)(1)] In addition, a cash contribution can count as match if it is used for eligible costs defined under §92.206 (except administrative costs and CHDO operating expenses) or under §92.209, or for the following non-eligible costs: the value of non-Federal funds used to remove and relocate ECHO units to accommodate eligible tenants, a project reserve account for replacements, a project reserve account for unanticipated increases in operating costs, operating subsidies, or costs relating to the portion of a mixed-income or mixed-use project not related to the affordable housing units. [§92.219(c)]
4. **Foregone Taxes, Fees, Charges:** Taxes, fees, and charges that are normally and customarily charged but have been waived, foregone, or deferred in a manner that achieves affordability of the HOME-assisted housing. This includes State tax credits for low-income housing development. The amount of real estate taxes may be based on the

post-improvement property value. For those taxes, fees, or charges given for future years, the value is the present discounted cash value. [§92.220(a)(2)]

5. **Appraised Land/Real Property:** The appraised value, before the HOME assistance is provided and minus any debt burden, lien, or other encumbrance, of land or other real property, not acquired with Federal resources. The appraisal must be made by an independent, certified appraiser. [§92.220(a)(3)]
6. **Required Infrastructure:** The cost of investment, not made with Federal resources, in on-site and off-site infrastructure directly required for HOME-assisted affordable housing. The infrastructure must have been completed no earlier than 12 months before HOME funds were committed. [§92.220(a)(4)]
7. **Site preparation, Construction materials, Donated labor:** The reasonable value of any site-preparation and construction materials, not acquired with Federal resources, and any donated or voluntary labor (see §92.354(b)) in connection with the site-preparation for, or construction or rehabilitation of, affordable housing. The value of site-preparation and construction materials is determined in accordance with the PJ’s cost estimate procedures. The value of donated or voluntary labor is determined by a single rate (“labor rate”) to be published annually in the Notice Of Funding Availability (NOFA) for the HOME Program. [§92.220(6)]
8. **Bond Financing:** Multifamily and single-family project bond financing must be validly issued by a State or local government (or an agency, instrumentality, or political subdivision thereof). 50% of a loan from bond proceeds made to a multifamily affordable housing project owner can count as match. 25% of a loan from bond proceeds made to a single-family affordable housing project owner can count as match. Loans from all bond proceeds, including excess bond match from prior years, may not exceed 25% of a PJ’s total annual match contribution. [§92.220(a)(5)] The amount in excess of the 25% cap for bonds may carry over, and the excess will count as part of the statutory limit of up to 25% per year. Requirements regarding

bond financing as an eligible source of match will be available upon publication of the implementing regulation early in FY 1994.

9. **Total Match:** Total of items 3 through 8. This is the total match contribution for each project identified in item 1.

Ineligible forms of match include:

1. Contributions made with or derived from Federal resources e.g. CDBG funds [§92.220(b)(1)]
2. Interest rate subsidy attributable to the Federal tax-exemption on financing or the value attributable to Federal tax credits [§92.220(b)(2)]
3. Contributions from builders, contractors or investors, including owner equity, involved with HOME-assisted projects. [§92.220(b)(3)]
4. Sweat equity [§92.220(b)(4)]
5. Contributions from applicants/recipients of HOME assistance [§92.220(b)(5)]
6. Fees/charges that are associated with the HOME Program only, rather than normally and customarily charged on all transactions or projects [§92.220(a)(2)]
7. Administrative costs

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Office of Community Planning and Development
Integrated Disbursement and Information System
Home Matching Liability Report

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TUCSON, AZ

Fiscal Year	Match Percent	Total Disbursements	Disbursements Requiring Match	Match Liability Amount
1998	25.0%	\$1,422,637.34	\$1,084,752.42	\$271,188.10
1999	25.0%	\$4,479,403.57	\$3,802,149.07	\$950,537.26
2000	25.0%	\$3,760,242.31	\$3,163,799.52	\$790,949.88
2001	25.0%	\$4,365,550.70	\$3,887,322.80	\$971,830.70
2002	25.0%	\$4,347,355.69	\$3,373,705.70	\$843,426.42
2003	25.0%	\$4,714,738.62	\$3,925,229.89	\$981,307.47
2004	25.0%	\$3,816,788.99	\$3,300,315.75	\$825,078.93
2005	25.0%	\$3,266,058.34	\$2,589,486.39	\$647,371.59
2006	25.0%	\$3,346,604.93	\$2,573,797.15	\$643,449.28
2007	25.0%	\$2,525,275.67	\$1,945,009.16	\$486,252.29
2008	25.0%	\$5,530,862.08	\$4,842,091.42	\$1,210,522.85
2009	25.0%	\$6,322,504.21	\$5,584,871.14	\$1,396,217.78
2010	25.0%	\$4,219,731.82	\$3,810,661.33	\$952,665.33
2011	25.0%	\$3,024,981.35	\$2,570,171.00	\$642,542.75
2012	25.0%	\$4,178,693.13	\$3,746,675.98	\$936,668.99
2013	25.0%	\$4,000,421.70	\$3,641,015.09	\$910,253.77
2014	25.0%	\$2,736,290.97	\$2,163,116.50	\$540,779.12

IDIS - PR33

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2015	25.0%	\$3,138,445.12	\$2,618,164.21	\$654,541.05
2016	25.0%	\$2,557,312.19	\$2,074,737.78	\$518,684.44

HOME MATCH REPORT

6/30/2016
Match Contribution for the Federal Fiscal Year

DRAFT COPY ONLY - PENDING TO BE FINALIZED

1		2	3	4	5	6	7	8	9	
IDIS No	Project No City	PROJECT ID NAME	DATE OF CONTRIBUTION	CASH (NON FED SOURCES)	FOREGONE TAXES, FEES, CHARGES	APPRAISED LAND REAL PROPERTY	REQUIRED INFRASTRUCTURE	SITE PREPARATION, CONSTRUCTION MATERIALS, DONATED LABOR	BOND FINANCING**	TOTAL MATCH
	9834	HFH Copper Vista DPA	7/1/15 - 6/30/16	\$ 17,000.00						\$ 17,000.00
4293	9814	Alvord Court	7/1/15- 6/30/16			\$ 55,000.00				\$ 55,000.00
4553	9814	Downtown Motor Apt. Federal Home Loan Bank AHP	7/1/15/ - 6/30/16	\$ 360,000.00						\$ 360,000.00
										\$ -
										\$ -
	1130	City of Tucson HTF DPA	7/1/15 -6/30/16	\$ 172,695.00						\$ 172,695.00
		Habitat for Hummunity	7/1/15 - 6/30/16	\$ -	\$ 9,885.95			\$ 633,013.12		\$ 642,899.07
										\$ -
										\$ -
		Impact Fees waived for Affordable Housing MRB - City	7/1/15 - 6/30/16		\$ 1,002,250.30					1,002,250.30
4293	9814	G.O. Bonds - Alvord Court	7/1/15- 6/30/16	\$ 112,000.00						\$ 112,000.00
				\$ 661,695.00	\$ 1,012,136.25	\$ 55,000.00	\$ -	\$ 633,013.12	\$ -	\$ 2,361,844.37
Pima County										
4590	9897	Habitat For Humanity	7/1/15 - 6/30/16					\$ 17,137.50		\$ 17,137.50
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
										\$ -
		MRB - Pima County							\$ -	\$ -
				\$ -	\$ -	\$ -	\$ -	\$ 17,137.50	\$ -	\$ 17,137.50
										\$ -
		Not >25% of the PJ Match Liability		\$ 661,695.00	\$ 1,012,136.25	\$ 55,000.00	\$ -	\$ 650,150.62	\$ -	\$ 2,378,981.87
		PR33 HOME Match Liability	518,684.44							
								\$ -		\$ 2,378,981.87
** Per HOME Prgram Regulations, Bond Financing amount cannot exceed 25% of the Primary Jurisdiction's total liability match for the program year.										
The surplus can be banked for use in future years.										
Prepared By:										
Review and Approved By:										

Q5. HMIS DQ & Participation

5a. HMIS or Comparable

Database Data Quality Q5a

Data Element	Client Doesn't Know or Client Refused	Data not collected
First name	0	0
Last name	0	0
SSN	23	122
Date of Birth	0	15
Race	22	17
Ethnicity	0	16
Gender	0	8
Veteran Status	0	12
Disabling condition	1	6
Residence Prior to Entry	0	26
Relationship to Head of Household	0	14
Destination	6	2
Client location for project entry	0	8
Length of Time on Street, in ES or SH	6	24

Q6. Persons Served

6a. Report Validations

Table Q6a

a. Total number of persons served	1023
b. Number of adults (age 18 or over)	656
c. Number of children (under age 18)	352
d. Number of persons with unknown age	15
e. Total number of leavers	495
f. Total number of adult leavers	247
g. Total number of stayers	528
h. Total number of adult stayers	409
i. Number of veterans	133
j. Number of chronically homeless persons	144
k. Number of adult heads of household	558
l. Number of child heads of household	2
m. Number of unaccompanied youth under age 25	30
n. Number of parenting youth under age 25 with children	26

6b. Number of Persons Served

Q6b

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Adults	656	440	213	0	3
b. Children	352	0	349	3	0
c. Don't know / refused	0	0	0	0	0
d. Information missing	15	0	0	0	15
e. Total	1023	440	562	3	18

Q7a. Households Served

7a. Number of Households Served Q7a

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
Total Households	573	412	146	3	12

7b. Point-in-Time Count of Households on the Last Wednesday Q7b

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
January	291	237	45	1	8
April	357	300	42	2	12
July	157	114	42	0	1
October	248	196	47	1	4

Q9. Contacts and Engagements

9a. Number of Persons Contacted Q9a

	Total	a. First contact was at a place not meant for human habitation	b. First contact was at a non-residential service setting	c. First contact was at a residential service setting	d. First contact place was missing
a1. Contacted once?	70	7	62	0	1
a2. Contacted 2-5 times?	6	1	5	0	0
a3. Contacted 6-9 times?	0	0	0	0	0
a4. Contacted 10 or more times?	0	0	0	0	0
az. Total persons contacted	78	8	67	0	3

9b. Number of Persons

Engaged

Q9b

	Total	a. First contact was at a place not meant for human habitation	b. First contact was at a non-residential service setting	c. First contact was at a residential service setting	d. First contact place was missing
b1. Engaged after 1 contact?	0	3	0	0	0
b2. Engaged after 2-5 contacts?	0	0	0	0	0
b3. Engaged after 6-9 contacts?	0	0	0	0	0
b4. Engaged after 10 or more contacts?	0	0	0	0	0
bz. Total persons engaged	5	3	0	0	2
c. Rate of engagement (%)	6%	38%	0%	N/A	67%

Q10. Gender

10a. Gender of Adults

Q10a

	Total	a. Without children	b. With children and adults	c. Unknown household type
a. Male	363	301	60	2
b. Female	293	139	153	1
c. Transgender male to female	0	0	0	0
d. Transgender female to male	0	0	0	0
e. Other	0	0	0	0
f. Don't know / refused	0	0	0	0
g. Information missing	0	0	0	0
h. Subtotal	656	440	213	3

10b. Gender of Children Q10b

	Total	a. With children and adults	b. With only children	c. Unknown household type
a. Male	174	172	2	0
b. Female	178	177	1	0
c. Transgender male to female	0	0	0	0
d. Transgender female to male	0	0	0	0
e. Other	0	0	0	0
f. Don't know / refused	0	0	0	0
g. Information missing	0	0	0	0
h. Subtotal	352	349	3	0

10c. Gender of Persons
Missing Age Information Q10c

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Male	6	0	0	0	6
b. Female	1	0	0	0	1
c. Transgender male to female	0	0	0	0	0
d. Transgender female to male	0	0	0	0	0
e. Other	0	0	0	0	0
f. Don't know / refused	0	0	0	0	0
g. Information missing	8	0	0	0	8
h. Subtotal	15	0	0	0	15

10d. Gender by Age

Ranges

Q10d

	Total	a. Under age 18	b. Age 18-24	c. Age 25-61	d. Age 62 and over	e. Client Doesn't Know/Client Refused	f. Data not collected
a. Male	543	174	40	298	25	0	6
b. Female	472	178	44	237	12	0	1
c. Transgender male to female	0	0	0	0	0	0	0
d. Transgender female to male	0	0	0	0	0	0	0
e. Other	0	0	0	0	0	0	0
f. Don't know / refused	0	0	0	0	0	0	0
g. Information missing	8	0	0	0	0	0	8
h. Total	1023	332	84	535	37	0	15

Q11. Age

Q11

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Under 5	116	0	114	2	0
b. 5 - 12	174	0	173	1	0
c. 13 - 17	62	0	62	0	0
d. 18 - 24	85	40	44	0	1
e. 25 - 34	165	79	85	0	1
f. 35 - 44	132	75	56	0	1
g. 45 - 54	149	130	19	0	0
h. 55 - 61	88	84	4	0	0
i. 62+	37	32	5	0	0
j. Don't know / refused	0	0	0	0	0
k. Information missing	15	0	0	0	15
l. Total	1023	440	562	3	18

Q12. Race & Ethnicity

12a. Race Q12a

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. White	679	330	341	1	7
b. Black or African-American	136	54	81	1	0
c. Asian	5	3	2	0	0
d. American Indian or Alaska Native	61	16	44	1	0
e. Native Hawaiian or Other Pacific Islander	10	4	6	0	0
f. Multiple races	92	21	71	0	0
g. Don't know / refused	22	6	16	0	0
h. Information missing	18	6	1	0	11
i. Total	1023	440	562	3	18

12b. Ethnicity Q12b

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Non-Hispanic/non-Latino	634	346	278	3	7
b. Hispanic/Latino	368	89	279	0	0
c. Don't know / refused	4	0	4	0	0
d. Information missing	17	5	1	0	11
e. Total	1023	440	562	3	18

Q13. Physical and Mental Health Conditions

13a1. Physical and Mental Health Conditions at Entry

Q13a1

	Total persons	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Mental illness	158	123	32	1	2
b. Alcohol abuse	33	32	0	0	1
c. Drug abuse	46	42	1	0	3
d. Both alcohol and drug abuse	67	66	0	0	1
e. Chronic health condition	57	49	7	0	1
f. HIV/AIDS and related diseases	1	1	0	0	0
g. Developmental disability	18	13	5	0	0
h. Physical disability	108	87	21	0	0

13b1. Physical and Mental Health Conditions of Leavers

Q13b1

	Total persons	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Mental illness	58	30	28	0	0
b. Alcohol abuse	5	5	0	0	0
c. Drug abuse	5	4	1	0	0
d. Both alcohol and drug abuse	1	1	0	0	0
e. Chronic health condition	27	20	7	0	0
f. HIV/AIDS and related diseases	0	0	0	0	0
g. Developmental disability	7	2	5	0	0
h. Physical disability	38	21	17	0	0

13c1. Physical and Mental Health

Conditions of Stayers Q13c1

	Total persons	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Mental illness	100	93	4	1	2
b. Alcohol abuse	28	27	0	0	1
c. Drug abuse	41	38	0	0	3
d. Both alcohol and drug abuse	66	65	0	0	1
e. Chronic health condition	0	0	0	0	0
f. HIV/AIDS and related diseases	1	1	0	0	0
g. Developmental disability	11	11	0	0	0
h. Physical disability	70	66	4	0	0

Q14. Domestic Violence

14a. Persons with Domestic Violence History

Q14a

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Yes	185	123	62	0	0
b. No	465	305	151	2	7
c. Don't know / refused	4	4	0	0	0
d. Information missing	13	8	0	0	5
e. Total	667	440	213	2	12

14b. Persons Fleeing Domestic Violence

Q14b

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Yes	50	24	26	0	0
b. No	58	36	22	0	0
c. Don't know / refused	0	0	0	0	0
d. Information missing	80	66	14	0	0
e. Total	188	126	62	0	0

Q15. Residence Prior to Project Entry Q15

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Homeless situations					
a1. Emergency shelter	157	102	53	1	1
a2. Transitional housing for homeless persons	21	17	3	0	1
a3. Place not meant for human habitation	180	150	28	1	1
a4. Safe haven	2	1	1	0	0
az. Total	360	270	85	2	3
b. Institutional settings					
b1. Psychiatric facility	1	1	0	0	0
b2. Substance abuse or detox center	61	57	0	0	4
b3. Hospital (non-psychiatric)	6	5	0	0	1
b4. Jail, prison or juvenile detention	3	3	0	0	0
b5. Foster care home or foster care group home	2	2	0	0	0
b6. Long-term care facility or nursing home	0	0	0	0	0
b7. Residential project or halfway house with no homeless criteria	3	1	2	0	0
bz. Total	76	69	2	0	5

Combined Report

c. Other locations					
c01. PH for homeless persons	3	3	0	0	0
c02. Owned by client, no subsidy	2	2	0	0	0
c03. Owned by client, with subsidy	0	0	0	0	0
c04. Rental by client, no subsidy	67	28	39	0	0
c05. Rental by client, with VASH subsidy	0	0	0	0	0
c06. Rental by client, with GPD TIP subsidy	0	0	0	0	0
c07. Rental by client, with other subsidy	7	3	4	0	0
c08. Hotel or motel paid by client	29	9	20	0	0
c09. Staying or living with friend(s)	63	20	43	0	0
c10. Staying or living with family	27	20	7	0	0
c11. Other	15	7	8	0	0
c12. Don't know / refused	0	0	0	0	0
c13. Information missing	18	9	5	0	4
cz. Total	231	101	126	0	4
d. Total	667	440	213	2	12

Q20. Non-Cash Benefits

20a. Type of Non-Cash

Benefit Sources

Q20a

	At entry	At Latest Annual Assessment for Stayers	At Exit for Leavers
a. Supplemental Nutritional Assistance Program	448	0	197
b. WIC	12	0	13
c. TANF Child Care services	6	0	3
d. TANF transportation services	3	0	0
e. Other TANF-funded services	5	0	1
f. Other source	5	0	2

Q21. Health Insurance Q21

	At entry	At Latest Annual Assessment for Stayers	At Exit for Leavers
a. MEDICAID health insurance	700	1	364
b. MEDICARE health insurance	37	0	7
c. State Children's Health Insurance	36	0	24
d. VA Medical Services	68	0	23
e. Employer-provided health insurance	8	0	2
f. Health insurance through COBRA	4	0	1
g. Private pay health insurance	9	0	2
h. State Health Insurance for Adults	48	0	24
i. No health insurance	23	0	24
j. Client doesn't know/Client refused	0	0	0
k. Data not collected	53	107	19
l. Number of adult stayers not yet required to have an annual assessment	0	405	0
m. 1 source of health insurance	801	1	402
n. More than 1 source of health insurance	42	0	19

Q22. Length of Participation

Q22a2. Length of Participation—ESG projects

Q22a2

	Total	Leavers	Stayers
a. 0 to 7 days	29	24	5
b. 8 to 14 days	39	20	19
c. 15 to 21 days	46	33	13
d. 22 to 30 days	37	19	18
e. 31 to 60 days	87	32	55
f. 61 to 90 days	120	87	33
g. 91 to 180 days	298	217	81
h. 181 to 365 days	254	54	200
i. 366 to 730 days (1-2 yrs.)	50	9	41
j. 731 to 1095 days (2-3 yrs.)	63	0	63
k. 1096 to 1460 days (3-4 yrs.)	0	0	0
l. 1461 to 1825 days (4-5 yrs.)	0	0	0
m. More than 1825 days (>5 yrs.)	0	0	0
n. Information missing	0	0	0
o. Total	1023	495	528

Q22c. RRH Length of Time between Project Entry Date and Residential Move-in Date

Q22c

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. 0-7 days	3	2	1	0	0
b. 8-14 days	0	0	0	0	0
c. 15-21 days	0	0	0	0	0
d. 22 to 30 days	0	0	0	0	0
e. 31 to 60 days	0	0	0	0	0
f. 61 to 180 days	0	0	0	0	0
g. 181 to 365 days	0	0	0	0	0
h. 366 to 730 days (1-2 yrs.)	0	0	0	0	0
i. Data Not Collected	64	12	52	0	0
j. Total	67	14	53	0	0

Q22d. Length of Participation by Household type

Q22d

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. 0 to 7 days	28	22	6	0	0
b. 8 to 14 days	40	12	28	0	0
c. 15 to 21 days	46	7	39	0	0
d. 22 to 30 days	37	9	28	0	0
e. 31 to 60 days	87	36	51	0	0
f. 61 to 90 days	119	22	96	1	0
g. 91 to 180 days	298	92	195	1	10
h. 181 to 365 days	254	147	98	1	8
i. 366 to 730 days (1-2 yrs.)	51	30	21	0	0
j. 731 to 1095 days (2-3 yrs.)	63	63	0	0	0
k. 1096 to 1460 days (3-4 yrs.)	0	0	0	0	0
l. 1461 to 1825 days (4-5 yrs.)	0	0	0	0	0
m. More than 1825 days (>5 yrs.)	0	0	0	0	0
n. Information missing	0	0	0	0	0
o. Total	1023	440	562	3	18

**Q23. Exit Destination –
More than 90 Days** Q23

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Permanent destinations					
a01. Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
a02. Owned by client, no ongoing subsidy	0	0	0	0	0
a03. Owned by client, with ongoing subsidy	0	0	0	0	0
a04. Rental by client, no ongoing subsidy	56	9	47	0	0
a05. Rental by client, VASH subsidy	0	0	0	0	0
a06. Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
a07. Rental by client, other ongoing subsidy	1	1	0	0	0
a08. Permanent housing for homeless persons	0	0	0	0	0
a09. Staying or living with family, permanent tenure	10	0	10	0	0
a10. Staying or living with friends, permanent tenure	0	0	0	0	0
az. Total	67	10	57	0	0

Combined Report

b. Temporary destinations					
b1. Emergency shelter	0	0	0	0	0
b2. Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
b3. Transitional housing for homeless persons	0	0	0	0	0
b4. Staying with family, temporary tenure	3	0	3	0	0
b5. Staying with friends, temporary tenure	1	0	1	0	0
b6. Place not meant for human habitation	0	0	0	0	0
b7. Safe Haven	0	0	0	0	0
b8. Hotel or motel paid by client	2	2	0	0	0
bz. Total	6	2	4	0	0
c. Institutional settings					
c1. Foster care home or group foster care home	0	0	0	0	0
c2. Psychiatric hospital or other psychiatric facility	0	0	0	0	0
c3. Substance abuse treatment facility or detox center	0	0	0	0	0
c4. Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
c5. Jail, prison or juvenile detention facility	0	0	0	0	0
c6. Long term care facility or nursing home	0	0	0	0	0
cz. Total	0	0	0	0	0

Combined Report

d. Other destinations					
d1. Residential project or halfway house with no homeless criteria	0	0	0	0	0
d2. Deceased	1	0	1	0	0
d3. Other	0	0	0	0	0
d4. Don't know / refused	1	0	1	0	0
d5. Information missing	0	0	0	0	0
dz. Total	2	0	2	0	0
e. Total	75	12	63	0	0

Q23a. Exit

Destination—All persons

Q23a

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Permanent destinations					
a01. Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
a02. Owned by client, no ongoing subsidy	8	2	6	0	0
a03. Owned by client, with ongoing subsidy	0	0	0	0	0
a04. Rental by client, no ongoing subsidy	44	6	38	0	0
a05. Rental by client, VASH subsidy	1	1	0	0	0
a06. Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
a07. Rental by client, other ongoing subsidy	143	24	119	0	0
a08. Permanent housing for homeless persons	23	4	19	0	0
a09. Staying or living with family, permanent tenure	31	3	28	0	0
a10. Staying or living with friends, permanent tenure	2	0	2	0	0
az. Total	252	40	212	0	0

Combined Report

b. Temporary destinations					
b1. Emergency shelter	18	16	2	0	0
b2. Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
b3. Transitional housing for homeless persons	8	8	0	0	0
b4. Staying with family, temporary tenure	56	4	52	0	0
b5. Staying with friends, temporary tenure	29	3	26	0	0
b6. Place not meant for human habitation	1	1	0	0	0
b7. Safe Haven	0	0	0	0	0
b8. Hotel or motel paid by client	6	2	4	0	0
bz. Total	118	34	84	0	0
c. Institutional settings					
c1. Foster care home or group foster care home	0	0	0	0	0
c2. Psychiatric hospital or other psychiatric facility	0	0	0	0	0
c3. Substance abuse treatment facility or detox center	0	0	0	0	0
c4. Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
c5. Jail, prison or juvenile detention facility	2	1	1	0	0
c6. Long term care facility or nursing home	0	0	0	0	0
cz. Total	2	1	1	0	0

Combined Report

d. Other destinations					
d1. Residential project or halfway house with no homeless criteria	0	0	0	0	0
d2. Deceased	0	0	0	0	0
d3. Other	26	0	26	0	0
d4. Don't know / refused	5	2	3	0	0
d5. Information missing	9	0	9	0	0
dz. Total	40	2	38	0	0
e. Total	412	77	335	0	0

**Q23b. Homeless
Prevention Housing
Assessment at Exit**

Q23b

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Able to maintain the housing they had at project entry--Without a subsidy	4	1	3	0	0
b. Able to maintain the housing they had at project entry--With the subsidy they had at project entry	0	0	0	0	0
c. Able to maintain the housing they had at project entry--With an on-going subsidy acquired since project entry	0	0	0	0	0
d. Able to maintain the housing they had at project entry--Only with financial assistance other than a subsidy	4	0	4	0	0
e. Moved to new housing unit--With on-going subsidy	1	1	0	0	0
f. Moved to new housing unit--Without an on-going subsidy	4	3	1	0	0
g. Moved in with family/friends on a temporary basis	0	0	0	0	0
h. Moved in with family/friends on a permanent basis	0	0	0	0	0
i. Moved to a transitional or temporary housing facility or program	0	0	0	0	0
j. Client became homeless-moving to a shelter or other place unfit for human habitation	0	0	0	0	0
k. Client went to jail/prison	0	0	0	0	0

Combined Report

l. Client died	0	0	0	0	0
m. Client doesn't know/Client refused	6	1	5	0	0
n. Data not collected (no exit interview completed)	22	2	20	0	0
o. Total	41	8	33	0	0

Q24. Exit Destination –
90 Days or Less Q24

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Permanent destinations					
a01. Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
a02. Owned by client, no ongoing subsidy	2	0	2	0	0
a03. Owned by client, with ongoing subsidy	0	0	0	0	0
a04. Rental by client, no ongoing subsidy	4	0	4	0	0
a05. Rental by client, VASH subsidy	0	0	0	0	0
a06. Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
a07. Rental by client, other ongoing subsidy	0	0	0	0	0
a08. Permanent housing for homeless persons	0	0	0	0	0
a09. Staying or living with family, permanent tenure	0	0	0	0	0
a10. Staying or living with friends, permanent tenure	0	0	0	0	0
az. Total	6	0	6	0	0

Combined Report

b. Temporary destinations					
b1. Emergency shelter	0	0	0	0	0
b2. Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
b3. Transitional housing for homeless persons	0	0	0	0	0
b4. Staying with family, temporary tenure	0	0	0	0	0
b5. Staying with friends, temporary tenure	0	0	0	0	0
b6. Place not meant for human habitation	0	0	0	0	0
b7. Safe Haven	0	0	0	0	0
b8. Hotel or motel paid by client	0	0	0	0	0
bz. Total	0	0	0	0	0
c. Institutional settings					
c1. Foster care home or group foster care home	0	0	0	0	0
c2. Psychiatric hospital or other psychiatric facility	0	0	0	0	0
c3. Substance abuse treatment facility or detox center	0	0	0	0	0
c4. Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
c5. Jail, prison or juvenile detention facility	0	0	0	0	0
c6. Long term care facility or nursing home	0	0	0	0	0
cz. Total	0	0	0	0	0

Combined Report

d. Other destinations					
d1. Residential project or halfway house with no homeless criteria	0	0	0	0	0
d2. Deceased	1	1	0	0	0
d3. Other	0	0	0	0	0
d4. Don't know / refused	0	0	0	0	0
d5. Information missing	0	0	0	0	0
dz. Total	1	1	0	0	0
e. Total	7	1	6	0	0

25a. Number of Veterans Q25a

	Total	a. Without children	b. With children and adults	c. Unknown household type
a. Chronically homeless veteran	24	24	0	0
b. Non-chronically homeless veteran	109	103	5	1
c. Not a veteran	510	305	203	2
d. Client Doesn't Know/Client Refused	1	1	0	0
e. Data Not Collected	12	7	5	0
f. Total	656	440	213	3

Q26b. Number of Chronically Homeless Persons by Household Q26b

	Total	a. Without children	b. With children and adults	c. With only children	d. Unknown household type
a. Chronically homeless	144	128	14	0	2
b. Not chronically homeless	843	293	541	3	6
c. Client Doesn't Know/Client Refused	8	4	4	0	0
d. Data Not Collected	28	15	3	0	10
e. Total	1023	440	562	3	18



Housing Opportunities for Persons with AIDS (HOPWA) Program

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

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.

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 AZ-H14-F002 AZ-H15-F002		Operating Year for this report 07/01/15 to 06/30/16		
Grantee Name City of Tucson Housing and Community Development Department				
Business Address		310 N. Commerce Park Loop		
City, County, State, Zip		Tucson	Pima	Arizona 85745
Employer Identification Number (EIN) or Tax Identification Number (TIN)		86-6000266		
DUN & Bradstreet Number (DUNs):		072450869	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: 1JJA2	
*Congressional District of Grantee's Business Address		N/A		
*Congressional District of Primary Service Area(s)		N/A		
*City(ies) and County(ies) of Primary Service Area(s)		Cities: N/A	Counties: N/A	
Organization's Website Address www.tucsonaz.gov/hcd		Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area? <input checked="" type="checkbox"/> Yes <input 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.

Project Sponsor Agency Name Southern Arizona AIDS Foundation		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency		Ricardo Fernandez	
Email Address		rfernandez@saaf.org	
Business Address		375 S. Euclid Ave.	
City, County, State, Zip,		Tucson, Pima, Arizona, 85719	
Phone Number (with area code)		520-628-7223	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		86-0864100	
DUN & Bradstreet Number (DUNs):		197335730	
Congressional District of Project Sponsor's Business Address		Congressional District 3	
Congressional District(s) of Primary Service Area(s)		Congressional Districts 2 & 3	
City(ies) <u>and</u> County(ies) of Primary Service Area(s)		Cities: Tucson	
		Counties: Pima	
Total HOPWA contract amount for this Organization for the operating year		\$535,551.70	
Organization's Website Address		www.saaf.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.	

3. Administrative Subrecipient Information – N/A

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	N/A			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 – N/A

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

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

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

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

Sub-recipient Name	N/A			Parent Company Name, if applicable
Name and Title of Contact at Contractor/ Sub-contractor Agency				
Email Address				
Business Address				
City, County, State, Zip				
Phone Number (included 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 the Sub-recipient's Business Address				
Congressional District(s) of Primary Service Area				
City(ies) and County(ies) of Primary Service Area	Cities:			Counties:
Total HOPWA Subcontract Amount of this Organization for the operating year				

2. Project Sponsor Information –

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households. These elements address requirements in the Federal Financial Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

Project Sponsor Agency Name City of Tucson Housing and Community Development Department, Housing Assistance Division		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Sheri Rico			
Email Address	Sheri.Rico@tucsonaz.gov			
Business Address	310 N. Commerce Park Loop			
City, County, State, Zip,	Tucson, Pima, Arizona, 85745			
Phone Number (with area code)	520-837-5377			
Employer Identification Number (EIN) or Tax Identification Number (TIN)	86-6000266			
DUN & Bradstreet Number (DUNs):	072450869			
Congressional District of Project Sponsor's Business Address	Congressional District 3			
Congressional District(s) of Primary Service Area(s)	Congressional Districts 2 & 3			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Tucson		Counties: Pima	
Total HOPWA contract amount for this Organization for the operating year	\$43,798			
Organization's Website Address	www.tucsonaz.gov/hcd			
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.		

3. Administrative Subrecipient Information – N/A

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	N/A			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 – N/A

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

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

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

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

Sub-recipient Name	N/A			Parent Company Name, if applicable
Name and Title of Contact at Contractor/ Sub-contractor Agency				
Email Address				
Business Address				
City, County, State, Zip				
Phone Number (included 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 the Sub-recipient's Business Address				
Congressional District(s) of Primary Service Area				
City(ies) and County(ies) of Primary Service Area	Cities:			Counties:
Total HOPWA Subcontract Amount of this Organization for the operating year				

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.*

In 2015-2016 the City of Tucson Community Services, as the grantee, contracted with the Southern Arizona AIDS Foundation (SAAF) as a project sponsor, to administer HOPWA Housing Subsidy Assistance in the form of Short-term Rent, Mortgage and Utility assistance (STRMU), Supportive Services (including case management and transportation), Emergency Shelter Vouchers (Short-term Supportive Facility) and Permanent Housing Placement Services (including move-in costs and housing prescreen assistance). The City of Tucson works through its Section 8 program as project sponsor to provide Tenant Based Rental Assistance (TBRA) with SAAF providing case management to those in the TBRA units. During 2015-2016 this HOPWA grant provided housing assistance to 198 households.

The project sponsor is the Southern Arizona AIDS Foundation (SAAF). SAAF is the result of a 1997 merger of the three primary AIDS service organizations in Tucson. The mission of the Southern Arizona AIDS Foundation is to create and sustain a healthier community through a compassionate, comprehensive response to HIV/AIDS. SAAF is a community-based organization in Southern Arizona providing case management, housing, and support services for people living with HIV/AIDS and their families; comprehensive prevention and education programs to reduce the rate of infection; and trainings and opportunities for community members to fill critical roles. SAAF is a member of the Pima County HIV/AIDS Consortium and the Tucson Pima Collaboration to end Homelessness, the Continuum of Care for Tucson and Pima County.

The area of service is the City of Tucson, Arizona, and also includes areas outside the city limits within Pima County, Arizona that are part of the Public Housing Authority. Of the people receiving services through SAAF in the last year 54% were between 0-30% of Area Median Income, 29% were between 31-50% of Area Median Income, and 17% were between 51-80% of Area Median Income.

SAAF manages a diverse housing program supported through various HUD sources providing stable, well-maintained, affordable rental homes for people with HIV/AIDS who would otherwise be living in homeless or near-homeless conditions.

SAAF's permanent housing program includes 83 units owned and operated by SAAF at seven different locations in Tucson, subsidized through a combination of HUD PRAC 811, Continuum of Care/Supportive Housing Program, Continuum of Care/Shelter + Care, and HOPWA Competitive funds. SAAF also manages approximately 300 scattered site transitional and permanent supportive housing units subsidized through Continuum of Care Program, HOPWA Competitive funds, and Ryan White Part B funds. SAAF has collaborative partnerships with community behavioral and mental health agencies, which include 17 units of housing for SAAF clients. In April 2015 SAAF though new funding from the Arizona Department of Health Services significantly expanded its housing capacity by adding transitional housing for persons living with HIV/AIDS. Approximately 350 people benefit from SAAF housing programs at any given time.

People living with HIV/AIDS are referred to the housing program through SAAF case management. SAAF maintains a priority list and housing placement is prioritized based on the severity of a client's service needs. Persons with higher severity service needs are prioritized to receive housing assistance first.

The housing services provided by the HOPWA Formula contract are leveraged through funds from the Ryan White Program Part B, Pima County Outside Agency, private foundations, and corporate and donor fundraising. These support services include case management, dental services, medication assistance, complementary therapies, food programs and material assistance. These services help increase housing stability, address barriers to care, improve access to care and promote housing readiness.

Program contacts at SAAF are: Ricardo Fernandez, Associate Director of Care Services
375 S. Euclid Avenue, Tucson, AZ 85719
(520) 628-7223 and fax is (520) 628-7222
rfernandez@saaf.org

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.

During the period of July 1, 2015 through June 30, 2016, the following significant accomplishments were made through providing services to people living with HIV/AIDS.

- 6 households benefited from tenant based, permanent supportive housing units (proposed number was 8)
- 46 households received permanent housing placement assistance in the form of rental deposits and application fees (proposed number was 115 households) We had lesser need in this area because of an expansion in our housing programs.
- 63 households benefited from HOPWA emergency shelter assistance (Short-term Supportive Facility) prior to securing more permanent housing assistance (proposed number was 18)
- 151 households received assistance with HOPWA Short-term Rent, Mortgage and Utility assistance in order to maintain housing stability (proposed number was 110 households)

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.

Increase or maintain housing stability for people living with HIV/AIDS

Tenant-based rental assistance

Six (6) households received tenant-based rental assistance through this contract. **100% remained stably housed at contract year end.** No households exited the program during the reporting period.

Permanent housing placement services

46 clients received assistance with permanent housing placement services including application fees and first month's rent and security deposits (not exceeding the equivalent of two months of rent costs) increasing housing stability. During this contract year we saw a decreased need for permanent housing placement assistance as we were able to expand transitional housing through a different funding source. .

Short-term housing facilities

Ninety eight (63) households were assisted with emergency hotel vouchers.

Reduce the risk of homelessness for people living with HIV/AIDS

Short-term rent, mortgage and utility assistance

SAAF provided emergency short-term rent, mortgage, and utility assistance to 151 households. **80% of those receiving STRMU assistance are expected to maintain private housing without additional assistance or have moved into permanent supportive housing.** This is increased from last year as we were able to provide greater levels of assistance to increase individual household stability.

SAAF changed policy with regards to utilization of STRMU assistance in 2014 SAAF now limits clients to the HUD imposed maximum rather than a stricter standard previously in place that limited assistance to one time per year except in exceptional circumstances.

Increase or maintain access to medical care and support services for people living with HIV/AIDS

All clients receiving housing services through this contract also received comprehensive case management services. This includes an individual service plan with goals including maintaining stable housing and ensuring access to health care. Case managers work with clients to determine whether there is a need for more affordable housing or housing through a subsidized supportive housing program.

Clients have access to support services through SAAF, funded by HOPWA and non-HOPWA sources that provide the support necessary to access and maintain housing and medical care. These services include case management, transportation, peer counseling, health insurance and cost-sharing assistance, food programs, substance abuse services, complementary therapies, and support groups.

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.

Both SAAF and the City of Tucson are members of the local Continuum of Care through the Tucson Pima Collaboration to End Homelessness. HOPWA-funded housing services are reported in the annual Continuum of Care application. SAAF and the City of Tucson also participate in the local HMIS and the HMIS Committee coordinated through the Tucson Pima Collaboration to End Homelessness.

Leveraged sources included in this report are funds from Ryan White Program Part B, local County sources (Pima County Outside Agency), SAAF community fundraising, and corporate and private foundations.

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

The grantee and sponsors have utilized technical assistance resources including HUD Exchange and training webinars. We do not currently have any technical assistance needs.

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

We have not had any major barriers during this past project year.

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.

We received a large increase in funding from the Arizona Department of Health Services (ADHS) which has enabled us to provide transitional housing to a large number of clients. This housing intervention’s availability has decreased STRMU assistance and permanent housing placement assistance usage . It has enabled us to provide longer term support for clients that requireit.

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

N/A

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.	100
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)	80
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	0
• Assistance with rental costs	0
• Assistance with mortgage payments	0
• Assistance with utility costs.	0
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	20

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

<input checked="" type="checkbox"/>	= 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)
<input checked="" type="checkbox"/>	= Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need including those completed by HOPWA competitive grantees operating in the region.
	= Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted
	= Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing
	= Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g. local health department or CDC surveillance data

End of PART 1

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging

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

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

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	\$200,000	Oral Health Care, Health Insurance Premium and Cost Sharing, Emergency Financial Medication Assistance, Ryan White case management for HOPWA clients	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
			<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Pima County Outside Agency	\$ 50,000	Food programs for HOPWA clients.	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Private Funding			
Grants - Foundations			<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
In-kind Resources:			<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Funding			
Grantee/Project Sponsor/Subrecipient (Agency) Cash			<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
TOTAL (Sum of all Rows)	\$250,000		

2. Program Income and Resident Rent Payments – N/A

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)	\$0
2.	Resident Rent Payments made directly to HOPWA Program	\$0
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	\$0

B. Program Income and Resident Rent Payments Expended To Assist HOPWA Households – N/A

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	\$0
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	\$0
3.	Total Program Income Expended (Sum of Rows 1 and 2)	\$0

End of PART 2

PART 3: Accomplishment Data Planned Goal and Actual Outputs

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

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

1. HOPWA Performance Planned Goal and Actual Outputs

		[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 Performance Planned Goal and Actual							
HOPWA Housing Subsidy Assistance		[1] Output: Households				[2] Output: Funding	
1.	Tenant-Based Rental Assistance	8	6			\$67,697	\$23,899
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)						
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served) (Households Served)	18	63			\$15,000	\$31,793
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)						
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)						
4.	Short-Term Rent, Mortgage and Utility Assistance	110	151			\$150,000	\$150,000
5.	Permanent Housing Placement Services	115	46			\$55,312	\$34,830
6.	Adjustments for duplication (subtract)	51	68				
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)	200	198			\$288,009	\$240,522
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)						
9.	Stewardship Units subject to 3 or 10 year use agreements						
10.	Total Housing Developed (Sum of Rows 78 & 9)						
Supportive Services		[1] Output Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance	200	198			\$202,487	\$189,057
11b.	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.						
12.	Adjustment for duplication (subtract)						
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.)	200	198			\$202,487	\$189,057
Housing Information Services		[1] Output Households				[2] Output: Funding	
14.	Housing Information Services						
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						
17.	Technical Assistance (if approved in grant agreement)						
18.	Grantee Administration (maximum 3% of total HOPWA grant)					\$18,065	\$9,758
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$34,808	\$32,797
20.	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)					\$52,873	\$42,555
Total Expended						[2] Outputs: HOPWA Funds Expended	
						Budget	Actual
21.	Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)					\$543,369	\$472,134

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 Households	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance	0	0
2.	Alcohol and drug abuse services	0	0
3.	Case management	198	\$141,812
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)	0	0
10.	Meals/nutritional services	0	0
11.	Mental health services	0	0
12.	Outreach	0	0
13.	Transportation	198	\$47,245
14.	Other Activity (if approved in grant agreement). Specify:	0	0
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	396	
16.	Adjustment for Duplication (subtract)	198	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	198	\$189,057

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	151	\$150,000
b.	<u>Of the total STRMU reported on Row a.</u> total who received assistance with mortgage costs ONLY.	4	\$3,008
c.	<u>Of the total STRMU reported on Row a.</u> total who received assistance with mortgage and utility costs.	4	\$4,507
d.	<u>Of the total STRMU reported on Row a.</u> total who received assistance with rental costs ONLY.	74	\$69,497
e.	<u>Of the total STRMU reported on Row a.</u> total who received assistance with rental and utility costs.	33	\$30,992
f.	<u>Of the total STRMU reported on Row a.</u> total who received assistance with utility costs ONLY.	36	\$33,809
g.	Direct program delivery costs (e.g., program operations staff time)		\$8,187

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	6	6	1 Emergency Shelter/Streets	0	<i>Unstable Arrangements</i>
			2 Temporary Housing	0	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	0	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	0	
			5 Other Subsidy	0	
			6 Institution	0	
			7 Jail/Prison	0	<i>Unstable Arrangements</i>
			8 Disconnected/Unknown	0	
			9 Death	0	<i>Life Event</i>
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	<i>Life Event</i>

B. Transitional Housing Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Transitional/ Short-Term Housing Facilities/ Units	63	0	1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing		<i>Temporarily Stable with Reduced Risk of Homelessness</i>
			3 Private Housing		<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA		
			5 Other Subsidy	63	
			6 Institution		
			7 Jail/Prison		<i>Unstable Arrangements</i>
			8 Disconnected/unknown		
			9 Death		<i>Life Event</i>

B1:Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months	0
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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
151	Maintain Private Housing without subsidy <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	126	<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>	0	
	Other HOPWA Housing Subsidy Assistance	0	
	Other Housing Subsidy (PH)	15	
	Institution <i>(e.g. residential and long-term care)</i>	0	
	Likely that additional STRMU is needed to maintain current housing arrangements	10	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	Transitional Facilities/Short-term <i>(e.g. temporary or transitional arrangement)</i>	0	
	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>	0	
	Emergency Shelter/street	0	<i>Unstable Arrangements</i>
	Jail/Prison	0	
	Disconnected	0	
	Death	0	<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).			80

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 HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	198
b. Case Management	198
c. Adjustment for duplication (subtraction)	198
d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)	198
2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	N/A
b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance	N/A

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	198	N/A	Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	198	N/A	Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	188	N/A	Access to Health Care
4. Accessed and maintained medical insurance/assistance	188	N/A	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	133	N/A	Sources of Income

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

<ul style="list-style-type: none"> 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
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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
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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	32	N/A

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)				
Permanent Facility-based Housing Assistance/Units				
Transitional/Short-Term Facility-based Housing Assistance/Units				
Total Permanent HOPWA Housing Subsidy Assistance				
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)				
Total HOPWA Housing Subsidy Assistance				

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.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report <i>From (mm/dd/yy) To (mm/dd/yy)</i> <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input 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"/> <i>Yes, protect information; do not list</i> <input type="checkbox"/> <i>Not confidential; information can be made available to the public</i>
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 <i>(person who can answer questions about the report and program)</i>	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.	198

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.	<u>Continuing</u> to receive HOPWA support from the prior operating year	6
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)	7
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	3
4.	Transitional housing for homeless persons	0
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)	10
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	0
7.	Psychiatric hospital or other psychiatric facility	0
8.	Substance abuse treatment facility or detox center	3
9.	Hospital (non-psychiatric facility)	0
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	0
12.	Rented room, apartment, or house	143
13.	House you own	22
14.	Staying or living in someone else's (family and friends) room, apartment, or house	
15.	Hotel or motel paid for without emergency shelter voucher	0
16.	Other	14
17.	Don't Know or Refused	0
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	198

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	1	2

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.)	198
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	38
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	59
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)	295

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	0	0	0	0	0
2.	18 to 30 years	15	5	0	0	20
3.	31 to 50 years	70	22	0	0	92
4.	51 years and Older	72	14	0	0	86
5.	Subtotal (Sum of Rows 1-4)	157	41	0	0	198
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	23	25	0	0	48
7.	18 to 30 years	5	6	0	0	11
8.	31 to 50 years	9	6	0	0	15
9.	51 years and Older	14	9	0	0	23
10.	Subtotal (Sum of Rows 6-9)	51	46	0	0	97
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	208	87	0	0	295

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	8	3	5	4
2.	Asian	0	0	0	0
3.	Black/African American	40	2	34	0
4.	Native Hawaiian/Other Pacific Islander	0	0	0	0
5.	White	146	48	55	25
6.	American Indian/Alaskan Native & White	0	0	0	0
7.	Asian & White	0	0	0	0
8.	Black/African American & White	0	0	0	0
9.	American Indian/Alaskan Native & Black/African American	0	0	1	1
10.	Other Multi-Racial	4	1	2	1
11.	Column Totals (Sum of Rows 1-10)	198	54	97	31
Data Check: Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a., Row 4.					

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

Section 3. Households

Household Area Median Income

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

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

Note: Refer to 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)	106
2.	31-50% of area median income (very low)	58
3.	51-80% of area median income (low)	34
4.	Total (Sum of Rows 1-3)	198

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)

Southern Arizona AIDS Foundation

2. Capital Development

N/A

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	\$0	\$0	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	\$0	\$0	
<input type="checkbox"/> Acquisition	\$0	\$0	
<input type="checkbox"/> Operating	\$0	\$0	
a. Purchase/lease of property:			
b. Rehabilitation/Construction Dates:			Date started: N/A Date Completed: N/A
c. Operation dates:			Date residents began to occupy: N/A <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: N/A <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 3 Total Units =
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			810 E Benson Hwy, Tucson, AZ 85713 222 S Freeway, Tucson, AZ 85745
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	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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: Southern Arizona AIDS Foundation

Type of housing facility operated by the project sponsor/subrecipient		Total Number of <u>Units</u> in use during the Operating Year					Categorized by the Number of Bedrooms per Units
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling	0					
b.	Community residence	0	0	0	0	0	0
c.	Project-based rental assistance units or leased units	0	0	0	0	0	0
d.	Other housing facility <u>Specify:</u> Hotel/motel vouchers	63	0	0	0	0	0

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	0	\$0
b.	Operating Costs	0	\$0
c.	Project-Based Rental Assistance (PBRA) or other leased units	0	\$0
d.	Other Activity (if approved in grant agreement) <u>Specify:</u> Hotel/Motel Vouchers	63	\$31,793
e.	Adjustment to eliminate duplication (subtract)	0	
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	63	\$31,793