



Housing Opportunities for Persons with AIDS (HOPWA) Program

Consolidated Annual Performance and Evaluation Report (CAPER) Measuring Performance Outcomes Federal Fiscal Year 2008 (State Fiscal Year 2008-2009)

Submitted: September 2009

OMB Number 2506-0133 (Expiration Date: 12/31/2010)

The HOPWA CAPER report for formula grantees provides annual information on program accomplishments in meeting the program's performance outcome measure: maintain housing stability; improve access to care; and reduce the risk of homelessness for low-income persons and their families living with HIV/AIDS. 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 45 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 68 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

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

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

The revisions contained within this edition are designed to accomplish the following: (1) provide for an assessment of unmet need; (2) streamline reporting sources and uses of leveraged resources; (3) differentiate client outcomes for temporary/short-term and permanent facility-based assistance; (4) clarify indicators for short-term efforts and reducing the risk of homelessness; and (5) clarify indicators for Access to Care and Support for this special needs population. In addition, grantees are requested to comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282) which requires federal grant recipients to provide general information for all entities (including subrecipients) receiving \$25,000+ in federal funds.

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Continued Use Periods. Grantees that use HOPWA funds for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for ten years for HOPWA-eligible beneficiaries. For the years in which grantees do not receive and expend HOPWA funding for these activities, the grantee must submit an Annual Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 5 in CAPER.

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

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: Office of HIV/AIDS Housing, Room 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C. 20410.

Definitions: Facility-Based Housing Assistance: All HOPWA housing expenditures which provide support to facilities, including community residences, SRO dwellings, short-term or transitional facilities, project-

based units, master leased units, scattered site units leased by the organization, and other housing facilities approved by HUD.

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

Housing Assistance Total: The non-duplicated number of households receiving housing subsidies and residing in units of facilities that were dedicated to persons living with HIV/AIDS and their families that were supported with HOPWA or leveraged funds during this operating year.

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

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

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

Outcome: The HOPWA assisted households who have been enabled to establish or better maintain a stable living environment in housing that is safe, decent, and sanitary, (per the regulations at 24 CFR 574.310(b)) and to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support. The goal that eighty percent of HOPWA clients will maintain housing stability, avoid homelessness, and access care by 2011.

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

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income for state and local governments at 24 CFR 85.25, or for non-profits at 24 CFR 84.24.

Short-Term Rent, Mortgage and Utility Payments (STRMU): Subsidy or payments subject to the 21-week limited time period to prevent the homelessness of a household (e.g., HOPWA short-term rent, mortgage and utility payments).

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

Tenant-Based Rental Assistance: (TBRA): An on-going rental housing subsidy for units leased by the client, where the amount is determined based in part on household income and rent costs. Project-based costs are considered facility-based expenditures.

Total by Type of Housing Assistance/Services: The non-duplicated households assisted in units by type of housing assistance dedicated to persons living with HIV/AIDS and their families or services provided that were supported with HOPWA and leveraged funds during the operating year

Housing Opportunities for Persons with AIDS (HOPWA) Consolidated Annual Performance and Evaluation Report - Measuring Performance Outcomes

OMB Number 2506-0133 (Expiration Date: 12/31/2010)

Part 1: Grantee Executive Summary

As applicable, complete the charts below followed by the submission of a written narrative to questions A through C, and the completion of Chart D. 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 sub recipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their activities. Agreements include: grants, sub grants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

1. Grantee Information

HUD Grant Number FL29H07-F999, FL29H08-F999		Operating Year for this report <i>From (mm/dd/yy)</i> 07.01.08 <i>To (mm/dd/yy)</i> 06.30.09		
Grantee Name Florida Department of Health				
Business Address		4052 Bald Cypress Way, BIN A-09		
City, County, State, Zip		Tallahassee	Leon	FL 32399-1715
Employer Identification Number (EIN) or Tax Identification Number (TIN)		59-3502843		DUN & Bradstreet Number (DUNs) if applicable 364215061
Congressional District of Business Address		Florida's 2 nd Congressional		
*Congressional District(s) of Primary Service Area(s)		N/A		
*Zip Code(s) of Primary Service Area(s)		N/A		
*City(ies) and County(ies) of Primary Service Area(s)		N/A		N/A
Organization's Website Address www.doh.state.fl.us		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.		
Have you prepared any evaluation reports? <i>If so, please indicate the location on an Internet site (url) or attach copy.</i> No				

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

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name Lutheran Services Florida, Inc., Northwest		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Karen Solana, Program Manager			
Email Address	Ksolana@lsfnet.org			
Business Address	14 W. Jordan Street, Suite 1H			
City, County, State, Zip,	Pensacola	Escambia	FL	32501
Phone Number (with area codes)	850.497.7157		Fax Number (with area code) 850.497.7342	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-2198911		DUN & Bradstreet Number (DUNs) if applicable N/A	
Congressional District of Business Location of Sponsor	1st			
Congressional District(s) of Primary Service Area(s)	1st			
Zip Code(s) of Primary Service Area(s)	32501			
City(ies) and County(ies) of Primary Service Area(s)	Pensacola, DeFuniak Springs, Destin, Ft. Walton Beach, Jay, Century		Escambia, Okaloosa, Santa Rosa, Walton	
Total HOPWA contract amount for this Organization	\$411,888			
Organization's Website Address www.lutheranservicesflorida.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name BASIC NWFL, Inc.		Parent Company Name, if applicable N/A			
Name and Title of Contact at Project Sponsor Agency		Valerie Mincey, Executive Director			
Email Address		Valerie.mincey@basicnwfl.com			
Business Address		432 Magnolia Avenue			
City, County, State, Zip,		Panama City	Bay	FL	32401
Phone Number (with area codes)		850.785.1088		Fax Number (with area code) 850.785.8111	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		59-2994863		DUN & Bradstreet Number (DUNs) if applicable 82-7326620	
Congressional District of Business Location of Sponsor		2nd			
Congressional District(s) of Primary Service Area(s)		2nd			
Zip Code(s) of Primary Service Area(s)		32401, 32428, 32448, 32464, 32425, 32446, 32405, 32404, 32456			
City(ies) and County(ies) of Primary Service Area(s)		Panama City, Marianna, Port St. Joe, Bonifay, Chipley, Graceville, Blountstown		Bay, Calhoun, Gulf, Holmes, Jackson, Washington	
Total HOPWA contract amount for this Organization		\$239,088			
Organization's Website Address www.basicnwfl.com		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization</i> <input checked="" type="checkbox"/>					

2. Project Sponsor Information

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Project Sponsor Agency Name Big Bend Cares, Inc.		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Rebecca G. Garcia, Lead Case Manager			
Email Address	RGarcia@bigbendcares.org			
Business Address	2201 South Monroe Street			
City, County, State, Zip,	Tallahassee	Leon	FL	32301
Phone Number (with area codes)	850.656.2437		Fax Number (with area code) 850.942.6402	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-2816580		DUN & Bradstreet Number (DUNs) if applicable 87-769-0859	
Congressional District of Business Location of Sponsor	2nd			
Congressional District(s) of Primary Service Area(s)	2nd			
Zip Code(s) of Primary Service Area(s)	32301, 32304, 32303, 32310, 32305, 32351, 32308, 32312, 32327, 32333, 32344, 32340, 32311, 32309, 32348, 32317, 32324, 32331, 32352, 32320, 32343, 32347, 32302, 32321, 32330, 32059, 32322, 32328, 32332, 32336, 32353, 32231, 32319, 32350			
City(ies) and County(ies) of Primary Service Area(s)	Tallahassee, Woodville, Sopchoppy, Eastpoint, Apalachicola, Crawfordville, Madison, Perry, Quincy, Gretna, Havana, Midway, Bristol, Chattahoochee, Monticello, Lloyd, Carrabelle		Leon, Franklin, Gadsden, Jefferson, Madison, Taylor Liberty, Wakulla	
Total HOPWA contract amount for this Organization	\$200,000			
Organization's Website Address www.bigbendcares.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name WellFlorida Council, Inc.		Parent Company Name, if applicable North Central Florida Health Planning Council, Inc. (dba WellFlorida Council, Inc.)		
Name and Title of Contact at Project Sponsor Agency	Karen Klubertanz, HIV/AIDS Program Director			
Email Address	kklubertanz@wellflorida.org			
Business Address	1785 NW 80 Boulevard			
City, County, State, Zip,	Gainesville	Alachua	FL	32606
Phone Number (with area codes)	352.313.6500, ext 124		Fax Number (with area code) 352.313.6515	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	23-7083163		DUN & Bradstreet Number (DUNs) if applicable 05-826-7162	
Congressional District of Business Location of Sponsor	3rd			
Congressional District(s) of Primary Service Area(s)	2 nd , 3 rd , 4 th , 5 th , 6 th , 7 th , 8 th			
Zip Code(s) of Primary Service Area(s)	32641, 32091, 34461, 32055, 32628, 32693, 32052, 32066, 32778, 32621, 34478, 32177, 33513, 32064, 32054			
City(ies) and County(ies) of Primary Service Area(s)	Gainesville, Starke, Lecanto, Lake City, Cross City, Trenton, Jasper, Mayo, Tavares, Bronson, Ocala, Palatka, Bushnell, Live Oak, Lake Butler		Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	
Total HOPWA contract amount for this Organization	\$570,542			
Organization's Website Address www.wellflorida.org	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>				

3. Subrecipient Information

In Chart 3, provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assist the grantee or project sponsors to carry out their administrative or service delivery functions. 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 or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Subrecipient Name		Parent Company (if applicable)		
Catholic Charities Bureau, Inc.		N/A		
Name and Title of Contact at Subrecipient	Susan Frizzell, HOPWA Coordinator			
Email Address	ncfhpc@yahoo.com			
Business Address	1717 N W 9 Street			
City, State, Zip, County	Gainesville	Alachua	FL	32609
Phone Number (with area code)	352.372.1422		Fax Number (with area code)	
			352.371.3157	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-1785681		DUN & Bradstreet Number (DUNs) if applicable	
			N/A	
North American Industry Classification System (NAICS) Code	624190			
Congressional District of Location	3rd			
Congressional District of Primary Service Area	2 nd , 3 rd , 4 th , 5 th , 6 th , 7 th , 8 th			
Zip Code of Primary Service Area(s)	32641, 32091, 34461, 32055, 32628, 32693, 32052, 32066, 32778, 32621, 34478, 32177, 33513, 32064, 32054			
City(ies) and County(ies) of Primary Service Area(s)	Gainesville, Starke, Lecanto, Lake City, Cross City, Trenton, Jasper, Mayo, Tavares, Bronson, Ocala, Palatka, Bushnell, Live Oak, Lake Butler		Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, Union	
Total HOPWA Contract Amount	\$106,121			

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name Hillsborough County, a political subdivision of the State of Florida, by and through its Board of County Commissioners		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency		Aubrey Arnold, Ryan White Program Manager		
Email Address		arnolda@hillsboroughcounty.org		
Business Address		412 E. Madison Street, Suite 1102		
City, County, State, Zip,		Tampa	Hillsborough	FL 33602
Phone Number (with area codes)		813.272.6935	Fax Number (with area code) 813.276.8593	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		59-60000661	DUN & Bradstreet Number (DUNs) if applicable 14-9405248	
Congressional District of Business Location of Sponsor		9 th , 11 th		
Congressional District(s) of Primary Service Area(s)		12th		
Zip Code(s) of Primary Service Area(s)		33830, 33801, 33802, 33815, 33880, 33884, 33844, 33896, 33894		
City(ies) and County(ies) of Primary Service Area(s)		Lakeland, Bartow, Winter Haven, Haines City, Davenport	Polk	
Total HOPWA contract amount for this Organization		\$276,930		
Organization's Website Address www.hillsboroughcounty.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input 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"/>				

3. Subrecipient Information

In Chart 3, provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assist the grantee or project sponsors to carry out their administrative or service delivery functions. 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 or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Subrecipient Name		Parent Company (if applicable)		
Polk County Health Department		Florida Department of Health		
Name and Title of Contact at Subrecipient	Terry Boysel, Health Services Administrator			
Email Address	Terry_boysel@doh.state.fl.us			
Business Address	1255 Brice Boulevard			
City, State, Zip, County	Bartow	Polk	FL	33830
Phone Number (with area code)	863.519.8237		Fax Number (with area code)	
			863.519.8305	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-3502843		DUN & Bradstreet Number (DUNS) if applicable	
			364-215061	
North American Industry Classification System (NAICS) Code	N/A			
Congressional District of Location	12th			
Congressional District of Primary Service Area	12th			
Zip Code of Primary Service Area(s)	33830, 33801, 33802, 33815, 33880, 33884, 33844, 33896, 33894			
City(ies) and County(ies) of Primary Service Area(s)	Lakeland, Bartow, Winter Haven, Haines City, Davenport		Polk	
Total HOPWA Contract Amount	\$51,502			

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name United Way of Brevard County, Inc.		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency		Terry Taylor, Grant/Contract Coordinator		
Email Address		ttaylor@uwbrevard.org		
Business Address		937 Dixon Boulevard		
City, County, State, Zip,		Cocoa	Brevard	FL 32922
Phone Number (with area codes)		321.631.2740		Fax Number (with area code) 321.631.2007
Employer Identification Number (EIN) or Tax Identification Number (TIN)		59-0836384		DUN & Bradstreet Number (DUNs) if applicable N/A
Congressional District of Business Location of Sponsor		15th		
Congressional District(s) of Primary Service Area(s)		15th		
Zip Code(s) of Primary Service Area(s)		32922, 32926, 32780, 32796, 32902, 32904, 32905, 32907, 32908, 32909, 32927, 32934, 32935, 32940, 32952, 32953, 32955		
City(ies) and County(ies) of Primary Service Area(s)		Cocoa, Titusville, Mims, Port St. John, Rockledge, Merritt Island, Cocoa Beach, Cape Canaveral, Melbourne, Micco, Palm Bay		Brevard
Total HOPWA contract amount for this Organization		\$463,823		
Organization's Website Address www.uwbrevard.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>				

3. Subrecipient Information

In Chart 3, provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assist the grantee or project sponsors to carry out their administrative or service delivery functions. 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 or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Subrecipient Name		Parent Company (if applicable)		
Brevard County Health Department		Florida Department of Health		
Name and Title of Contact at Subrecipient	Brienne Kane, Human Services Administrator, Community Health			
Email Address	Brienne_kane@doh.state.fl.us			
Business Address	801 Dixon Boulevard, Suite 1147B			
City, State, Zip, County	Cocoa	Brevard	FL	32922
Phone Number (with area code)	321.504.0919		Fax Number (with area code)	
			321.690.3286	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-3502843		DUN & Bradstreet Number (DUNs) if applicable	
			364-215061	
North American Industry Classification System (NAICS) Code	N/A			
Congressional District of Location	15th			
Congressional District of Primary Service Area	15th			
Zip Code of Primary Service Area(s)	32780, 32796, 32904, 32905, 32907, 32908, 32909, 32922, 32927, 32934, 32935, 32940, 32952,, 32953, 32955			
City(ies) and County(ies) of Primary Service Area(s)	Melbourne, Titusville, Cocoa, Rockledge, Palm Bay, Merritt Island, Cocoa Beach		Brevard	
Total HOPWA Contract Amount	\$73,425			

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name The Health Planning Council of Southwest Florida, Inc.		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Susan Barrows, Director			
Email Address	susanbarrows@hpcswf.com			
Business Address	8961 Daniels Center Drive, Suite 401			
City, County, State, Zip,	Fort Myers	Lee	FL	33912
Phone Number (with area codes)	239.433.6700		Fax Number (with area code) 239.433.6705	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-2269305		DUN & Bradstreet Number (DUNs) if applicable N/A	
Congressional District of Business Location of Sponsor	14th			
Congressional District(s) of Primary Service Area(s)	13 th , 14 th , 16 th , part of 23 rd and 25th			
Zip Code(s) of Primary Service Area(s)	33901, 33905, 33907, 34134, 34135, 33913, 33928, 33931, 33957, 33962, 33966, 33967, 33991, 33993, 33971, 33936, 33904, 33909, 33914, 33915, 33903, 33971, 33902, 33908, 33912, 33919, 34102, 34112, 34113, 34114, 34117, 34145, 34120, 34103, 34105, 34108, 34109, 34110, 34119, 33951, 33955, 33980, 33982, 33983, 33948, 33949, 33952, 33953, 33954, 33981, 33983, 33935, 33471, 33440			
City(ies) and County(ies) of Primary Service Area(s)	Fort Myers, Cape Coral, Naples, Immokalee, Everglades City, Charlotte, Punta Gorda, Arcadia, Labelle, Clewiston, Moore Haven		Lee, Charlotte, Collier, Desoto, Hendry, Glades	
Total HOPWA contract amount for this Organization	\$850,000			
Organization's Website Address www.hpcswf.com	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

3. Subrecipient Information

In Chart 3, provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assist the grantee or project sponsors to carry out their administrative or service delivery functions. 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 or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Subrecipient Name Lee County Human Services, Inc.		Parent Company (if applicable) N/A		
Name and Title of Contact at Subrecipient	Kim Hustad, Program Manager			
Email Address	khusdad@leegov.com			
Business Address	2440 Thompson Street			
City, State, Zip, County	Fort Myers	Lee	FL	33901
Phone Number (with area code)	239.533.7916		Fax Number (with area code) 239.533.7960	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-6000702		DUN & Bradstreet Number (DUNs) if applicable N/A	
North American Industry Classification System (NAICS) Code	624190			
Congressional District of Location	14th			
Congressional District of Primary Service Area	14th			
Zip Code of Primary Service Area(s)	33901, 33905, 33916, 33917			
City(ies) and County(ies) of Primary Service Area(s)	Fort Myers, Cape Coral		Lee	
Total HOPWA Contract Amount	\$70,140 (case management only)			

Subrecipient Name Collier County Health Department		Parent Company (if applicable) Florida Department of Health		
Name and Title of Contact at Subrecipient	Deborah Harris, Supervisor			
Email Address	Deborah_Harris@doh.state.fl.us			
Business Address	3301 Tamiami Trail East, Building H			
City, State, Zip, County	Naples	Collier	FL	34112
Phone Number (with area code)	239.252.8200		Fax Number (with area code) 239.252.6016	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-3502843		DUN & Bradstreet Number (DUNs) if applicable 364-215061	
North American Industry Classification System (NAICS) Code	228992312			
Congressional District of Location	25th			
Congressional District of Primary Service Area	25th			
Zip Code of Primary Service Area(s)	34102, 34103, 34104, 34105, 34108, 34109, 34110, 34112, 34113, 34114, 34142			
City(ies) and County(ies) of Primary Service Area(s)	Naples, Immokalee		Collier	
Total HOPWA Contract Amount	\$42,084 (case management only)			

3. Subrecipient Information

In Chart 3, provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assist the grantee or project sponsors to carry out their administrative or service delivery functions. 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 or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Subrecipient Name Desoto County Health Department		Parent Company (if applicable) Florida Department of Health		
Name and Title of Contact at Subrecipient	Mary Kay Burns, Administrator			
Email Address	Marykay_burns@doh.state.fl.us			
Business Address	34 S. Baldwin Avenue			
City, State, Zip, County	Arcadia	Desoto	FL	34266
Phone Number (with area code)	863.993.4601		Fax Number (with area code) 863.993.4606	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-3502843		DUN & Bradstreet Number (DUNs) if applicable 364-215061	
North American Industry Classification System (NAICS) Code	228992312			
Congressional District of Location	13th			
Congressional District of Primary Service Area	13th			
Zip Code of Primary Service Area(s)	34266, 34269			
City(ies) and County(ies) of Primary Service Area(s)	Arcadia		Desoto	
Total HOPWA Contract Amount	\$13, 175 (case management only)			

Subrecipient Name Hendry Glades Health Department		Parent Company (if applicable) Florida Department of Health		
Name and Title of Contact at Subrecipient	Robert Bobo, Program Manager			
Email Address	robert_bobo@doh.state.fl.us			
Business Address	1140 Pratt Boulevard			
City, State, Zip, County	Labelle	Hendry	FL	33935
Phone Number (with area code)	863.674.4056		Fax Number (with area code) 863.902.4267	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-3502843		DUN & Bradstreet Number (DUNs) if applicable 364-215061	
North American Industry Classification System (NAICS) Code	228992312			
Congressional District of Location	16th			
Congressional District of Primary Service Area	16th			
Zip Code of Primary Service Area(s)	33935, 33440, 33471			
City(ies) and County(ies) of Primary Service Area(s)	Labelle, Clewiston, Moore Haven		Hendry, Glades	
Total HOPWA Contract Amount	\$15,829 (case management only)			

3. Subrecipient Information

In Chart 3, provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assist the grantee or project sponsors to carry out their administrative or service delivery functions. 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 or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Subrecipient Name		Parent Company (if applicable)		
Charlotte County Health Department		Florida Department of Health		
Name and Title of Contact at Subrecipient	Steven Mitnick, Administrator			
Email Address	Steven_mitnick@doh.state.fl.us			
Business Address	514 E. Grace Street			
City, State, Zip, County	Punta Gorda	Charlotte	FL	33950
Phone Number (with area code)	941.833.3500		Fax Number (with area code)	
			941.639.4632	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-3502843		DUN & Bradstreet Number (DUNs) if applicable	
			364-215061	
North American Industry Classification System (NAICS) Code	228992312			
Congressional District of Location	16th			
Congressional District of Primary Service Area	16th			
Zip Code of Primary Service Area(s)	33950, 33955, 33980, 33982, 33983, 33954, 33952, 33948			
City(ies) and County(ies) of Primary Service Area(s)	Punta Gorda, Port Charlotte		Charlotte	
Total HOPWA Contract Amount	\$16,872 (case management only)			

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name A. H. of Monroe County, Inc., (D.B.A. AIDS Help, Inc.)		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Dr. Shannon Farris, Housing Coordinator			
Email Address	Shannon.f@aidshelp.cc			
Business Address	1435 Kennedy Drive			
City, County, State, Zip,	Key West	Monroe	FL	33040
Phone Number (with area codes)	305.293.3663		Fax Number (with area code) 305.296.6337	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-2678740		DUN & Bradstreet Number (DUNs) if applicable N/A	
Congressional District of Business Location of Sponsor	18th			
Congressional District(s) of Primary Service Area(s)	18th			
Zip Code(s) of Primary Service Area(s)	33040, 33050, 33037			
City(ies) and County(ies) of Primary Service Area(s)	Key West, Marathon, Key Largo		Monroe	
Total HOPWA contract amount for this Organization	\$445,787			
Organization's Website Address	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name Health Planning Council of Northeast Florida, Inc.		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency		Dr. Dawn Emerick, Executive Director		
Email Address		Dawn_Emerick@hpcnef.org		
Business Address		644 Cesery Boulevard, suite 210		
City, County, State, Zip,		Jacksonville	Duval	FL 32211
Phone Number (with area codes)		904.723.2162, ext. 110		Fax Number (with area code) 904.723.2170
Employer Identification Number (EIN) or Tax Identification Number (TIN)		59-2274759		DUN & Bradstreet Number (DUNs) if applicable N/A
Congressional District of Business Location of Sponsor		7 th , 24 th		
Congressional District(s) of Primary Service Area(s)		24 th		
Zip Code(s) of Primary Service Area(s)		32114, 32724, 32738, 32720, 32110		
City(ies) and County(ies) of Primary Service Area(s)		Daytona Beach, Deltona, DeLand, Bunnell		Volusia, Flagler
Total HOPWA contract amount for this Organization		\$284,762		
Organization's Website Address www.hpcnef.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

Project Sponsor Agency Name Treasure Coast Health Council, Inc.		Parent Company Name, if applicable N/A			
Name and Title of Contact at Project Sponsor Agency		Barbara Jacobowitz, Executive Director			
Email Address		bjacobowitz@thealthcouncil.org			
Business Address		600 Sand Tree Drive, Suite 101			
City, County, State, Zip,		Palm Beach Gardens	Palm Beach	FL	33403
Phone Number (with area codes)		561.844.4220		Fax Number (with area code) 561.868.6500	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		59-2242689		DUN & Bradstreet Number (DUNs) if applicable N/A	
Congressional District of Business Location of Sponsor		16th			
Congressional District(s) of Primary Service Area(s)		15 th , 16th			
Zip Code(s) of Primary Service Area(s)		34950, 34951, 34983, 34974			
City(ies) and County(ies) of Primary Service Area(s)		Stuart, Indiantown, Port St. Lucie, Ft. Pierce, Vero Beach, Sebastian, Roseland, Gifford		St. Lucie, Indian River, Martin, Okeechobee	
Total HOPWA contract amount for this Organization		\$682,296			
Organization's Website Address www.thealthcouncil.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>					

3. Subrecipient Information

In Chart 3, provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assist the grantee or project sponsors to carry out their administrative or service delivery functions. 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 or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

Subrecipient Name		Parent Company (if applicable)		
Project Response		N/A		
Name and Title of Contact at Subrecipient	Roberto Ortiz, Executive Director			
Email Address	robertoortiz@projectresponse.org			
Business Address	745 S. Apollo			
City, State, Zip, County	Melbourne	Brevard	FL	32906
Phone Number (with area code)	321.724.1177		Fax Number (with area code)	
			321.724.2255	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-3036563		DUN & Bradstreet Number (DUNs) if applicable	
			N/A	
North American Industry Classification System (NAICS) Code	N/A			
Congressional District of Location	15th			
Congressional District of Primary Service Area	15 th , 16 th			
Zip Code of Primary Service Area(s)	34950, 34951, 34983, 34974			
City(ies) and County(ies) of Primary Service Area(s)	Stuart, Indiantown, Port St. Lucie, Ft. Pierce, Vero Beach, Sebastian, Roseland, Gifford		St. Lucie, Indian River, Martin, Okeechobee	
Total HOPWA Contract Amount	\$158,633			

A. Grantee and Community Overview

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

The Florida Department of Health (DOH) administers the state Housing Opportunities for Persons With AIDS (HOPWA) program. The Bureau of HIV/AIDS, Patient Care Resources Section is the designated office within the department, which has the lead responsibility for management of the program. The department contracts with local community organizations as project sponsors to provide HOPWA services in 10 Ryan White Part B consortium geographical areas throughout the state. These areas receive state HOPWA funds at the local level for services in 50 of Florida's 67 counties. There are over 17,100 persons living with HIV/AIDS in the state program's jurisdiction. The areas are mainly rural with a high concentration of low-income individuals (minimum wage or Social Security Disability Income), the majority of which rent housing and are at high-risk of becoming homeless. The remaining 17 counties not included in the state program service area qualify as eligible metropolitan statistical areas (EMSAs) and receive funding directly from HUD. There are currently 10 federally established EMSA jurisdictions in Florida.

The goals of Florida's housing program are to prevent the condition of homelessness from occurring to individuals or families with HIV disease; or if already homeless, to transition the individuals or families back into stable housing as soon as possible and to create a strategy for long-term housing stability for persons living with HIV/AIDS. The program places emphasis on the connection between housing assistance and appropriate supportive services that are available through other funding sources, such as Ryan White and state general revenue. By coordinating the HOPWA program services through Ryan White Part B planning bodies, HOPWA participants have readily accessible support services, which contribute to a stable housing situation. Florida's Ryan White Part B HIV/AIDS state and local planning bodies are responsible for providing recommendations to the department relating to HOPWA eligibility requirements, as well as other requirements, which may be more restrictive than those outlined in the federal regulations and state guidelines.

Program funds were distributed geographically according to the state action plan to provide for short-term emergency housing including rent, mortgage and utility assistance and other select short-term housing services allowed by federal regulations for eligible individuals and families living with HIV/AIDS. The state program's annual area funding allocation is based on the cumulative number of reported living HIV/AIDS cases in the 10 geographical areas through January 31 of the calendar year, each area's proportionate share of the cumulative number of living HIV/AIDS cases, utilization rates and available funds. A minimum of 97 % of the total state HOPWA grant award is allocated statewide to 10 project sponsors under a one-year contract (July 1 to June 30) to carry out eligible program services and activities. These contracts are managed at the local level.

Actions taken during the year to address the special needs of persons who are not homeless, but require supportive services are done in conjunction with the Board of the Florida Supportive Housing Coalition. The department remains active on the board and continues our shared commitment in efforts to implement a strategic plan that was developed and is periodically updated to address the special needs of persons who require supportive housing services for stability. In addition to eligibility and case management staff assessing supportive services needs and ensuring that these services are provided through Ryan White and state general revenue programs, the state is working with the coalition to expand supportive housing for persons with special needs. The major federal and state funding streams identified by the coalition are being used to provide community, tenancy, and employment supports for clients. This information is available and used by local staff and partners to address the needs of persons who are not homeless, but require supportive housing, as well as to assist persons who are homeless.

Other accomplishments in the state during this reporting period are: (1) The funding level for the Florida Pre-Release Planning Program remained at \$387,000 during the report period to maintain staff and program services. An estimated 37,277 inmates were released from Florida's prisons during calendar year 2008 and it is estimated that about 1,397 are HIV positive. During the reporting period, approximately 917 persons received Pre-Release Planning Program services. Housing for this population continues to be a challenge for local providers. Of Florida's 67 counties, Palm Beach, Broward, and Dade Counties continue to receive about one-third of the former inmates that are released by the Department of Corrections. The Florida Pre-Release Planning Program provides Pre-Release Planners to assist men and women in preparing to return to their communities after incarceration. In 2008, one of the Pre-Release Planners transitioned to a Community Linkage Coordinator (CLC). The CLC links clients in the three aforementioned counties. The CLC offers post-release services (e.g. continued linkage to housing and transportation needs) that support continuity of care. (2) The Corrections Infections Workgroup continues to focus on transitional planning, which is essential for HIV-infected inmates, particularly in the areas of housing, employment, and substance abuse. Utilizing members from the Corrections Infections Workgroup, the Bureau of HIV/AIDS formed a planning committee to host the state's first Infectious Disease in Correctional Facilities Summit on December 3-5, 2008. The summit's goal was to promote education and collaboration between correctional healthcare and security staff regarding infectious disease screening, treatment, and prevention. The summit was a great success with over 300 staff attending from state and federal prison facilities, local county jails, juvenile detention centers, sheriff's organizations, and headquarters offices. (3) The Florida Supportive Housing Coalition (FLSHC) continues its commitment to create long-term housing solutions in Florida for people with special needs. The annual strategic planning retreat was held and priorities for the upcoming year were established. The coalition will continue to focus efforts on fund raising, advocacy for the homeless and persons with special needs and relevant legislation during the upcoming year. The coalition also held its 2008 annual conference in Orlando, Florida, October 7-8, 2008. The conference theme was "A Home for all: Bringing the Pieces Together." National and state speakers shared their knowledge and experience addressing housing development issues, funding resources, service provisions, best practices, advocacy, awareness and programs for special needs populations. (4) Florida Housing Search.org is being used as a statewide resource to find available and affordable rental housing.

Comments or questions regarding the program or this report should be directed to Ms. Theresa Rush, state HOPWA program coordinator, or Mr. Jason-Earl Brown, reporting staff.

B. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

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

Accomplishments and distribution of funds during the program period year are as follows: The state provided HOPWA services to 2,596 households during the program year and spent \$5,234,447 (includes leveraged funds); 1,359 of the households were served in the prior year, and 861 of those were served in the prior two years. The destination information for the 2,565 HOPWA housing-assisted households is as follows: 70 moved in with friends or relatives; 6 began receiving Section 8 subsidy; 2,388 of the households currently receiving housing assistance remain in private housing; 16 were moved to facilities; and 28 were incarcerated. In the 2,565 households served, another 1,782 individuals reside in the household. Of the 2,565 heads of household continuing to receive assistance, 112 were chronically homeless. The 2,388 households in private housing received \$2,725,554 in tenant-base rental and short-term rent, mortgage, and utility assistance. The state plan is to increase the percentage of individuals in stable housing by identifying resources to supplement HOPWA client incomes and provide non-HOPWA supportive services.

During the reporting period, approximately 64% of funds expended were used for short-term housing activities, consistent with the state Action Plan. The Plan estimated that 2,489 households would be served through the HOPWA program with priority given to persons with low-family incomes. The actual number of households served is 2,596 or 104% of the Plan. This represents a decrease from last year's 2,607 households that received HOPWA housing assistance; this can be attributed an overall statewide increase in housing and utility costs coupled with level-funding for the state HOPWA program.

2. Outcomes Assessed. Assess program goals against actual client outcomes for achieving housing stability, reducing risks of homelessness, and improving access to care. If current year results are lower than the national program targets (80 percent of HOPWA clients maintain housing stability, avoid homelessness and access care), please describe the steps being taken to achieve the national outcome goal in next operating year.

Data collected during the program year reflects that of the 2,565 clients served, 557 are in stable housing and 1,917 are temporarily stable with a reduced risk of homelessness as a result of HOPWA housing assistance. Note that about 30% of the 112 HOPWA eligible individuals that were chronically homeless entering the program are currently in a more stable housing arrangement. The state's assessment of client stability outcomes as a result of short-term emergency housing assistance is that over **96%** of households served are in a stable or temporarily stable housing arrangement. About 4% of clients are in unstable housing arrangements. As noted above, substantial majority of the clients in unstable housing arrangements were considered chronically homeless at entry in to the state HOPWA program. These clients require additional economic and social service supports to become more self-sufficient; they will continue to be assisted through other state and federal programs. Compared to last year's report, the state has overseen a 6.5% increase in the total number of households in a stable or temporarily stable housing arrangement. This is quite remarkable because the HOPWA program served fewer households in this reporting period.

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

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

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

Plans have been made with the Jacksonville HUD office to provide assistance needed on the use of the modified Integrated Disbursements Information System (IDIS).

C. Barriers and Trends Overview

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

1. Describe any barriers (including regulatory and non-regulatory) encountered, actions taken in response to barriers, and recommendations for program improvement. Provide an explanation for each barrier selected.

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

Barriers: (1) A lack of available, affordable housing and low-income housing providers are barriers to housing stability in the state. Safe, affordable housing is inadequate. Hurricanes contributed to a decrease in available affordable housing, as well as an increase in the number of households needing housing support. Clients are displaced because affordable housing damaged by hurricanes was not rebuilt in some areas. Also, in some areas, there is a continuous immigration of students, faculty and professionals, from throughout the state, the nation and the world, which impacts housing demand, keeps property highly valued, and often unaffordable for affected community members, (2) The typical client has poor or no credit history and credit checks are often performed by landlords preventing some clients from obtaining permanent affordable housing. The cost of living in some areas of the state impacts clients’ housing stability. Many clients’ primary source of income is Social Security or Social Security Disability that does not cover average costs of maintaining stable housing. The number of housing emergencies that ultimately put clients at risk of homelessness is related to income and service needs. (3) Loss of private support for clients from many non-profit and faith-based groups that previously helped to address housing emergencies such as, United Way, Salvation Army, etc., has had an impact on housing. These agencies have revised their focus to rebuild communities and assist persons impacted by hurricanes. (4) Many clients have had eviction filings or no rental history, living with relatives, verbal lease agreement or other arrangements and public housing authorities require rental history to obtain housing in some areas. (5) Fair market rents in some areas are not consistent with the actual amount charged for rent. Property taxes have increased dramatically over the last few years and this increase has impacted rents. (6) Support for re-entry of formerly incarcerated persons into the community is still improving, but remains inadequate. Formerly incarcerated persons with HIV/AIDS are at high risk for homelessness or returning to the criminal justice system. These persons often encounter the twin-barriers of employment and access to rental housing due to limitations imposed by criminal background history.

The state’s response: In addition to partnering with other specialty programs to increase resources, the state continued cooperative efforts in working with agencies providing community, tenancy, and employment supports. The state expanded resources through available federal and state funding to address housing needs of people with HIV/AIDS who are leaving jails and prisons. State partners continue to approach land/property owners and developers to strongly consider building affordable rental housing units to increase the low-income housing inventory in Florida. A new statewide resource to find and qualify clients for affordable available rental housing, previously mentioned, is being used. The tenant-based rental assistance pilot program commenced July 1, 2008 and it is expected that TBRA will be extended statewide to meet the long-term housing needs of clients and increase housing stability.

The state's recommendations: All case management providers should be reasonably knowledgeable of the resources that are available for housing and support services through federal, state, and local programs. Therefore, staff competence regarding community, housing, and employment supports as well as other social, health and economic services supports should be regularly enhanced. The state will continue to work toward improving staff knowledge and competence in housing-related issues such as housing affordability strategies, resources, fair housing practices, and tenant-landlord issues. The state will continue efforts to enhance and expand capacity of housing resources, ensure community-wide strategies and partnerships to provide affordable housing that is accessible to persons living with HIV/AIDS, and to promote client independence. The state will continue to advocate for additional resources that will significantly expand programs that work. We will also establish new programs to provide resources that are more flexible and more likely to contribute to maintaining affordable housing. The state will continue to encourage housing providers to pursue all housing grant funding opportunities. The state will further encourage appropriate modifications of housing programs to address housing instability as it is a significant barrier to employment and health care.

2. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population.

Trends facing communities that may affect the way in which the needs of persons living with HIV/AIDS are being address include: (1) a serious decrease in the housing stock partly as a result of the hurricanes of 2004 and 2005 and the new face of homeless households have been created. Hurricanes have caused excessive damage to many low-income properties. In addition, property values have increased in some areas over 27%, and property owners have opted to sell, decreasing even further the inventory of low-income housing. Since the hurricanes, the average cost of rental property, unless unsafe and below standards, far exceeds fair market rents. The lack of affordable housing further impacts recruitment and stability of middle-income persons (teachers, law enforcement officers, fire/emergency personnel, etc.). (2) The cost of housing has risen, along with land, material, and labor; therefore, Florida's housing programs continue to be impacted in that programs are producing less than half of what was produced prior to the hurricanes. (3) Households that cannot keep current with rent or mortgage payments face eviction or foreclosure, while the demand for emergency financial and housing assistance keeps growing. The increased cost of housing continues to place more households in financial crisis. With thousands of low income properties destroyed and many more damaged by hurricanes, there will be even more households facing homelessness.

In addition to hurricanes becoming more intense and rising housing costs, other trends facing communities in the state include:

- Awareness of HIV+ status is increasing.
- Population increases statewide with a significant increase in central Florida.
- Property insurance is increasing
- Maintenance of property insurance is difficult in some parts of the state as companies leave the area.
- Property taxes continue to increase which further impacts rental costs.
- Rental housing is out of reach for low-income, minimum wage earners.
- Down sizing of large corporations is seriously affecting the financial status of workers and the ability of low-income households to maintain affordable housing.
- High-income condo conversions impacting affordable housing.

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

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

There were no special studies or assessments of the HOPWA program conducted during the reporting period.

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 housing assistance but are not currently served by HOPWA in this service area.

In Line 1, report the total unmet need of the geographical service area, as reported in *Unmet Needs for Persons with HIV/AIDS*, Table 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.*

In Rows a through c, enter the number of HOPWA-eligible households by type of housing assistance whose housing needs are not met. For an approximate breakdown of overall unmet need by type of housing assistance refer to the Consolidated or Annual Plan (s), CPMP tool or local distribution of funds.

1. Assessment of Unmet Need for HOPWA-eligible Households

1. Total number of households that have unmet housing needs	= 2,034
From Item 1, identify the number of households with unmet housing needs by type of housing assistance	
a. Tenant-Based Rental Assistance (TBRA)	= 352
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	= 1,283
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	= 422

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
<input type="checkbox"/> = Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care
<input type="checkbox"/> = Data from client information provided in Homeless Management Information Systems (HMIS)
<input type="checkbox"/> = Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need
<input type="checkbox"/> = Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted
<input type="checkbox"/> = Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing
<input type="checkbox"/> = 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

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.

[1] Sources of Leveraging		Total Amount of Leveraged Dollars (for this operating year)	
		[2] Housing Assistance	[3] Supportive Services and other non-direct housing costs
1.	Program Income	=	=
2.	Federal government: Other Public housing assistance	= 176,648	=
	Ryan White and Medicare	= 60,143	= 291,209
	Section 8	= 525,520	=
	FEMA	= 13,250	=
3.	State government: State tax credits	= 15,144	=
	CDBG	= 78,815	=
	State General Revenue	= 28,835	= 51,885
	SHIP/TBRA	= 65,997	=
4.	Local government (please specify)	=	=
	Volusia Co. Human Services	=	= 1,520
	Monroe Co. Advisory Housing Services Board	=	= 2,016
	Lee Co. Human Services	= 2,790	=
5.	Foundations and other private cash resources: Self-pay	= 23,699	= 1,002
	Social Service Agencies	= 6,880	= 200
	Religious Organizations	= 1,780	= 710
	Klause-Murphy/Broadway Cares	= 14,725	= 1,402
6.	In-kind Resources	=	= 8,000
7.	Resident rent payments in Rental, Facilities, and Leased Units	=	= 7,743
8.	Grantee/project sponsor (Agency) cash	= 1,078	= 4,538
9.	SUBTOTAL (Sum of 1-7)	= 991,605	= 368,823

End of PART 2

PART 3: Accomplishment Data - Planned Goal and Actual Outputs

In Chart 1, enter performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families. *Note: The total households assisted with HOPWA funds and reported in PART 3 of the CAPER should be the same as reported in the annual year-end IDIS data, and goals reported should be consistent with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1.*

1. HOPWA Performance Planned Goal and Actual Outputs

HOPWA Performance Planned Goal and Actual		Output Households				Funding	
		HOPWA Assistance		Non-HOPWA		e.	f.
		a.	b.	c.	d.		
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
Housing Subsidy Assistance		Output Households					
1.	Tenant-Based Rental Assistance	45	31			393173	259651
2a.	Households in permanent housing facilities that receive operating subsidies/leased units						
2b.	Households in transitional/short-term housing facilities that receive operating subsidies/leased units						
3a.	Households in permanent housing facilities developed with capital funds and placed in service during the program year						
3b.	Households in transitional/short-term housing facilities developed with capital funds and placed in service during the program year						
4.	Short-Term Rent, Mortgage and Utility Assistance	2464	2534			2534227	2465903
5.	Adjustments for duplication (subtract)						
6.	Total Housing Subsidy Assistance	2495	2565			2793878	2725554
Housing Development (Construction and Stewardship of facility based housing)		Output Units					
7.	Facility-based units being developed with capital funding but not opened (show units of housing planned)						
8.	Stewardship Units subject to 3 or 10 year use agreements						
9.	Total Housing Developed						
Supportive Services		Output Households					
10a.	Supportive Services provided by project sponsors also delivering HOPWA housing assistance	2489	2596			818875	841060
10b.	Supportive Services provided by project sponsors serving households who have other housing arrangements						
11.	Adjustment for duplication (subtract)						
12.	Total Supportive Services	2489	2596			818875	841060
Housing Placement Assistance Activities							
13.	Housing Information Services						
14.	Permanent Housing Placement Services	130	140			320461	266537
15.	Adjustment for duplication						
16.	Total Housing Placement Assistance	130	140			320461	266537
Grant Administration and Other Activities							
17.	Resource Identification to establish, coordinate and develop housing assistance resources					107869	94867
18.	Technical Assistance (if approved in grant agreement)						
19.	Grantee Administration (maximum 3% of total HOPWA grant)					105952	86552
20.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					358380	358380
Total Expenditures for program year (Sum of rows 6, 9, 12, 16, and 20)						4425116	4191531

2. Listing of Supportive Services

Report on the use of HOPWA funds for all supportive services. In Rows 1 through 16, provide the (unduplicated) total of all households and expenditures for each type of supportive service for all project sponsors.

Supportive Services		Number of <u>Households</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance		
2.	Alcohol and drug abuse services		
3.	Case management/client advocacy/ access to benefits & services	2,596	841,060
4.	Child care and other child services		
5.	Education		
6.	Employment assistance and training		
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
8.	Legal services		
9.	Life skills management (outside of case management)		
10.	Meals/nutritional services		
11.	Mental health services		
12.	Outreach		
13.	Transportation		
14.	Other Activity (if approved in grant agreement). Specify:		
15.	Adjustment for Duplication (subtract)		
16.	TOTAL Households receiving Supportive Services (unduplicated)	2,596	841,060

End of PART 3

Part 4: Summary of Performance Outcomes

HOPWA Long-term Performance Objective: *Eighty percent of HOPWA clients will maintain housing stability, avoid homelessness, and access care each year through 2011.*

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

In Column 1, report the total number of eligible households that received HOPWA housing assistance, by type. In Column 2, enter the number of households continuing to access each type of housing assistance, the following year. In Column 3, report the housing status of all households that exited the program. Columns 2 (Number of Households Continuing) and 3 (Exited Households) summed will equal the total households reported in Column 1. *Note: Refer to the housing stability codes that appear in Part 5: Worksheet - Determining Housing Stability Outcomes.*

[A] Permanent Housing Assistance	[1] Total Number of Households Receiving Housing Assistance	[2] Assessment: Number of Households Continuing with this Housing (per plan or expectation for next year)		[3] Assessment: Number of Exited Households and Housing Status	
Tenant-Based Rental Assistance	= 31		= 31	1 Emergency Shelter/Streets	=
				2 Temporary Housing	=
				3 Private Housing	= 31
				4 Other HOPWA	=
				5 Other Subsidy	=
				6 Institution	=
				7 Jail/Prison	=
				8 Disconnected/Unknown	=
				9 Death	=
Permanent Supportive Housing Facilities/Units	= 0		= 0	1 Emergency Shelter/Streets	=
				2 Temporary Housing	=
				3 Private Housing	=
				4 Other HOPWA	=
				5 Other Subsidy	=
				6 Institution	=
				7 Jail/Prison	=
				8 Disconnected/Unknown	=
				9 Death	=
[B] Transitional Housing Assistance	[1] Total Number of Households Receiving Housing Assistance	[2] Of the Total Number of Households Receiving Housing Assistance this Operating Year		[3] Assessment: Number of Exited Households and Housing Status	
Transitional/Short-Term Supportive Facilities/Units	= 0	Total number of households that will continue in residences:	=	1 Emergency Shelter/Streets	=
		2 Temporary Housing	=		
		3 Private Housing	=		
		4 Other HOPWA	=		
		5 Other Subsidy	=		
		6 Institution	=		
		7 Jail/Prison	=		
		8 Disconnected/unknown	=		
		9 Death	=		
Total number of households whose tenure exceeded 24 months:	=	5 Other Subsidy	=		

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

Report the total number of households that received STRMU assistance in Column 1. In Column 2, identify the result of the housing assessment made at time of assistance, or updated in the operating year. (Column 3 provides a description of housing outcomes; therefore, data is not required.) In Row 1a, enter the total number of households served in the prior operating year that received STRMU assistance this year. In Row 1b, enter the total number of households that received STRMU Assistance in the 2 prior operating years that received STRMU assistance this year. *Note: The sum of Column 2 should equal the number of households reported in Column 1.*

Assessment of Households receiving STRMU Assistance

[1] STRMU Housing Assistance	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
= 2,534	Maintain Private Housing without subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	= 461	<i>Stable/Permanent Housing (PH)</i>
	Other Private Housing without subsidy	= 14	
	Other HOPWA support (PH)	= 32	
	Other housing subsidy (PH)	= 6	
	Institution (e.g. residential and long-term care)	= 14	
	Likely to maintain current housing arrangements, with additional STRMU assistance	= 1,831	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	= 16	
	Temporary/non-permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	= 70	
	Emergency Shelter/street	= 17	<i>Unstable Arrangements</i>
	Jail/Prison	= 28	
Disconnected	= 34		
Death	= 11	<i>Life Event</i>	
1a. Total number of households that received STRMU assistance in the prior operating year that also received STRMU assistance in the current operating year.			= 1359
1b. Total number of those households that received STRMU assistance in the two (2 years ago) prior operating years that also received STRMU assistance in the current operating year.			= 861

Section 3. HOPWA Outcomes on Access to Care and Support

1A. Status of Households Accessing Care and Support by Project Sponsors delivering HOPWA Housing Assistance/Housing Placement/Case Management

Use Table 1 A for project sponsors that provide HOPWA housing assistance/housing placement with or without case management services. In Table 1A, identify the number of client households receiving any type of HOPWA housing assistance that demonstrated improved access or maintained connections to care and support within the program year by: having a housing plan; having contact with a case manager/benefits counselor; visiting a primary health care provider; accessing medical insurance/assistance; and accessing or qualifying for income benefits. *Note: For information on types and sources of income and medical insurance/assistance, refer to Charts 1C and 1D.*

Categories of Services Accessed	Households Receiving Housing Assistance within the Operating Year	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing.	2,596	Support for Stable Housing
2. Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan.	2,596	Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan.	2,511	Access to Health Care
4. Has accessed and can maintain medical insurance/assistance.	2,283	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income.	2,565	Sources of Income

1B. Number of Households Obtaining Employment

In Table 1B, identify the number of recipient 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. *Note: This includes jobs created by this project sponsor or obtained outside this agency.*

Categories of Services Accessed	Number of Households that Obtained Employment	Outcome Indicator
Total number of households that obtained an income-producing job	559	Sources of Income

Chart 1C: Sources of income include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> • Earned Income • Unemployment Insurance • Supplemental Security Income (SSI) • Social Security Disability Income (SSDI) • Veteran's Disability Payment • General Assistance, or use local program name • Temporary Assistance for Needy Families (TANF) income, or use local program name 	<ul style="list-style-type: none"> • Veteran's Pension • Pension from Former Job • Child Support • Alimony or Other Spousal Support • Retirement Income from Social Security • Private Disability Insurance • Worker's Compensation
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Chart 1D: 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 local program name • Veterans Affairs Medical Services • State Children's Health Insurance Program (SCHIP), or local program name 	<ul style="list-style-type: none"> • MEDICARE Health Insurance Program, or local program name • AIDS Drug Assistance Program (ADAP) • Ryan White-funded Medical or Dental Assistance
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2A. Status of Households Accessing Care and Support through HOPWA-funded Services receiving Housing Assistance from Other Sources

In Table 2A, identify the number of client households served by project sponsors receiving HOPWA-funded housing placement or case management services who have other and housing arrangements that demonstrated improved access or maintained connections to care and support within the program year by: having a housing plan; having contact with a case manager/benefits counselor; visiting a primary health care provider; accessing medical insurance/assistance; and accessing or qualifying for income benefits. *Note: For information on types and sources of income and medical insurance/assistance, refer to Charts 2C and 2D.*

Categories of Services Accessed	Households Receiving HOPWA Assistance within the Operating Year	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing.		<i>Support for Stable Housing</i>
2. Successfully accessed or maintained qualification for sources of income.		<i>Sources of Income</i>
3. Had contact with a primary health care provider consistent with the schedule specified in clients individual service plan.		<i>Access to Health Care</i>
4. Has accessed and can maintain medical insurance/assistance.		<i>Access to Health Care</i>
5. Has contact with case manager, benefits counselor, or housing counselor consistent with the schedule specified in client’s individual service plan.		<i>Access to Support</i>

2B. Number of Households Obtaining Employment

In Table 2B, identify the number of recipient 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. *Note: This includes jobs created by this project sponsor or obtained outside this agency.*

Categories of Services Accessed	Number of Households that Obtained Employment	Outcome Indicator
Total number of households that obtained an income-producing job		<i>Sources of Income</i>

Chart 2C: Sources of income include, but are not limited to the following (Reference only)

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

Chart 2D: 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 local program name • Veterans Affairs Medical Services • State Children’s Health Insurance Program (SCHIP), or local program name | <ul style="list-style-type: none"> • MEDICARE Health Insurance Program, or local program name • AIDS Drug Assistance Program (ADAP) • Ryan White-funded Medical or Dental Assistance |
|---|---|

End of PART 4

PART 5: Worksheet - Determining Housing Stability Outcomes

1. This chart is designed to assess program results based on the information reported in Part 4.

Permanent Housing 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)	31			
Permanent Facility-based Housing Assistance/Units				
Transitional/Short-Term Facility-based Housing Assistance/Units				
Total Permanent HOPWA Housing 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)	526	1,917	80	11
Total HOPWA Housing Assistance	557	1,917	80	11

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 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: Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)

Grantees that use HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years. If non-substantial rehabilitation funds were used they are required to operate for at least three years. Stewardship begins once the facility is put into operation. This Annual Certification of Continued HOPWA Project Operations is to be used in place of other sections of the APR, in the case that no additional HOPWA funds were expended in this operating year at this facility that had been acquired, rehabilitated or constructed and developed in part with HOPWA funds.

1. General information

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

2. Number of Units and Leveraging

Housing Assistance	Number of Units Receiving Housing Assistance with HOPWA funds	Amount of Leveraging from Other Sources Used during the Operating Year
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to 3 or 10 year use periods		

3. Details of Project Site

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