



Housing Opportunities for Persons With AIDS (HOPWA) Program

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

OMB Number 2506-0133 (Expiration Date: 01/31/2021)

The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. Reporting is required for all HOPWA formula grantees. The public reporting burden for the collection of information is estimated to average 41 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

Overview. The Consolidated Annual Performance and Evaluation Report (CAPER) provides annual performance reporting on client outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The CAPER 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 demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER 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.

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Continued Use Periods. Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation of a building or structure are required to operate the building or structure for HOPWA-eligible beneficiaries for a ten (10) years period. If no further HOPWA funds are used to support the facility, in place of completing Section 7B of the CAPER, the grantee must submit an Annual Report of Continued Project Operation throughout the required use periods. This report is included in Part 6 in CAPER. The required use period is three (3) years if the rehabilitation is non-substantial.

Record Keeping. Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. **In the case that HUD must review client-level data, no client names or identifying information will be retained or recorded. Information is reported in aggregate to HUD without personal identification. Do not submit client or personal information in data systems to HUD.**

In connection with the development of the Department’s standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household

Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and T-cell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client’s case management, treatment and care, in line with the signed release of information from the client.

Operating Year. HOPWA formula grants are annually awarded for a three-year period of performance with three operating years. The information contained in this CAPER must represent a one-year period of HOPWA program operation that coincides with the grantee’s program year; this is the operating year. More than one HOPWA formula grant awarded to the same grantee may be used during an operating year and the CAPER must capture all formula grant funding used during the operating year. Project sponsor accomplishment information must also coincide with the operating year this CAPER covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for an additional operating year.

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

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee’s State or Local HUD Field Office, and to the HOPWA Program Office: at HOPWA@hud.gov. Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7248, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C., 20410.

Definitions

Adjustment for Duplication: Enables the calculation of unduplicated output totals by accounting for the total number of households or units that received more than one type of HOPWA assistance in a given service category such as HOPWA Subsidy Assistance or Supportive Services. For example, if a client household received both TBRA and STRMU during the operating year, report that household in the category of HOPWA Housing Subsidy Assistance in Part 3, Chart 1, Column [1b] in the following manner:

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

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

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

Chronically Homeless Person: An individual or family who : (i) is homeless and lives or resides individual or family who: (i) Is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions. Additionally, the statutory definition includes as chronically homeless a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days if such person met the other criteria for homeless prior to entering that facility. (See 42 U.S.C. 11360(2)) This does not include doubled-up or overcrowding situations.

Disabling Condition: Evidencing a diagnosable substance use disorder, serious mental illness, developmental disability, chronic physical illness, or disability, including the co-occurrence of two or more of these conditions. In addition, a disabling condition may limit an individual's ability to work or perform one or more activities of daily living. An HIV/AIDS diagnosis is considered a disabling condition.

Facility-Based Housing Assistance: All eligible HOPWA Housing expenditures for or associated with supporting facilities including community residences, SRO dwellings, short-term facilities, project-based rental units, master leased units, and other housing facilities approved by HUD.

Faith-Based Organization: Religious organizations of three types: (1) congregations; (2) national networks, which include national denominations, their social service arms (for example, Catholic Charities, Lutheran Social Services), and networks of related organizations (such as YMCA and YWCA); and (3) freestanding religious organizations, which are incorporated separately from congregations and national networks.

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

HOPWA Eligible Individual: The one (1) low-income person with HIV/AIDS who qualifies a household for HOPWA assistance. This person may be considered "Head of Household." When the CAPER asks for information on eligible individuals, report on this individual person only. Where there is more than one person with HIV/AIDS in the household, the additional PWH/A(s), would be considered a beneficiary(s).

HOPWA Housing Information Services: Services dedicated to helping persons living with HIV/AIDS and their families to identify, locate, and acquire housing. This may also include fair housing counseling for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap/disability.

HOPWA Housing Subsidy Assistance Total: The unduplicated number of households receiving housing subsidies (TBRA, STRMU, Permanent

Housing Placement services and Master Leasing) and/or residing in units of facilities dedicated to persons living with HIV/AIDS and their families and supported with HOPWA funds during the operating year.

Household: A single individual or a family composed of two or more persons for which household incomes are used to determine eligibility and for calculation of the resident rent payment. The term is used for collecting data on changes in income, changes in access to services, receipt of housing information services, and outcomes on achieving housing stability. Live-In Aides (see definition for Live-In Aide) and non-beneficiaries (e.g. a shared housing arrangement with a roommate) who resided in the unit are not reported on in the CAPER.

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

In-kind Leveraged Resources: These are 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 criteria described in 2 CFR 200. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

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

Live-In Aide: A person who resides with the HOPWA Eligible Individual and who meets the following criteria: (1) is essential to the care and well-being of the person; (2) is not obligated for the support of the person; and (3) would not be living in the unit except to provide the necessary supportive services. See *24 CFR 5.403 and the HOPWA Grantee Oversight Resource Guide* for additional reference.

Master Leasing: Applies to a nonprofit or public agency that leases units of housing (scattered-sites or entire buildings) from a landlord, and subleases the units to homeless or low-income tenants. By assuming the tenancy burden, the agency facilitates housing of clients who may not be able to maintain a lease on their own due to poor credit, evictions, or lack of sufficient income.

Operating Costs: Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing function and operation costs like utilities, maintenance, equipment, insurance, security, furnishings, supplies and salary for staff costs directly related to the housing project but not staff costs for delivering services.

Outcome: The degree to which the HOPWA assisted household has been enabled to establish or maintain a stable living environment in housing that is safe, decent, and sanitary, (per the regulations at 24 CFR 574.310(b)) and to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support.

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

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

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration

requirements on program income at 2 CFR 200.307.

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

Project Sponsor Organizations: Per HOPWA regulations at 24 CFR 574.3, any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to provide eligible housing and other support services or administrative services as defined in 24 CFR 574.300. Project Sponsor organizations are required to provide performance data on households served and funds expended.

SAM: All organizations applying for a Federal award must have a valid registration active at sam.gov. SAM (System for Award Management) registration includes maintaining current information and providing a valid DUNS number.

Short-Term Rent, Mortgage, and Utility (STRMU) Assistance: A time-limited, housing subsidy assistance designed to prevent homelessness and increase housing stability. Grantees may provide assistance for up to 21 weeks in any 52-week period. The amount of assistance varies per client depending on funds available, tenant need and program guidelines.

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

Tenant-Based Rental Assistance (TBRA): TBRA is a rental subsidy program similar to the Housing Choice Voucher program that grantees can provide to help low-income households access affordable housing. The TBRA voucher is not tied to a specific unit, so tenants may move to a different unit without losing their assistance, subject to individual program rules. The subsidy amount is determined in part based on household income and rental costs associated with the tenant's lease.

Transgender: Transgender is defined as a person who identifies with, or presents as, a gender that is different from his/her gender at birth.

Veteran: A veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

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

OMB Number 2506-0133 (Expiration Date: 01/31/2021)

Part 1: Grantee Executive Summary

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by 24 CFR 574.3.

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

I. Grantee Information

HUD Grant Number MAH13F003		Operating Year for this report From (mm/dd/yy) 07/01/2018 To (mm/dd/yy) 06/30/2019		
Grantee Name City of Lowell, Massachusetts				
Business Address		50 Arcand Drive		
City, County, State, Zip		Lowell	Middlesex	MA 01852
Employer Identification Number (EIN) or Tax Identification Number (TIN)		046001396		
DUN & Bradstreet Number (DUNS):		079521928	System for Award Management (SAM):: Is the grantee's SAM status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide SAM Number:	
Congressional District of Grantee's Business Address		3		
*Congressional District of Primary Service Area(s)				
*City(ies) and County(ies) of Primary Service Area(s)		Cities:		Counties:
Organization's Website Address LowellMA.gov		Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.		

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

HOCH

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name AIDS Action Committee		Parent Company Name, if applicable Fenway Community Health Center	
Name and Title of Contact at Project Sponsor Agency		Kristen Lascoe, Director of Housing Services	
Email Address		klascoe@fenwayhealth.org	
Business Address		1340 Boylston Street	
City, County, State, Zip,		Boston, MA 02215	
Phone Number (with area code)		857-313-6763	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		04-2510564	Fax Number (with area code) 617-450-1121
DUN & Bradstreet Number (DUNs):		072366156	
Congressional District of Project Sponsor's Business Address		7 th Congressional District	
Congressional District(s) of Primary Service Area(s)		3	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Cambridge, Lowell, Medford, Everett	Counties: Middlesex County
Total HOPWA contract amount for this Organization for the operating year		\$106,200	
Organization's Website Address		www.aac.org www.fenwayhealth.org	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No AAC's Residential and Housing Search programs maintain waitlists, which are administered by program coordinators. If yes, explain in the narrative section how this list is administered.	

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name AIDS Action Committee		Parent Company Name, if applicable Fenway Community Health Center	
Name and Title of Contact at Project Sponsor Agency		Kristen Lascoe, Director of Housing Services	
Email Address		klascoe@fenwayhealth.org	

HCH

Business Address	1340 Boylston Street		
City, County, State, Zip,	Boston, MA 02215		
Phone Number (with area code)	857-313-6763		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	04-2510564	Fax Number (with area code) 617-450-1121	
DUN & Bradstreet Number (DUNs):	072366156		
Congressional District of Project Sponsor's Business Address	7 th Congressional District		
Congressional District(s) of Primary Service Area(s)	3		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Cambridge, Lowell, Medford, Everett	Counties: Middlesex County	
Total HOPWA contract amount for this Organization for the operating year	\$106,200		
Organization's Website Address	www.aac.org www.fenwayhealth.org		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No AAC's Residential and Housing Search programs maintain waitlists, which are administered by program coordinators. If yes, explain in the narrative section how this list is administered.		

AAC's Residential and Housing Search programs maintain waitlists, which are administered by program coordinators.

Fenway Community Health Center
Kristen L. Green, Director of Housing Services
www.fenwayhealth.org

PHH

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name AIDS Action Committee		Parent Company Name, if applicable Fenway Community Health Center		
Name and Title of Contact at Project Sponsor Agency		Kristen Lascoe, Director of Housing Services		
Email Address		klascoe@fenwayhealth.org		
Business Address		1340 Boylston Street		
City, County, State, Zip,		Boston, MA 02215		
Phone Number (with area code)		857-313-6763		
Employer Identification Number (EIN) or Tax Identification Number (TIN)		04-2510564	Fax Number (with area code) 617-450-1121	
DUN & Bradstreet Number (DUNs):		072366156		
Congressional District of Project Sponsor's Business Address		MA - 07		
Congressional District(s) of Primary Service Area(s)		3, 4, 5, 6, and 7.		
City(ies) and County(ies) of Primary Service Area(s)		<p>Cities: Acton, Arlington, Ashby, Ashland, Ayer, Bedford, Belmont, Billerica, Boxborough, Burlington, Cambridge, Carlisle, Chelmsford, Concord, Dracut, Dunstable, Everett, Framingham, Groton, Holliston, Hopkinton, Hudson, Lexington, Lincoln, Littleton, Lowell, Malden, Marlborough, Maynard, Medford, Melrose, Natick, Newton, North Reading, Pepperell, Reading, Sherborn, Shirley, Somerville, Stoneham, Stow, Sudbury, Tewksbury, Townsend, Tyngsborough, Wakefield, Waltham, Watertown, Wayland, Westford, Weston, Wilmington, Winchester, Woburn, Amesbury, Andover, Beverley, Boxford, Danvers, Essex, Georgetown, Gloater, Groveland, Hamilton, Haverhill, Ipswich, Lawrence, Lynn, Lynnfield, Manchester by the sea, Marblehead, Merrimac, Methuen, Middleton, Nahant, Newbury, Newburyport, North Andover, Peabody, Rockport, Rowley, Salem, Salisbury, Saugus, Swampscott, Topsfield, Wenham, West Newbury</p>	<p>Counties: Middlesex and Essex</p>	
Total HOPWA contract amount for this Organization for the operating year		\$12,575		
Organization's Website Address		www.aac.org http://fenwayhealth.org/		
<p>Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/></p> <p><i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/></p>		<p>Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain in the narrative section how this list is administered.</p> <p>AAC has a waitlist for Residential and Housing Search programs, and the Residential and Housing Search Managers maintain that list.</p>		

St Paul's Residence

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name AIDS Action Committee		Parent Company Name, <i>if applicable</i> Fenway Community Health Center	
Name and Title of Contact at Project Sponsor Agency		Kristen Lascoe, Director of Housing Services	
Email Address		klascoe@fenwayhealth.org	
Business Address		1340 Boylston Street	
City, County, State, Zip,		Boston, MA 02215	
Phone Number (with area code)		857-313-6763	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		04-2510564	Fax Number (with area code) 617-450-1121
DUN & Bradstreet Number (DUNs):		072366156	
Congressional District of Project Sponsor's Business Address		MA-07	
Congressional District(s) of Primary Service Area(s)		3	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Cambridge	Counties: Middlesex
Total HOPWA contract amount for this Organization for the operating year		\$65,008	
Organization's Website Address		www.aac.org www.fenwayhealth.org	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No AAC's Residential and Housing Search programs maintain waitlists, which are administered by program coordinators. If yes, explain in the narrative section how this list is administered.	

Victory

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency		Tammy Simmons-Dixon Director of Victory Housing		
Email Address		tsdixon@vpi.org		
Business Address		965 Massachusetts Ave		
City, County, State, Zip,		Boston Ma 02118		
Phone Number (with area code)		617-541-0222		
Employer Identification Number (EIN) or Tax Identification Number (TIN)		042575322	Fax Number (with area code) 617-541-0400	
DUN & Bradstreet Number (DUNs):		79-727-6326		
Congressional District of Project Sponsor's Business Address		7 th		
Congressional District(s) of Primary Service Area(s)		8th		
City(ies) and County(ies) of Primary Service Area(s)		Cities: Cambridge	Counties:	
Total HOPWA contract amount for this Organization for the operating year		\$51,765		
Organization's Website Address				
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

SMOC

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name South Middlesex Opportunity Council, Inc		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Vanh Phommasinh, Program Director		
Email Address	vphommasinh@smoc.org		
Business Address	7 Bishop Street		
City, County, State, Zip,	Framingham, Middlesex County, MA 01702		
Phone Number (with area code)	508-620-2629		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	04-2389659	Fax Number (with area code) 508-620-2472	
DUN & Bradstreet Number (DUNs):	030-80-6830		
Congressional District of Project Sponsor's Business Address	5 th , 3rd		
Congressional District(s) of Primary Service Area(s)	5th		
City(ies) and County(ies) of Primary Service Area(s)	Cities: MetroWest	Counties: Middlesex	
Total HOPWA contract amount for this Organization for the operating year	\$69,291.00		
Organization's Website Address			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Lowell Housing

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name Lowell Housing Authority		Parent Company Name, if applicable Lowell Housing Authority	
Name and Title of Contact at Project Sponsor Agency		Tha Chhan, Division Director, Division of Leased Housing Programs	
Email Address		tchhan@lhma.org	
Business Address		350 Moody Street	
City, County, State, Zip,		Lowell, Middlesex, MA 01854	
Phone Number (with area code)		978-364-5353	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		04-6003186	Fax Number (with area code) 978-453-6432
DUN & Bradstreet Number (DUNs):		08-1578155	
Congressional District of Project Sponsor's Business Address		3 rd District 126 John Street Lowell, MA 01852	
Congressional District(s) of Primary Service Area(s)		126 John Street, Lowell, MA 01852	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Lowell	Counties: Middlesex
Total HOPWA contract amount for this Organization for the operating year		\$100,000.00	
Organization's Website Address		Lhma.org	
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Applicants are placed on the waiting list based on first come first serve, income guideline, preferences and other criteria. Applicants must meet the definition for chronically homeless and HIV/Aids and referred by Carino HIV/Aids Services at the Lowell Community Health Center. The waiting list is maintained at the Lowell Housing Authority, Division of Leased Housing Programs, 350 Moody Street, Lowell, MA 01854

Lowell House

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name Lowell House, Inc.		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency	Ruth Jerez Support Services Coordinator for the HOPWA Program/Matthew Brown, DIV		
Email Address	rjerez@lowellhouseinc.org		
Business Address	101 Jackson Street, 4 th FL		
City, County, State, Zip,	Lowell, MA 01852		
Phone Number (with area code)	978-459-8656		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	23-7110106	Fax Number (with area code) 978-937-2559	
DUN & Bradstreet Number (DUNs):	780891057		
Congressional District of Project Sponsor's Business Address			
Congressional District(s) of Primary Service Area(s)			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Greater Lowell Area	Counties: Middlesex	
Total HOPWA contract amount for this Organization for the operating year	140,337.00		
Organization's Website Address	lowellhouseinc.org		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

JRI

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name Justice Resource Institute		Parent Company Name, if applicable Not Applicable			
Name and Title of Contact at Project Sponsor Agency	Susan Buoncuore, Director of JRI Health Housing Programs				
Email Address	sbuoncuore@jri.org				
Business Address	75 Amory Street				
City, County, State, Zip,	Boston, MA 02119				
Phone Number (with area code)	857	399	1915	X2424	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	04-2526357		Fax Number (with area code) 857-399-1901		
DUN & Bradstreet Number (DUNs):	0765646				
Congressional District of Project Sponsor's Business Address	8 th Congressional District				
Congressional District(s) of Primary Service Area(s)	3 rd Congressional District				
City(ies) and County(ies) of Primary Service Area(s)	Cities: Lowell, Framingham, Cambridge, Medford, Malden, Everett, Watertown, Woburn, Somerville, Waltham		Counties: Middlesex County		
Total HOPWA contract amount for this Organization for the operating year	\$265,677.00				
Organization's Website Address	JRI.org				
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>			Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

IHR

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name Institute for Health and Recovery, Inc.		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Norma Finkelstein, Executive Director		
Email Address	normafinkelstein@healthrecovery.org		
Business Address	349 Broadway		
City, County, State, Zip,	Cambridge, Middlesex, MA, 02139		
Phone Number (with area code)	617-661-3991		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	04-3086647	Fax Number (with area code) 617-661-7277	
DUN & Bradstreet Number (DUNs):	82-837-2573		
Congressional District of Project Sponsor's Business Address	7th		
Congressional District(s) of Primary Service Area(s)	5th		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Lowell, Lawrence	Counties: Essex	
Total HOPWA contract amount for this Organization for the operating year	\$59,318.00		
Organization's Website Address	www.healthrecovery.org		
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

See Attached

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

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

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.

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

c. Barriers and Trends Overview

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

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

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

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.

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

End of PART 1

See Attached

<input type="checkbox"/> Planning	<input type="checkbox"/> Multiple Responses	<input type="checkbox"/> Multiple Responses	<input type="checkbox"/> Multiple Responses
<input type="checkbox"/> Planning	<input type="checkbox"/> Multiple Responses	<input type="checkbox"/> Multiple Responses	<input type="checkbox"/> Multiple Responses
<input type="checkbox"/> Planning	<input type="checkbox"/> Multiple Responses	<input type="checkbox"/> Multiple Responses	<input type="checkbox"/> Multiple Responses
<input type="checkbox"/> Planning	<input type="checkbox"/> Multiple Responses	<input type="checkbox"/> Multiple Responses	<input type="checkbox"/> Multiple Responses

(5) HOCH

HOCH (1)

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

Fenway Health is one of the largest LGBT-focused organizations in the world, providing health care, education, research, and advocacy. AIDS Action Committee is the public health division of Fenway Health and it provides nonclinical services (housing and legal assistance, health navigation) to people living with HIV/AIDS and operates numerous programs focusing on HIV/STD prevention/testing/treatment, including the Access (drug user health program), TransCEND (transgender peer support and risk reduction program), and Youth on Fire (drop-in center for homeless and street-involved youth) programs.

AIDS Action Committee is funded to provide tenant-based rental assistance for the Housing Opportunities for Chronically Homeless Persons (HOCH) program. HOCH provides permanent housing subsidies in Middlesex County to chronically homeless individuals living with HIV/AIDS. Supportive services for this program are leveraged through the Department of Public Health.

Applications/referrals to the HOCH program, are reviewed by the Residential Coordinator for eligibility and prioritized by application date. Applicants are then screened by the Rental Leasing Coordinator and Manager of Rental Assistance Programs. If found eligible, applicants are awarded the TBRA certificate as they become available. Residential Coordinator and the Rental Leasing Coordinator work with client to find an appropriate unit in which to utilize their voucher.

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

This operating year the HOCH program successfully served seven households and one beneficiary, a total of eight participants. All households were chronically homeless prior to entering the HOCH program. With the support of their case managers, all participants were able to obtain or maintain permanent housing using the HOPWA-funded rental subsidies. This meets the HOCH proposed goals.

During this reporting period no new clients entered the program.

One of the major achievements this year is that all seven participants were connected to ongoing medical care and have maintained medical insurance throughout their enrollment in the HOCH program. Case managers request labs every six months as a method of tracking health outcomes, and have fully integrated the use of the acuity tool. The acuity tool helps determine basic, moderate or high levels of need, which assists case managers when completing the Individual Service Plan. Case managers also made referrals when needed in the areas of social engagement (peer support) and additional emergency rental assistance.

All participants (7 out of 7) were able to maintain their TBRA voucher and have on-going communication with their case manager. Through HOCH, longtime residents have been able to build and maintain a successful housing history, which is critical to moving into a more independent housing setting. Case managers were able to work closely with clients and their landlords to resolve disputes and provide support during conflicts.

HOCH (2)

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

HOCH clients benefited from the increased stability and improved outcomes that permanent housing provides. All program participants had a plan for stability or maintaining stable residency. The program has not had any exits this year. Engagement in case management and medical care increased significantly for individuals during their participation in the program. This high level of engagement in services has supported participants in achieving their housing, health, and educational goals.

AAC continues to collaborate with property management companies in the area to reduce barriers and challenges for participants. The Rental Leasing Coordinator, as well as the Manager of Rental Assistance Programs, work intensively with each landlord to ensure participants remain housed and address any concerns that arise to prevent eviction. Moreover, they collaborate with current landlords to keep up to date with available units.

Participants are able to meet with their advocates and property managers when issues arise, which decreases the need for punitive action (both termination and eviction). All participants were provided with intensive home- and office-based case management on a regular basis as appropriate to their level of need. This year, each HOCH participant has received at least one home visit, and one annual inspection.

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.

The MA Department of Public Health provides supportive services/medical case management to the HOCH program participants. Via case management services, participants are supported in accessing state and federal benefits, such as nutritional assistance, social security benefits, clothing and food resources, and furniture resources.

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

<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 checked="" 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 type="checkbox"/> Rental History	<input type="checkbox"/> Criminal Justice History

beneficiaries.
None at this time.

c. Barriers and Trends Overview

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

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

(4) HOCH

HOCH (3)

Geography/Rural Access Other, please explain further *Relocation Expenses*

Housing Availability:

Housing availability, including safe and affordable housing, continues to be the most significant barrier for HOCH participants, once found eligible for the program. The lack of available units in communities in Middlesex County continues to be a problem for many of our participants, as they are unable to locate a unit that fits within the HOCH criteria. Most applicants spent over 90 days looking for an appropriate unit, during which time they remained homeless.

Discrimination:

Landlords who are uneducated about TBRA or voucher programs can present barriers for successful tenancy. Often, landlords or realtors have outright denied individuals housing because they have a voucher, even when told this is discrimination. Many more find other ways to discriminate against clients coming from homelessness and having a voucher.

Rent Determination and FMR:

FMR for participants with TBRA vouchers frequently limits the communities in which they can reside. Tenants continue to struggle to find safe and adequate housing within the FMR guidelines. Many landlords have separated their utilities, creating rental prices that are unaffordable for many residents. This leaves participants with very limited housing options. During recertification landlords tend to increase the rent and it has become increasingly difficult to negotiate a reasonable rent amount.

Other: Relocation Expenses:

In many circumstances, tenants are hesitant to relocate because they struggle with the financial burden that comes with relocating. While we have a rental start-up program that can assist clients every year, this program can only be used for first month's rent and security deposit. In addition, many landlords require fees for initial rental application, background checks or realtor's fees, as well as last month's rent. These high costs can be extremely prohibitive, and without strong advocacy or access to further funding, are very difficult to avoid.

Additionally, tenants with health complications find themselves unable to move any of their items, leaving them to utilize a moving company, an often unaffordable cost. Participants can seek financial assistance for their moving expenses from donation resources that provide "once in a lifetime assistance." If there were more agencies able to provide assistance with moving expenses tenants could feel more confident in addressing relocation issues.

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.

The housing market in Essex and Middlesex counties is becoming more expensive every year, with fewer units available. Many HOCH clients have connections and services closer to Cambridge, but are unable to find housing in that area – forcing clients to live far from their care and their communities.

Moreover, clients who have a history of substance abuse find themselves in areas where the opioid epidemic is growing. Almost half of HOCH clients live in Lowell, an area highly affected by the opioid epidemic and which is facing a spike in HIV infection. It is unclear how much that is affecting HOCH clients, but the population affected by this phenomenon overlaps with HOCH clients (people living with HIV and people who use drugs). It is also possible that the rhetoric around the spike creates more stigma and hostility against our clients who live in that area.

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

None at this time.

End of PART 1

HOCH participants once found eligible for the program. The lack of available units in communities in Middlesex County continues to be a problem for many of our participants as they are unable to locate a unit that fits within the HOCH criteria. Most applicants spent over 90 days looking for an appropriate unit, during which time they remained homeless.

Individuals who are interested about TBRA or voucher program can present barriers for successful tenancy. Other landlords or rental units are outright denied individual housing because they have a voucher. Even when told this is discrimination, many more find other ways to discriminate against them coming from dishonesty and having a voucher.

Low participation and ARS:

Even for participants with TBRA vouchers frequently limits the communities in which they can reside. Tenants continue to struggle to find safe and adequate housing within the TBRA guidelines. Many landlords have separated their utilities, creating rental prices that are unaffordable for many tenants. The lack of participants with very limited housing options. During revitalization landlords tend to increase the rent and it has become increasingly difficult to negotiate a reasonable rent amount.

Other: Various other symptoms:

In many circumstances, tenants are hesitant to relocate because they struggle with the financial burden that comes with relocating. While we have a rental start-up program that can assist clients every year, this program can only be used for first month's rent and security deposit. In addition, many landlords require fees for initial rental application, background checks or rental's fee, as well as last month's rent. These high costs can be extremely prohibitive, and without strong advocacy or access to further funding, are very difficult to avoid.

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The housing market in Essex and Middlesex counties is becoming more expensive every year, with lower rents available. Many HOCH clients have connections and services closer in Cambridge, but are unable to find housing in that area - forcing clients to live far from their care and their communities.

Moreover, clients who have a history of substance abuse find themselves in areas where the opioid epidemic is growing. Almost half of HOCH clients live in Lowell, an area highly affected by the opioid epidemic and which is facing a spike in HIV infection. It is unclear how much that is affecting HOCH clients, but the population affected by the phenomenon overlaps with HOCH clients (people living with HIV and people who are drugy). It is also possible that the clusters around the spike creates more stigma and barriers against out clients who live in that area.

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

15949 PHP (1)

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

Fenway Health is one of the largest LGBT-focused organizations in the world, providing health care, education, research, and advocacy. AIDS Action Committee is the public health division of Fenway Health and it provides nonclinical services (housing and legal assistance, health navigation) to people living with HIV/AIDS and operates numerous programs focusing on HIV/STD prevention/testing/treatment, including the Access (drug user health program), TransCEND (transgender peer support and risk reduction program), and Youth on Fire (drop-in center for homeless and street-involved youth) programs.

AIDS Action Committee was funded to provide emergency rental assistance to people living with HIV/AIDS and their families through the Rental Assistance Programs (RAP). Permanent Housing Placement (PHP) assistance was provided through RAP's Rental Start-up Program.

The Rental Start-Up Program (RSP) provides assistance with the initial start-up costs associated with moving into an apartment, such as first month's rent, security deposit, and last month's rent. Eligibility is determined using the following criteria: applicants have not accessed the program within the last year, their gross household income did not exceed the HUD Low Income guideline, and rent for the new unit is less than 50% of the applicants' net household income.

Applications were reviewed for eligibility by the RAP Coordinators. They processed and completed the applications. Applications were reviewed by the RAP Manager, and once approved, reviewed again by the Emergency Financial Assistance Committee (EFAC), a committee of AIDS Action Committee staff members who do not work directly with clients. After applications for assistance had been approved by EFAC, and had all required documentation, the program made payments. Payments were made out and mailed to the landlord, and were never made directly to the client.

The RAP team provided trainings to 28 agencies throughout Massachusetts, 6 of them in Middlesex and Essex counties. During the trainings, the team distributed new RAP applications, manuals, checklists, and flowcharts.

AAC used funds from the Department of Public Health (DPH) and the Boston Public Health Commission (BPHC) to complement funds from Lowell when necessary.

AAC provided PHP assistance to 8 unduplicated households during this reporting period via its Rental Assistance Programs.

The area of service for PHP was Essex and Middlesex counties.

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

In FY19 AAC was able to serve 11 individuals in 8 households throughout Middlesex and Essex counties. Six households (75%) accessed a combination of first and last or first and security, 3 households were moving into subsidized housing, and 3 households were either homeless or doubled up prior to accessing the program.

The average spent per household was \$1,401, much higher than last fiscal year's \$934. This is due to a combination of higher Fair Market Rent and the fact most clients utilized the program for two payments (first and last; first and security deposit) rather than one.

PHP (2)

The greatest challenge for PHP continues to be the rental market in Middlesex and Essex counties, and the volume of need for both first month's rent and security deposit. It is extremely difficult to afford rent in these counties, and when it is possible the household may be over 80% AMI. Households under this limit are often subjected to poor housing conditions and/or must spend an enormous amount of their income towards rent. When the household is going to be rent burdened from the start (pay more than half of their income towards rent), they will not be eligible for PHP, since the housing is neither affordable nor sustainable. This generates a dilemma for households, where they do not make enough to pay less than half of their income towards rent, and when they do, they are over the HOPWA income guidelines.

Moreover, the housing market causes landlords to be increasingly unwilling to negotiate with organizations when clients are applying for assistance. Landlords know they can find another tenant quickly, and who may be willing to pay even higher rent, forcing potential tenants to lose out on suitable apartments.

Finding housing can take months, and circumventing realtors is nearly impossible. Most often households moving into a unit need to pay first, last, security, and a broker's fee – in addition to rental fees (although illegal, commonplace in Massachusetts). This is extremely burdensome. Although PHP allows more assistance than Rental Start-Up, it is not pragmatic for the program to cover more costs when the funds are incredibly limited. AAC's PHP funds are committed within the first or second quarter of the fiscal year; which propels the program to be designed to cover the basics of move in costs, while the additional costs need to be paid by the household, or another program.

In addition to that, numerous landlords request a holding fee, frequently in the amount of the security deposit. This is requested before the household is approved for housing, or a lease is created. Since the program cannot process payments before a lease is signed, and before landlord documents are received, households that can't provide the holding fee can lose the opportunity to secure housing. It is another dilemma that results in lost opportunities, and severe financial burden on households.

There is an immense need for PHP assistance in these two counties – which is challenging to meet with current funds and eligibility requirements. AAC received 49 applications for PHP in FY19 from Middlesex and Essex counties; 8 from Essex and 5 times the number from Middlesex County (41). AAC was able to serve a total of 36 households for rental start-up in this area: 8 through Lowell HOPWA PHP funds and 28 of these by leveraging funds from the Department of Public Health or Boston Public Health Commission. The remaining 8 applications were either ineligible, not processed due to lack of funds, or pending at the end of the fiscal year.

Out of the 8 households served with Lowell funds, 7 of them moved to Middlesex county, and only 1 of them to Essex County.

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

RAP has been successful in supporting HOPWA beneficiaries in establishing and maintaining stable and safe living environments. Every application has as sustainability plan that is reviewed by the RAP Coordinator, RAP Manager, and EFAC. That ensures households create a plan to maintain stable housing and apply for more assistance through other programs if necessary. When looking at sustainability, RAP staff assist case managers with modifying the service care plan, and suggest other resources that will help clients pay any additional costs not covered, like last month's rent, or an additional second month's rent.

The goal of the program is to help low-income individuals secure affordable housing. In FY19 AAC was successful in that, half of the clients served were extremely low income, and one client was very low income. All households paid less than half of their net income towards rent.

43949

PHP (3)

This fiscal year 7 of 8 households completed the six-month outcome survey. Of the clients that completed the survey, 85% (6 households) had not received an eviction notice. All clients self-reported an undetectable viral load in the six-month outcome, and 85% reported being up-to-date on their rental payments.

Although not all of the outcomes are positive – one household had received an eviction notice- if the household receives an eviction notice and is in need of support, they can access legal services through AAC, or be connected to another program. This way the six-month outcome has a dual benefit –both collecting outcome data and connecting client to more services when needed.

The one client whose viral load was above 75 was undetectable six months later, and all clients had self-reported being able to attend to their HIV appointments and adhering to care, this stayed the same six months later.

More than half of the clients who completed the six month outcomes had an increase income. One client had a decrease due to loss of job; this was the same client who received an eviction notice.

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.

During the operating year, RAP leveraged funds from three other sources:

Funds for RAP PHP are leveraged by the Housing Opportunities for People With AIDS (HOPWA) Program of the U.S. Department of Housing and Urban Development (HUD). HUD has a contract with the City of Boston’s Department of Neighborhood Development to administer HOPWA funds in Suffolk, Norfolk, and Plymouth counties.

<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 checked="" 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 type="checkbox"/> Criminal Justice History

The Massachusetts Department of Public Health funds the program with state dollars to deliver services for eligible households in all Massachusetts counties.

Lastly, Boston Public Health Commission also funds the program through Ryan White Part A funds.

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

Nothing at this time.

c. Barriers and Trends Overview

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

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

PHP
(4)

Geography/Rural Access Other, please explain further

Housing affordability, as previously mentioned, is the biggest barrier in PHP. It is incredibly difficult to afford rent in those areas, and virtually impossible for clients who are unable to work.

Another barrier is discrimination by landlords when clients need rental assistance. Often landlords are not inclined to submit documentation in order to receive payments. They prefer tenants whose income is higher and think that the household is irresponsible or unable to make rental payments when they cannot afford the move in costs.

Credit and rental history are also barriers for clients looking for housing. Throughout the years the cost of living in Massachusetts has risen, while income and public benefits have become stagnant. More and more people are having to choose between different costs, and needing to pay bills on credit cards and forgo a payment in order to afford food, health costs, rent, utility, etc. A good credit history is often unattainable for low income folks in this area, and it is an additional burden when that prevents them from being housed. Likewise, high rental costs mean many moves and possibly evictions, which has an extremely detrimental effect on rental history.

In addition to that, there is one regulatory barrier that can sometimes be detrimental to households looking for assistance:

The Fair Market Rent limit to which RAP-PHP is bound. Whenever possible, RAP staff will refer case managers and clients to other rental assistance programs that can cover the remaining balance of security deposit or first month's rent. RAP collaborates with clients and referring providers to ensure they are aware of and working to access other resources such as RAFT, HomeBASE, and ESG.

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.

Due to advances in treatment, people with HIV are living longer, healthier lives. This means that many people require additional services throughout their lifetime, and may apply to our programs many times. Though the rate of new infections in Massachusetts is lower than the national average, people live longer and other still get infected, which means every year there are more and more eligible clients.

In the general community of Essex and Middlesex counties, the housing market is tight and landlords are requesting higher and higher rents, which places many people at risk of becoming homeless, or at a minimum, rent burdened. When households are priced out of their apartments they may not be able to find another apartment that they can afford. Since the program is designed to help people move into affordable and sustainable housing, more and more people choose housing that cause them to be rent burdened, which makes them categorially ineligible for RSP. When clients can find a new unit, often the Fair Market Rent (FMR) limit is lower than what they'll pay, and RSP can only cover up to the FMR, requiring the client to cover the rest.

Another barrier is that landlords are unaware of Fair Housing laws and discriminate against clients if they are moving with a subsidy, or are attempting to use the program to cover first month's rent and security deposit. While clients can seek legal help, many choose to ignore it in order to maintain a good relationship with their future landlord, or they have other priorities and urgent matters in their lives.

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

Due to confidentiality concerns, AAC does not typically identify Rental Assistance Programs as being a part of AIDS Action Committee without a release.

End of PART 1

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

AIDS Action Committee provides supportive services to two permanent housing programs for individuals living with HIV/AIDS. These services are provided to clients residing at the YMCA, YWCA and St Paul's Residence, all located in Cambridge, MA. The Supportive Housing Ending Homelessness (SHEH; formally ETP) provides permanent supportive housing at the YMCA and YWCA for chronically homeless individuals and St. Paul's Residence provides permanent supportive housing for homeless individuals through a partnership with the Cambridge Housing Authority.

Referrals for the SHEH program are through the Cambridge Coordinated Access Network, C-CAN, to reflect HUD regulations regarding "Coordinated Access Network" (CAN). As such, applicants are prioritized and ensures that the highest need clients are receiving offers of units based on their level of priority more effectively. For the St. Paul's Residence, applications are received and reviewed for eligibility by the AAC Residential Coordinator.

As the years pass, the change in how vacancies are filled through C-CAN has much improved since coordinated entry was implemented. SHEH has had available units during this reporting period and C-CAN has been able to identify chronically homeless and HIV+ applicants to refer to the program. However, a challenge we still encounter is the turnaround time imposed by the property manager at the YMCA; vacant units must be filled within 60-days before the unit converts into market rent, which is not always enough time to identify and lease-up an eligible client.

This reporting period, AAC has successfully filled 5 vacancies in SHEH. All 5 clients (four females-YWCA and one male-YMCA) entered through CCAN, and worked with a team of providers such as Manager of Supportive Services, Residential Coordinator, housing navigators and case managers to assist the client in getting document-ready, explaining and assisting with the screening and lease-up. Once housed, the clients were assigned to a Scattered-Site Stabilization advocate to help the client with providing wrap-around stabilization services. AAC was able to transition, one last former ETP (YWCA) client to another permanent supportive housing program. Although, renovations at St. Paul's Residence have not concluded, case managers are proactively working with participants and Cambridge Housing Authority to communicate on the process and advocate for clients who may want to return to St. Paul's Residence once renovations are complete.

Using a Housing First and harm reduction service model, the Scattered-Site Stabilization advocate provides intensive support and advocacy services throughout the housing process, including: service coordination, supported referrals, advocacy and linkages to legal assistance, nutrition assistance, connection to mainstream benefits, medical and mental health care, medication adherence support, and a variety of other supportive and community services. In addition, stabilization advocates and the Manager of Supportive Services assist residents with building and maintaining good tenancy skills.

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

This operating year SHEH and St. Paul's residence served a total of 13 participants. In the YMCA 4 men; YWCA 5 women and St. Paul's 1 woman and 3 men. Seven out of 13 participants were chronically homeless at program entry. With the support of their case managers, one SHEH client was transitioned out of the former ETP program to permanent housing with on-going supportive services.

During this year, 5 out of 13 participants entered the SHEH program after being chronically homeless for years. The referrals came from coordinated entry. Due to the many stakeholders involved in SHEH and St. Paul's Residence, at times coordinating the pre-screening and lease-up process presents challenges. This is due to the different forms of documents that need to be gathered for each stakeholder. Therefore, AAC has been working more collaboratively with all providers involved in referral to get the client document ready as soon as possible. The process has been working and minimizing the length of time a client is at a shelter. AAC continues working with C-CAN to fill the remaining vacancies.

Throughout the operating year, 13 of 13 participants (100%) were connected to ongoing primary medical care during their enrollment in the SHEH and St Paul's programs. Advocates request labs every six months as a method of tracking health outcomes and have fully integrated the use of the acuity tool to assess primary areas of need. Advocates continue to work with clients and develop an Individual Service Plan, identifying the goals they would like to work on and action steps toward those goals. Advocates referred clients to peer support to improve social engagement, provide support around substance use, and accompany clients to medical appointments.

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

All clients served (4 out of 4) at St Paul's Residence have maintained their housing for longer than a year. AAC has been unable to fill two vacancies at St. Paul's Residence due to renovations.

During this year, five clients entered the SHEH program through Cambridge- Coordinated Access Network. All clients were chronically homeless at program entry. One participant exited the former ETP transitional program to other permanent supportive housing. However, there are two remaining ETP clients that have not been able to secure other housing options and are currently being served under SHEH. Advocates are working with these two clients on finding and securing alternative housing opportunities.

AAC continues to collaborate with the property management companies (Caritas Communities and Windsor House) to reduce barriers and challenges for residents who wish to move to permanent, affordable housing. AAC provides continuous support to participants through regular home- and office-based case management to residents in both programs, as well as uninterrupted housing search for the remaining ETP residents.

All participants worked on developing an Individual Service Plan to help establish, maintain and secure a stable residency by the end of the year/exit from the program. Some St. Paul's Residence participants have been relocated to other Cambridge Housing developments while renovations take place at St. Paul's residence. Advocates have also been involved in the transitioning process as support for participants and provide any assistance needs.

Lastly, engagement in case management and medical care increased significantly among residents after their entry into the program. Additionally, participants were able to optimize their income and benefits, resulting in an increase or maintenance of income for 11 out of 13 participants (85%); 2 out of 13 (15%) are not eligible for income or benefits.

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.

The City of Cambridge CoC and Cambridge Housing Authority provides the housing subsidies which allow participants to access permanent housing through SHEH and St. Paul's Residence. All units are located in Cambridge.

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

The City of Cambridge CoC utilizes a Coordinated Access Network for SHEH units (all units are now permanent housing) and for St. Paul's Residence, AAC maintains the waitlist.

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

None at this time.

c. Barriers and Trends Overview

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

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

Screening Process/Private management:

Caritas (property management for the YMCA) gives the project 60 days to house a client when there is a vacancy. If coordinated entry is not able to provide AAC with a referral and if we can't gather all documentation before the 60 days imposed by the property management, then the vacancy becomes unavailable and is rented out as a market-rate SRO bed. We then must wait for another unit to become available in order to fill the program vacancy.

Criminal History:

Many participants face significant barriers due to prior adverse criminal histories. The property management for the YMCA, Caritas Communities, will usually deny anyone with violent, sexual, or drug-related charges, particularly if the incident took place in the past five years. For St. Paul's Residence Cambridge Housing Authority will check applicant's CORI prior to housing approval. CHA may deny due to CORI issues.

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.

The MA Department of Public Health and research on the HIV/AIDS Continuum of Care continues to inform and mold AAC's current work. We have continued to work on maintaining and enhancing participants' access to care this year, as research shows that improved medical care, adherence to HIV medications and suppression viral load can improve both individual level and public health outcomes. AAC works to record all our HIV+ clients' clinical data in order to better support participants' adherence, assist with coordination and focus on overall health through provision of medical labs and confirmed medical appointments. In doing so, we have noted that many of our clients have a suppressed viral load, but continue to face other health challenges, such as cancer, heart disease, and liver disease.

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

None at this time.

<input type="checkbox"/> In WASHU Region	<input type="checkbox"/> Planning	<input type="checkbox"/> Housing Availability	<input type="checkbox"/> Homelessness in the City of Cambridge
<input type="checkbox"/> Homelessness/Outcomes	<input type="checkbox"/> Multiple Disasters	<input type="checkbox"/> Multiple Disasters	<input type="checkbox"/> Homelessness/Outcomes
<input type="checkbox"/> Homeless Services	<input type="checkbox"/> Cost Effectiveness	<input type="checkbox"/> Cost Effectiveness	<input type="checkbox"/> Homeless Services
<input type="checkbox"/> Housing Affordability	<input type="checkbox"/> Geographical Access	<input type="checkbox"/> Geographical Access	<input type="checkbox"/> Housing Affordability

End of PART 1

The City of Cambridge CoC utilizes a Coordinated Access Network for SHEH with full unit access (permanent housing) and for St. Paul's Residence, AAC maintains the waiting list.

4. Technical Assistance: Describe any program technical assistance needs and how they would be met. None at this time.

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

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

3. 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.
The MA Department of Public Health and research on the HIV/AIDS Continuum of Care continue to inform and mold AAC's current work. We have continued to work on maintaining and enhancing participants' access to care this year, as research shows that improved medical care, adherence to HIV medications and suppression viral load can improve both individual level and public health outcomes. AAC works to enroll all our HIV+ clients' clinical data in order to better support participants' adherence and focus on overall health through provision of medical labs and coordinated medical appointments. In doing so, we have noted that many of our clients have a suppressed viral load, but continue to face other health challenges, such as cancer, heart disease, and liver disease.

4. 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.
Many participants face significant barriers due to prior adverse criminal histories. The property management for the YMCA/Carter Commission, will usually deny anyone with violent, sexual or drug related charges, particularly if the incident took place in the past few years. For St. Paul's Residence, Cambridge Housing Authority will check applicant's CORI prior to housing approval. CHA may deny due to criminal history.

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

Ruah House was originally created in the early 1990's by Sister Jeanette Normandin to address the critical needs of homeless women living with HIV/AIDS. Named after the Hebrew term for "breath of life", Ruah House officially opened in 1994, it is located in Cambridge, Massachusetts and is part of Victory Programs' housing division. Victory Programs original goals and mission of Ruah House live on, in addition to off-site supportive services and general medical case management services through our Bobbie White Housing Services, Ruah House provides permanent supportive housing and stabilization services to seven women who are living with HIV/AIDS.

Ruah includes staff presence 7 days a week, the Program contacts include:

Tammy Simmons- Dixon, Director of Housing
Tashonna Simmons, Program Director
Carmen Sasso, Clinical Director
Danisha Williams, Medical Case Manager Coordinator
Nurit Adem, Medical Case Manager
Kerine Royes, Resident Assistant/House Manager
Tynisa Adell, Resident Assistant/House Manager

Highlights for the last reporting year are the following:

- Services are continuously assessed to ensure the effectiveness of the supports assigned on individualized level. This helps to set a foundation for tenants, so that they are being held accountable to follow the rules and regulations of the program. Victory Programs staff continues to have individual and community meetings on a weekly basis to set goals and address barriers effecting the tenants and community. Some of the tenants who were chronically homeless prior to being housed have been able to maintain stable housing. There were no evictions during this reporting year and a lower amount of lease violations. Tenants were able to take more of a leadership role in their community meeting and in return took more ownership in their community and creating a positive supportive atmosphere
- Medical Case Management services still continues to provide comprehensive and intensive services planning which address the myriad of needs presented by the unique tenants of Ruah House. This has led to an improving outcomes in medication adherence, compliance which leads to achieving and maintaining viral suppression. Consistency with medical appointments, adherence to treatment regimens and coordination/collaboration with medical providers has bridged gaps in communication while preventing disengagement in care. This has also supported client struggling with substance use, enter treatment and access treatment services effectively.
- Tenants were offered the opportunity to attend a number of community events including but not limited to the 2019 AIDS Walk, HIV/AIDS Services Lobby Days at the state house, Annual Celebration of Life and Gratitude dinners, and Recovery Day advocacy day at the state House. While attendance was not 100%, an estimate of 60% or more did attend the events and enjoyed being a part of the larger HIV and recovery community.

Victory (2)

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

The tenants we serve are dual diagnosis with severe chronic illnesses, mental health and substance use issues. Ruah was at 100% (7 out of 7) capacity for most of the reporting year while the other half was at full capacity. Case management services worked with a total of 8 people throughout the reporting year and was able to successfully transition two clients to the right level of care and supports attached to their housing. Case management services focus is to meet the client where they are at, while supporting them to address their needs for overall stabilization.

14 % (1 out of 7) enrolled or continued in an educational advancement program. There were a few clients that struggled with lease violations and rental arrearages. Staff also continues to work with all tenants on money management skills including budgeting and encourage them to practice the important values of being current versus having outstanding arrears and placing the paying of rent as a priority. This has made significant advancement, with tenants becoming current with payment plans less than three months and not utilizing rental assistance. 14 % (1 out of the 7) are successfully employed and is currently working a full time job that often provided the tenant with overtime hours. 71% (5 out of the 7) are actively looking to obtain parttime employment opportunities. 100% of the tenants are positively engaged in the community with activities such as volunteering and advocating for HIV/AIDS funding

One of the biggest challenge of the reporting year was supporting tenants who where in high active substance use. Supporting a client whose needs and focus change due to their instability is a direct correlation of their active substance use. Supporting a client through the treatment continuum effectively, depends on where the client is in the stages of change. Interventions are specifically targeted to the barriers such as access to treatment programs, post treatment options and long term stabilization plans. The progress can have levels of effectiveness, but what has been the crucial key is recognizing triggers and accessing services prior to destabilization. The medical case manager has widened their resources to access more treatment services option for clients. All while continuing to follow the client in a supportive way to work with the treatment providers to give wrap around service delivery to improve stabilization.

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

(5) 1/10/14
Victory (3)

currently being taken to achieve goals in next operating year. If your program exceeded program targets, please describe strategies the program utilized and how those contributed to program successes.

86% (6 of 7) of HOPWA tenant population at Ruah was able to maintain housing for the entire reporting year. While the other 14% (1 of 7) were stably housed a portion of the reporting year. One tenant left to go to a more treatment focused setting to address her medical and recovery needs. All the tenants were able to remain housed but occasionally struggle with lease violations (which have decreased greatly). We are always looking for ways to improve service delivery and to keep the separation between housing and case management. This allows the client to be supported and needs addressed even though the service provider is also the landlord. The Program Director addresses the housing concerns and lease violations with tenants and if needed, drafts progressive warnings and payment arrearage agreements. While Case Management Coordinator to help support the Medical Case Manager in working with people around budgeting issues, health and behavioral obstacles. Our Medical Case Manager along with our Director of Clinical Services continues to offer the weekly community meeting every Monday. Tenants utilize this as an opportunity to share their concerns and issues with the group. As Co-facilitators with the tenants, we focused on Community building by incorporating exercises and discussions where the tenants themselves run a portion of the meeting supporting them take ownership of their community. These activities help to support positive community engagement in and outside of Ruah.

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.

The goal for this past fiscal year was overall health and stabilization. We encouraged clients to be active participants in the community, 88% (7 out of 8) of our clients served have become positively engaged in the community. During the fiscal year our Medical Case Manager worked individually with a total of 8 clients. This includes collaborating and networking with medical and mental healthcare providers, treatment services, community outreach and resources to build a support network for the tenants we serve. We have recently started implementing tenant co facilitated community meetings to give the tenants more accountability, which has spawned things such as, weekly walking groups, quarterly nutrition classes with cooking demos and sexual health and risk reduction groups with preventative tools. We utilize standing supports like housing groups to reinforce case management meetings; focusing on housing resources available to the tenants we serve. Client have been referred to multiple agencies such as, AAC, Cambridge Multiservice center and Salvation Army for rental assistance. Our Medical Case Manager continues to encourage tenants to become members and utilize their membership at Boston Living Center. Boston Living Center, another one of VPI's programs, has endless resources and supports including daily lunches, peer support, onsite nutritionist, acupuncture, massage, support groups, art and craft groups and much more.

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

Victory (24)

None at this time.

c. Barriers and Trends Overview

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

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

In previous sections, it was mentioned that active substance use was a challenge this last reporting year. But what wasn't spoken of but was also a challenge was the effect on a mixed community within Ruah. The impact was vast along the scale, due to the mixed population. Ruah has clients with multiple years of recovery to active substance use and no history of substance use. This poses a challenge of addressing the needs on one and the needs of many. Case management has worked hard in both individual meeting and groups to help educate the tenants about active substance use and recovery. This was to build a foundation to help create a safe supportive environment.

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.

The goal for this period is still overall stabilization, which includes health, financial and housing. With the intense focus on substance use and accessing treatment services, including quicker interventions and implementation of support and safety plans. Interventions have been targeting the barriers such as access to treatment programs, post treatment options and long term stabilization plans: medical and medication adherence over the last year or so, tenants have been able to have greater lengths of stabilization. Even though the progress can be short lived the client makes strides in recognizing triggers and accessing services prior to destabilization. The medical case manager following the client in a supportive way to work with the treatment providers to give wrap around service delivery to improve stabilization. Understanding that the road to recovery is not straight and utilizing harm reduction strategies, MCM services were able to support struggling clients gain access to treatment services. With support and safety plans developed, clients have clear goals and action steps that have proven to be fundamental in stabilization. Continued supports added to keep client actively engaged in their healthcare and taking ownership

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

of their health issues allows the client to address and maintain them. Client still received support services while in treatment collaborating with outside support services to support client's needs. Which in return, helps to support our harm reduction model

Victory (5)

and help reduce the harmful impact of their unstable recovery. Staff continues to educate clients around the importance of continuous engagement in care while addressing and managing multiple diagnoses. Tenants see the correlation between adherence, managing multiple diagnosis and stabilization, by addressing the health concerns as a whole, clients are seeing more positive health outcomes. With the clients health improving they are now able to focus and address issues that have destabilized their housing and/or financial stability. MCM staff has worked hard connecting clients to all eligible benefits and accessing community resources to supplement basic need gaps. Utilizing individualized care method, clients are giving support, safety and housing plans to fit the client needs and eliminate barriers due to noted limitations. MCM staff have placed more recovery based education into community meeting, tenant groups and individualized meetings. MCM staff has also recognized that mental health can be a barrier just as much as substance use. MCM work with the client's providers and our Clinical director to offer the support needed to meet the client where they are to ensure services are provided.

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

None

End of PART 1

SMOC (11)

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

During the operating year, the Housing Advocate worked with 53 clients to secure new housing or preserve current tenancy through the provision of financial assistance and case management supports. A total of 24 clients were provided with financial assistance to pay for rent arrears, utility bills, first and last month's rents, and security deposits. Partnerships with area providers were strengthened and increased to enhance the supportive services available to clients. The program again partnered with New Beginnings, SMOC's supportive, medical case management, subsidized housing program for single adults living with HIV/AIDS, to celebrate World Aids Day last December.

SMOC is a private nonprofit corporation that operates as the Community Action Agency for the greater MetroWest and Blackstone Valley areas. Originally federally designated to serve ten communities in MetroWest including: Ashland, Bellingham, Framingham, Holliston, Hopkinton, Marlboro, Natick, Northbridge, Southborough, and Wayland. SMOC has expanded across the state and in FY18 we served approximately 46,000 people in 33,000 families in approximately 200 communities. Our core mission is to improve the quality of life of low-income and disadvantaged individuals and families by advocating for their needs and rights; providing services; educating the community; building a community of support; participating in coalitions with other advocates and continually searching for new resources and partnerships.

Since its inception in 1965, SMOC's goal has been to improve the quality of life for low-income people by working with the community to effect social, individual and family change leading to economic independence. Based on its original mandate as cited in the Federal Economic Opportunity Act of 1964, SMOC's mission is to advocate for resources to meet the needs of low-income people and to empower them to obtain and maintain economic independence.

In 1986, SMOC created the South Middlesex Non-Profit Housing Corporation, a subsidiary development corporation in response to the need for decent, safe and affordable housing for disadvantaged individuals and families including those who are homeless, low-income and disabled. SMOC currently owns and manages more than 1300 units of housing for single adults and 250 units for families throughout the Commonwealth with concentrations in the MetroWest and Worcester regions and in Western Mass.

Through SMOC's advocacy, a wide range of programs have been developed and implemented that provide a continuum of care and service which address the comprehensive needs of low-income families and individuals. Housing, child care and preschool education, adult education, job training and placement, emergency shelter, substance abuse, mental health, domestic violence and sexual assault services, nutrition, emergency energy and financial assistance are among the array of services provided by the agency. In addition, the agency engages in community organizing around increasing access to health care, housing and building cultural competence.

Essential to SMOC's effectiveness is the involvement of a broad cross section of the community in its policy and decision-making process. To ensure this participation, one-third of the SMOC Board is comprised of low-income representatives in the community, another one-third are elected officials of each community or their appointed representatives and the remaining one-third are representatives of the private sector of the community.

Delivering social services for over 45 years, SMOC has expertise and experience delivering targeted services designed to be integrated and holistic. As a community service provider we understand that helping disadvantaged people become economically self-sufficient often requires a broad range of interventions. Empirical evidence has shown that many individuals and families seeking assistance are in need of a set of core services that includes, housing, employment, education, behavioral health and primary healthcare, child care, and transportation. SMOC provides a comprehensive set of programs and services through direct service delivery and collaborative community partnerships.

b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

SMOC(2)

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

The HOPWA Housing Advocate worked with 53 clients during the contract period. A total of 24 clients were helped with monies through STRMU (\$5,017.14 for 10 clients) and PHP (\$10,711.39 for 14 clients). The program continues to assist clients in securing safe, secure and affordable housing and stabilizing them in existing housing through financial assistance and case management support. We continue to ensure clients are receiving quality health care by assisting with the management of appointments, transportation to medical appointments, health insurance and medication management, among other things. Clients are also assisted with applying for and maintaining mainstream benefits, accessing quality food, SNAP application assistance and budget management.

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

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.

Fifty three individuals were assisted with securing or maintaining safe, secure and affordable housing. The 10 clients assisted with STRMU funds avoided eviction and possible homelessness. The Housing Advocate provided housing search education and assistance and advocacy for all program clients. Staff continued to work closely with Program Rise (HIV advocacy) in the MetroWest community, MetroWest Medical Center Framingham/Natick, New Beginnings HIV residence in Framingham, and SMOC housing. The Housing Advocate networks regularly through trainings, forums, and World AIDS Day Committee meetings and health fairs. This networking allows the program to identify new program participants and continue to offer housing and other services. The Housing Advocate initiated first-time doctor’s appointments for clients with

<input type="checkbox"/> HOPWA/HUD Regulations	<input type="checkbox"/> Planning	<input checked="" type="checkbox"/> Housing Availability	<input type="checkbox"/> Rent Determination and Fair Market Rents
<input 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

the Infectious Disease Clinic and assisted in helping maintain their appointments.

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

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.

SMOC
(3)

Geography/Rural Access Other, please explain further

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

The lack of affordable housing in the region continues to be a major barrier facing clients. Low-income clients face significantly long waiting lists for subsidized housing units. This often results in them living in unstable housing that is overcrowded or unfordable, putting them at high risk for homelessness. Many clients are also in need of rent or utility arrearage payments and the financial assistance options are limited. Our HOPWA program client assistance was fully committed by the end of the operating year. Other barriers include negative criminal histories, past evictions and no or bad credit which all impact clients' ability to secure affordable housing.

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

There is a decline in funding for community education especially around safe sex. The growing opioid crisis in Massachusetts is also of concern. It is becoming increasingly difficult to find primary care doctors, with long waiting lists in community health centers.

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

N/A

End of PART 1

Lowell Housing
(1)

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

Grant Organization:	Lowell Housing Authority
Area of Service:	TBRA (Tenant Based Rental Assistance in City of Lowell, MA)
Program Contact:	Tha Chhan Division of Leased Housing Programs 350 Moody Street Lowell, MA 01853
Telephone	978-364-5353

One of the many challenges facing those affected by HIV/AIDS is securing permanent housing. In an effort to address this need, the Lowell Housing Authority in collaboration with the City of Lowell and Carino HIV Services at the Lowell Community Health Center seek to identify individuals and families that are chronically homeless and in need of housing assistance. To achieve this goal, the Authority has established a policy and procedure for program eligibility which evaluates waiting time, income verification, utilities and rental subsidy determination utilizing the guideline for Housing Quality Standard and rent reasonableness.

Applicants are referred to the Lowell Housing Authority, Division of Leased Housing Programs, 350 Moody Street, Lowell, MA 01854 by Carino HIV Services of the Lowell Community Health Center. The Authority planned to serve ten (10) applicants, and to date, ten (10) applicants have been housed.

The demand for rental units has sharply increased in the city of Lowell resulting in a low vacancy rate. Many rental properties throughout Greater Lowell are forced to form waiting lists for those seeking apartments. The market rent in the City of Lowell has also increased drastically. The current Lowell area market rent is much higher than fair market rents established by HUD. This limits the availability of units and unfortunately has resulted in HOPWA applicants being rejected by landlords due the low Fair Market Rent and the strict formula under HOPWA Program.

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

Working in collaboration with Carino HIV Service at Lowell Community Health Center, the Authority planned to serve up to 10 families/individuals with tenant based rental assistance. 10 applicants have been housed during the fiscal year.

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

2.

10 families/individuals have been housed under the tenant based rental assistance. have been while 2 more are being screen for eligibility. To assist the applicants, the Authority continues reaching out to property owners throughout the city. The unit occupied by current HOPWA participants was inspected by the Housing Inspector according to the guidelines for State Sanitary Code and Housing Quality Standard. This unit is located in the close proximity to medical facilities, public transportations, shopping center and other establishments.

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

Program participants continue to receive support services from Carino HIV Services at the Lowell Community Health Center, including Case Management, Counseling, Medication, etc, while under the program.

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

No technical assistance needed at this time.

c. Barriers and Trends Overview

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

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

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

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.

As indicated from previous year report, the Authority still face the same challenge. Among the barriers that hindered and delayed the process for placing applicants on the waiting list were the eligibility criteria under the HUD regulations that include:

A, Regulatory

-Criminal Justice History (Cori)

-Fair Market Rent is still lower than the current local Market rent even after HUD has increased it drastically. To obtain units for participants, Authority has no alternative but to approved the rent at 110% of the 2018 Fair Market Rent.

A. Non-Regulatory

-Housing Availability

-Proposed rent by prospective landlords exceeds the maximum allowable 110 % of Fair Market rent.

To overcome these barriers, the Authority with approval from the City of Lowell, elected to use 110% of the current Fair Market Rent for the HOPWA Program. The Lowell Housing Authority and Carino continue reaching out to private owners to explain the HOPWA program regulations and the benefits associated with such. The Authority has established long term relationships with area landlords and continues to advocate on behalf of are clients

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

End of PART 1

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

For the FY 2018-2019, the HOPWA Program at Lowell House, Inc., provided Housing Information Services (HIS), Supportive Services (SS) and Permanent Housing Placement (PHP) to help people living with HIV/AIDS who have a low-to-moderate income levels and live in the Greater Lowell Area. Through HIS and PHP services, we were able to refer individuals to community agencies for support; AAC, CTI, and HOPWA funds. Depending on every individual's needs, staff will, contact property owners, direct them to legal services in the area, assist them to apply for funds (first/last), educate on budgeting and planning. PHP services focuses on helping clients who currently find themselves homeless, in a temporary housing shelter, or are staying in an unsafe, inhabitable place obtain affordable housing. Program staff search, call, schedule and follow up if needed.

FY2018-2019, The year ended with 114 participants/households. All have maintained stable and have independently transitioned or have had other housing opportunities. Our program is working closely to support 1 chronically homeless individual in applying for housing opportunities. Many individuals in our program transitioned independently into their home or received support with HOPWA funds. This year our program collaborated closely with the Aids Action Committee program to assist our program clientele with Rental Start-up Assistance, Utility Assistance Program, and Homelessness Prevention Program; 3 individuals approved for the RAP, 2 individuals for the UAP and 1 for the HPP. The HOPWA program approved 2 individuals with HOPWA funds. Individuals successfully moved into their apartments with our program Support Services. On May 3, 2019, the Lowell House moved to its new location at 101 Jackson Street, 4th FL, Lowell, MA.

Through our Supportive Services (SS) program, we assist clients in areas of need such as: food vouchers, referrals to food pantries, and meal services in the community. We also provided train and bus passes, as well as scheduling of MART transportation services for various appointments. We have referred clients in need of household items to Project Home Again and clothing/toiletries needs through The House of Mercy. We referred individuals with Substance Abuse to the SOAP program with in the LH; mental health treatment programs, (Whittier Pavilion, Elm tree) and Circle Care (Vivitrol Shot.) We enrollment/renewed clients for the HIV Drug Assistance Program HDAP / CHII, and Mass Health. Other necessary needed services like DTA, Social Security, legal services, AAC, and JRI Health Law Institute were offered. Through our SS case management, we also continuously collaborated with medical health facilities (CARINO, LCHC) in the area that serve our clients.

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

1. *With HOPWA Funds, LHI was able to successfully provide Permanent Housing Placement (PHP) services to 2 individuals. These individuals independently searched and successfully moved in to their apartment.*

In addition, staff worked with all of our individual clients through HIS and SS to secure that they remain permanently housed in a safe and affordable home.

The LHI HOPWA program was successful in the following area(s):

-In the 3rd/4th quarter, HOPWA approved funds for 2 individuals in our program.

-We had 2 individuals approved for the UAP program.

-We had 3 clients that obtained employment.

-We collaborated with the LCHC for World Aids Day 2019

-We have had 10 new intakes this year.

-We signed up 10 individuals/households to receive Thanksgiving offerings (Turkey, Bread, Veggies, etc.)

-We have had 1 client who completed her Master's degree.

- On the second quarter we worked/and continue to work closely with 1 individual who is chronically homeless to apply for housing opportunities, mental health services and addiction treatment services.

PHP: Targeted Goal-5/ households assisted: 1 individual

SS: Targeted Goal-50/ Individuals assisted: 66/ total # of all household members assisted: 48

HIS: Targeted Goal-30 / Individuals assisted: 31/total # of all household members assisted: 22

Although there was not a need to assist clients for the PHP. The program we were able to assist 3 individuals/households to get approved for AAC programs (HPP, UAP, RAP.) The program was successful in achieving the HIS goal. Our agency will continue to educate the public regarding our program, continue to assist our current enrollees and their household members to receive all services our agency has to offer. We will continue our quarterly contacts with our clients to be able to assess their level of need(s) as well as remind/educate clients of our services and outside support services.

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

LHI-HOPWA staff coordinated its services with AAC by completing the case management work for AAC. We aided with a total of four 6 households seeking financial assistance with either the Utility Assistance Program, Homelessness Prevention Program, and/or Rental Start-Up Program. This year we collaborated well with CTI/AAC. We renewed 10 HDAP applications.

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.

A standardized design and formatted database in which HOPWA agencies can enter all necessary information of HOPWA clients and provide the department team with access to client data for quarterly and annual reports. The software would benefit the overall management of program and storage of records for clients.

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

More trainings offered for Program Coordinators and Supervisors around HOPWA services, funding, reporting, and housing regulations would be helpful. A training specifically on the CAPER for newer staff would also be appreciated. A statewide database to share information amongst HOPWA providers would also be beneficial.

c. Barriers and Trends Overview

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

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

This year we were not able to reach several of our clients; phone numbers are disconnected or no returned phone calls to staff. Program had to discharge several individuals but they are able to enroll if interested. We had several individuals who had a difficult time looking for affordable housing. Those continue to search for the right opportunity. Real estate and housing availability has been extremely challenging for many of our clients. Most clients live on a limited income which only provides access to studio or rooms for rent. These rental options can be very difficult to find, or many times are not the most suitable and habitable living spaces. In addition, eligibility requirements are a big challenge due to extremely low-to-very low incomes. Negative past rental history of evictions and criminal records are a big challenge for some clients, which have prevented clients from accessing housing stability. Three individuals who are challenged with substance abuse disorder, mental health or/and physical health needed lots of support. With HOPWA Support Services and the HIS program they continue to search and apply for housing opportunities.

<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
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<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 type="checkbox"/> Geography/Rural Access	<input type="checkbox"/> Other, please explain further	

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.

The following trends in the community may have affected the ways that the needs of our clients were addressed: limited access to transportation, cuts in their subsidy voucher, rental costs increasing, decrease SSI/SSDI benefits/SNAP, limited rental options. We have become aware of an HIV/AIDS spike in the Lowell area over the last year, particularly amongst active substance users. It is likely that there are many individuals who are unaware of their HIV/AIDS status or are not seeking medical or supportive services related to their diagnosis. It is important that outreach, prevention, education and testing efforts increase over the next year in order to educate the community and engage individuals who may need assistance. Also, it is important to note that there is still a population that are diagnosed with HIV/AIDS that do not want to access or enroll into HOPWA programs because of the stigma that is attached to the diagnosis. This cohort of individuals whom are not utilizing support services program are not indicated/identified in any statistical recordings.

Due to the recent spotlight on the issue of HIV/AIDS in the city, there has been a positive trend of service agencies collaborating with other in order to assure that the needs of persons living with HIV/AIDS are being given the support and prevention education efforts are increased. By sharing knowledge and resources, the professionals we will be able to become acquainted with other professionals in the field, gain more knowledge of other support services that are available, and to bring forth more effective ways for assisting our clients. There seems to be more efforts emerging around prevention efforts such as needle exchange, rapid result confidential testing and hopefully in the future prevention medication will be available to individuals who qualify. Finally, there has been an increase in trainings and workshops offered about HIV/AIDS diagnosis, any advancement in treatments, preventative measures, financial assistance programs, legal assistance and etc. that Lowell House staff have taken advantage of.

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

N/A

End of PART 1

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

During this operating period: 7/1/2018 – 6/30/19, JRI served a total of 73 households through the JRI Assisted Living Program. All households are linked to “specially set aside” JRI TBRA and are receiving supportive services that ensures households are linked to Primary Healthcare. . JRI partners with the Regional Housing Authority, Community Teamwork, Inc., This RHA administers all JRI Section 8 and Greater Lowell HOPWA subsidies. SMOC/RHA in Framingham, issued 6 JRI Section 8 subsidies during this past year. All were long term JRI applicants – and all have leased in Metro West region. During this reporting period, 58 households received supportive services, which includes both case management and PACT/Medication Adherence support from JRI Community Health Workers. During this reporting period, 15 households received HOPWA Housing Assistance. Of the 15, 4 new households entered program. All are residing within City of Lowell and receiving support from local service providers and Lowell Community Health Center.

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

JRI has a long term partnership with Regional Housing Authority and Service Providers throughout Middlesex County. Long term collaboration, helps to ensure housing stability among all JRI households. Both Providers and RHA will update JRI if there are any tenancy issues/concerns. As a team, work together to develop a housing strategy that will ensure that JRI household remains leased. As noted, there is very little attrition from the JRI Assisted Living Program.

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

100% of JRI Program participants are linked to Primary Healthcare: 100% or 73/73 are engaged in Primary Care

100% of JRI Program Participants are linked to safe and affordable housing. 100% or 73/73 are and will be linked to safe and affordable housing. All JRI Households must meet federal HUD standards.

100% of JRI Program Participants or 73/73 are receiving supportive services from JRI or Lowell providers.

JRI (2)

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.

The JRI Assisted Living Program leverages funding for Lowell HOPWA program with MA Department of Public Health HIV/AIDS Bureau and Boston Public Health Commission. In addition, JRI partners with Middlesex County Providers to ensure that JRI households have access to mainstream benefits and resources within this county.

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

None noted at this time.

c. Barriers and Trends Overview

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

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

During this reporting period, JRI did expand Greater Lowell HOPWA Program to 15 households. With increase in funds for FY20, will continue to expand TBRA.

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

There hasn't been any attrition during this past year. Households linked to affordable housing, support and primary healthcare, are living longer and improving quality of life.

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

JRI refers to AIDS Housing Evaluations in each HOPWA region of State.

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

(5) SHI IHR (1)

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

Project HEAL met all of our goals and objectives. Program senior case manager, Troix Bettencourt provided in-kind case management service to four households receiving Tenant Based Rental Assistance through our HOPWA contract with the City of Lowell. One family is comprised of one female head of household and two daughters wherein the mother and one daughter is living with HIV/AIDS. The other household is comprised of a mother and a father both living with HIV, three children with one of the children being HIV+ and the other two are not. The third household is a young woman in recovery and actively working as a peer leader. And, the fourth household is an older gentleman who is a long-term survivor living with HIV/AIDS.

Update on Program Status:

Project HEAL continues to subsidize these household's rent with HOPWA Tenant Based Rental Assistance funding from the City of Lowell. With our supportive services contract with the MA Department of Public Health, we provide these households with home-based intensive case management. Program staff help residents to get housed and stay housed by conducting an assessment, developing an individualized service plan, and offering care coordination activities focused on health, recovery, mental health, daily life skills, benefits, employment/volunteer work, peer support – socials and groups.

While working with individuals to decrease the stress in their lives, program staff engages individuals through building trust and a working alliance to understand the complex issues that may be undermining their recovery and housing stability.

Update on Personnel Status:

Beverly Parham continues to be the Program Director of this program. Troix Bettencourt continues to coordinate and provide care coordination for this program.

Description of Problems and Challenges:

Both families exhibit exceptional parenting skills and strong family bonds. As both families have a child with a moderate to severe disability, caring for that child has placed a financial strain. Due to the complex medical needs of these two families, assisting and supporting them in increasing their family income has been an ongoing challenge. Recent rent increases in the City of Lowell has also now proven to be a challenge keeping some of these households housed in their current units while meeting the current FMR.

Description of Emerging Needs:

While people living with HIV/AIDS are living longer with the advancement of medications and healthcare overall, many of these individuals and families who have been living with HIV/AIDS lack the education, skills and resources to obtain gainful employment in order to better provide for their families. Public and social entitlements have steadily been cut back over the years making these families more and more dependent on their children as they become working age.

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

IHR's HOPWA Tenant-Based Rental Assistance funds supported 4 households with at least one individual in the household living with HIV/AIDS. These families are residents of the City of Lowell and tenancy is here in the City of Lowell. Our senior case manager, troix Bettencourt provided in-kind case management service to the three households receiving Tenant Based Rental Assistance through our HOPWA contract with the City of Lowell. With our supportive services contract with the MA Department of Public Health, we provide these households with home-based intensive case management.

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

Program staff has assisted these four households maintain their housing in good standing. Annual apartment inspections are conducted and relationships with landlords have been established. IHR staff assesses these families annual income and adjusts their rent portions accordingly.

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.

Troix Bettencourt, senior case manager provides in-kind supportive housing case management to these households thru funds provided us by the MA Dept. of Public Health's Bureau of Substance Abuse Services

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

None at this time.

c. Barriers and Trends Overview

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

<input type="checkbox"/> HOPWA/HUD Regulations	<input type="checkbox"/> Planning	<input 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 type="checkbox"/> Credit History	<input type="checkbox"/> Rental History	<input type="checkbox"/> Criminal Justice History

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

IHR
(3)

Geography/Rural Access Other, please explain further

Local rents in the City of Lowell have increased. Sometimes well above the HUD FMR for our City.

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.

Care coordination between HIV providers, substance use providers and mental health providers has improved drastically over the last year. This is due in part by the intervention of the MA Dept. of public health in response to an HIV outbreak experienced in here Lowell.

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

CDC investigation of HIV outbreak in Lowell/Lawrence MA with an assessment of services available and recommendations for improving care to individuals living with HIV/AIDS.

End of PART 1

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging

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

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

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance	50,000.00	Rent Utility Assistance	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	40,000.00	Peer Support Non Rent Program	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Housing Choice Voucher Program			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Continuum of Care: City of Cambridge Supportive Housing	107,520.00	Client Rent Subsidy	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: DPH	493,551.00	Rent Utility	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: DPH	418,671.00	Medical Case Management, RAP Personnel	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: MDPH	102,799.00	Rental Assistance	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: City of Boston	184,000.00	Rent & Utility Assistance	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: City of Boston	65,300.00	Non Rental Program	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Private Funding			
Grants	11,600.00		<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
In-kind Resources			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:	100.00		<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Funding			
Grantee/Project Sponsor (Agency) Cash			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	35,000.00		
TOTAL (Sum of all Rows)	1,508,541.00		

2. Program Income and Resident Rent Payments

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

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

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

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	
2.	Resident Rent Payments made directly to HOPWA Program	
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	

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

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

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

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.

1. HOPWA Performance Planned Goal and Actual Outputs

HOPWA Performance Planned Goal and Actual		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
HOPWA Housing Subsidy Assistance		[1] Output: Households				[2] Output: Funding	
1.	Tenant-Based Rental Assistance	36	36	25	25	348,710.56	327,863.07
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)						
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served) (Households Served)						
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)						
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)						
4.	Short-Term Rent, Mortgage and Utility Assistance	17	30	130	49	72,475.25	71,611.14
5.	Permanent Housing Placement Services	32	24	86	36	46,693.00	23,761.39
6.	Adjustments for duplication (subtract)						
7.	Total HOPWA Housing Subsidy Assistance (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	85	90	241	110	467,878.81	423,235.60
Housing Development (Construction and Stewardship of facility based housing)		[1] Output: Housing Units				[2] Output: Funding	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)						
9.	Stewardship Units subject to 3- or 10- year use agreements						
10.	Total Housing Developed (Sum of Rows 8 & 9)						
Supportive Services		[1] Output: Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors that also delivered HOPWA housing subsidy assistance	65	63			57,310.510	52,836.10
11b.	Supportive Services provided by project sponsors that only provided supportive services.	131	142			294,314.93	271,498.93
12.	Adjustment for duplication (subtract)						
13.	Total Supportive Services (Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)	196	205			351,625.44	324,335.03
Housing Information Services		[1] Output: Households				[2] Output: Funding	
14.	Housing Information Services	30	30			61,536.00	52,207.62
15.	Total Housing Information Services	30	30			61,536.00	52,207.62

Grant Administration and Other Activities		[1] Output: Households		[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources				
17.	Technical Assistance (if approved in grant agreement)				
18.	Grantee Administration (maximum 3% of total HOPWA grant)				
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)			59,783.17	53,583.05
20.	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)			59,783.17	53,583.05
Total Expended				[2] Outputs: HOPWA Funds Expended	
				Budget	Actual
21.	Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)			940,823.42	853,361.30

2. Listing of Supportive Services

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

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

Supportive Services		[1] Output: Number of <u>Households</u>	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance	2	
2.	Alcohol and drug abuse services	5	
3.	Case management	197	220,730.30
4.	Child care and other child services	10	
5.	Education	4	
6.	Employment assistance and training	3	
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310	3	
8.	Legal services	5	
9.	Life skills management (outside of case management)	3	
10.	Meals/nutritional services	9	1,500.00
11.	Mental health services	4	
12.	Outreach	5	
13.	Transportation	9	480.00
14.	Other Activity (if approved in grant agreement). Specify:		
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	259	
16.	Adjustment for Duplication (subtract)	62	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	197	222,710.30

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

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

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

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

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of Households Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	30	66,594.00
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	2	9,760.00
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.		
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	19	45,781.00
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	1	5,344.00
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	8	2,712.00
g.	Direct program delivery costs (e.g., program operations staff time)		2,997.00

End of PART 3

Part 4: Summary of Performance Outcomes

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

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

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

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

A. Permanent Housing Subsidy Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Tenant-Based Rental Assistance	60	52	1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing		<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	2	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA		
			5 Other Subsidy	5	
			6 Institution		<i>Unstable Arrangements</i>
			7 Jail/Prison		
			8 Disconnected/Unknown		
			9 Death	1	<i>Life Event</i>
Permanent Supportive Housing Facilities/ Units	13	12	1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing		<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing		<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	1	
			5 Other Subsidy		
			6 Institution		<i>Unstable Arrangements</i>
			7 Jail/Prison		
			8 Disconnected/Unknown		
			9 Death		<i>Life Event</i>

B. Transitional Housing Assistance

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

B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months

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

Report the total number of households that received STRMU assistance in Column [1].

In Column [2], identify the outcomes of the households reported in Column [1] either at the time that they were known to have left the STRMU program or through the project sponsor’s best assessment for stability at the end of the operating year.

Information in Column [3] provides a description of housing outcomes; therefore, data is not required.

At the bottom of the chart:

- In Row 1a, report those households that received STRMU assistance during the operating year of this report, and the prior operating year.
- In Row 1b, report those households that received STRMU assistance during the operating year of this report, and the two prior operating years.

Data Check: The total households reported as served with STRMU in Column [1] equals the total reported in Part 3, Chart 1, Row 4, Column b.

Data Check: The sum of Column [2] should equal the number of households reported in Column [1].

Assessment of Households that Received STRMU Assistance

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
30	Maintain Private Housing without subsidy <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	19	<i>Stable/Permanent Housing (PH)</i>
	Other Private Housing without subsidy <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>	1	
	Other HOPWA Housing Subsidy Assistance		
	Other Housing Subsidy (PH)	8	
	Institution <i>(e.g. residential and long-term care)</i>		
	Likely that additional STRMU is needed to maintain current housing arrangements	2	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	Transitional Facilities/Short-term <i>(e.g. temporary or transitional arrangement)</i>		
	Temporary/Non-Permanent Housing arrangement <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>		
	Emergency Shelter/street		<i>Unstable Arrangements</i>
	Jail/Prison		
	Disconnected		
	Death		<i>Life Event</i>
1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).			2
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).			

Section 3. HOPWA Outcomes on Access to Care and Support

1a. Total Number of Households

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

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

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

Total Number of Households	
1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	90
b. Case Management	123
c. Adjustment for duplication (subtraction)	59
d. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)	154
2. For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	71
b. Total Households Served by Project Sponsors without Housing Subsidy Assistance	71

1b. Status of Households Accessing Care and Support

Column [1]: Of the households identified as receiving services from project sponsors that provided HOPWA housing subsidy assistance as identified in Chart 1a, Row 1d above, report the number of households that demonstrated access or maintained connections to care and support within the operating year.

Column [2]: Of the households identified as receiving services from project sponsors that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a, Row 2b, report the number of households that demonstrated improved access or maintained connections to care and support within the operating year.

Note: For information on types and sources of income and medical insurance/assistance, refer to Charts below.

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	88	78	Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	88	78	Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	88	78	Access to Health Care
4. Accessed and maintained medical insurance/assistance	88	78	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	69	76	Sources of Income

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

<ul style="list-style-type: none"> MEDICAID Health Insurance Program, or use local program name MEDICARE Health Insurance Program, or use local program name 	<ul style="list-style-type: none"> Veterans Affairs Medical Services AIDS Drug Assistance Program (ADAP) State Children's Health Insurance Program (SCHIP), or use local program name 	<ul style="list-style-type: none"> Ryan White-funded Medical or Dental Assistance
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Chart 1b, Row 5: Sources of Income include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> • Earned Income • Veteran's Pension • Unemployment Insurance • Pension from Former Job • Supplemental Security Income (SSI) 	<ul style="list-style-type: none"> • Child Support • Social Security Disability Income (SSDI) • Alimony or other Spousal Support • Veteran's Disability Payment • Retirement Income from Social Security • Worker's Compensation 	<ul style="list-style-type: none"> • General Assistance (GA), or use local program name • Private Disability Insurance • Temporary Assistance for Needy Families (TANF) • Other Income Sources
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1c. Households that Obtained Employment

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

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

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

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

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	12	8

End of PART 4

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

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

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

Background on HOPWA Housing Stability Codes

Stable Permanent Housing/Ongoing Participation

- 3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self-sufficient arrangements) with reasonable expectation that additional support is not needed.
- 4 = Other HOPWA-funded housing subsidy assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.
- 5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).
- 6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

Temporary Housing

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

Unstable Arrangements

- 1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).
- 7 = Jail /prison.
- 8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

Life Event

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

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

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

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

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

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

End of PART 5

PART 6: Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)

The Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units is to be used in place of Part 7B of the CAPER if the facility was originally acquired, rehabilitated or constructed/developed in part with HOPWA funds but no HOPWA funds were expended during the operating year. Scattered site units may be grouped together on one page.

Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten (10) years. If non-substantial rehabilitation funds were used, they are required to operate for at least three (3) years. Stewardship begins once the facility is put into operation.

Note: See definition of Stewardship Units.

1. General information

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

2. Number of Units and Non-HOPWA Expenditures

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

3. Details of Project Site

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

End of PART 6

Part 7: Summary Overview of Grant Activities**A. Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, Facility-Based Units, Permanent Housing Placement and Master Leased Units ONLY)**

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

Section 1. HOPWA-Eligible Individuals Who Received HOPWA Housing Subsidy Assistance**a. Total HOPWA Eligible Individuals Living with HIV/AIDS**

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

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	110

Chart b. Prior Living Situation

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

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

Category		Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	Continuing to receive HOPWA support from the prior operating year	36
New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	2
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	7
4.	Transitional housing for homeless persons	1
5.	Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	10
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	
7.	Psychiatric hospital or other psychiatric facility	3
8.	Substance abuse treatment facility or detox center	2
9.	Hospital (non-psychiatric facility)	
10.	Foster care home or foster care group home	
11.	Jail, prison or juvenile detention facility	
12.	Rented room, apartment, or house	55
13.	House you own	2
14.	Staying or living in someone else's (family and friends) room, apartment, or house	4
15.	Hotel or motel paid for without emergency shelter voucher	
16.	Other	
17.	Don't Know or Refused	1
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	110

c. Homeless Individual Summary

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

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance		31

Section 2. Beneficiaries

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

Note: See definition of HOPWA Eligible Individual

Note: See definition of Transgender.

Note: See definition of Beneficiaries.

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

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

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a)	110
2. Number of ALL other persons diagnosed as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	9
3. Number of ALL other persons NOT diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy	32
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1, 2, & 3)	151

b. Age and Gender

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

HOPWA Eligible Individuals (Chart a, Row 1)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18					
2.	18 to 30 years	4	2			6
3.	31 to 50 years	22	26			48
4.	51 years and Older	30	25	1		56
5.	Subtotal (Sum of Rows 1-4)	56	53	1		110
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	4	8			12
7.	18 to 30 years	3	6			9
8.	31 to 50 years	4	8			12
9.	51 years and Older	2	6			8
10.	Subtotal (Sum of Rows 6-9)	13	28			41
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	69	81	1		151

c. Race and Ethnicity*

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

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a, Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a, Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native				
2.	Asian	3		4	
3.	Black/African American	31	10	12	1
4.	Native Hawaiian/Other Pacific Islander	4			
5.	White	54	28	19	15
6.	American Indian/Alaskan Native & White	7	7		
7.	Asian & White				
8.	Black/African American & White	6		2	
9.	American Indian/Alaskan Native & Black/African American				
10.	Other Multi-Racial	5	3	4	
11.	Column Totals (Sum of Rows 1-10)	110	48	41	16

Data Check: Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a, Row 4.

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

Section 3. Households

Household Area Median Income

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

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

Note: Refer to <https://www.huduser.gov/portal/datasets/il.html> for information on area median income in your community.

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	90
2.	31-50% of area median income (very low)	10
3.	51-80% of area median income (low)	10
4.	Total (Sum of Rows 1-3)	110

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

Complete one Part 7B for each facility developed or supported through HOPWA funds.

Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds. If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 2a, Project Site Information, and 2b, Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, but continued to receive HOPWA operating dollars this reporting year.

1. Project Sponsor Agency Name (Required)

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2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units:

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

4. Households and Housing Expenditures

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

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