



Housing Opportunities for Persons With AIDS (HOPWA) Program

Annual Progress Report (APR) Measuring Performance Outcomes

**Tri-State HELP
Montana, South Dakota and North Dakota
MTH180003 HOPWA PLUS Year 3
9/1/2020 through 10/21/2021**

OMB Number 2506-0133 (Expiration Date: 11/30/2023)

The APR report for HOPWA competitively selected grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes related to: maintain housing stability; prevent homelessness; and improve access to care and support. Reporting is required for all HOPWA competitive grantees. The public reporting burden for the collection of information is estimated to average 55 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. HUD's requirements for reports submitted by HOPWA formula grantees are supported by 42 U.S.C. § 12911 and HUD's regulations at 24 CFR § 574.520(b). 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. While confidentiality is not assured, HUD generally only releases this information as required or permitted by law.

Overview. The Annual Progress Report (APR) provides annual performance reporting on clients' outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The APR fulfills statutory reporting requirements and provides the grantee and HUD with the necessary information to assess the overall performance and accomplishment of the grantee's program activities under the approved goals and objectives.

HOPWA competitive grantees are required to submit an APR for each operating year in which HOPWA grant funds were expended. Information on each competitive grant is to be reported in a separate APR. Grantees must complete Parts 1-5 on standard reporting elements. Grantees approved for "Other Activities", as detailed in their grant agreement, are requested to adapt the APR to report on their unique program accomplishments.

In addition, grantees must comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282), which requires grant recipients to provide general information for all entities (including contractors and sub-contractors) receiving \$25,000+ in federal funding.

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Continued Use Periods. Grantees that received HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA-eligible beneficiaries for a ten (10) year period. If no further HOPWA funds are used to support the facility, in place of filing the APR, the grantee must submit an Annual Report of Continued Project Operation throughout the required use periods. This report is included in Part 5E Annual Report of Continued Use for HOPWA Facility-Based Stewardship in this APR. The required use period is three years if 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 competitive grants are awarded for a three-year period of performance with APRs submitted for each of the three operating years. The information contained in this APR should reflect the grantee's operating year with the beginning date determined at the time the grant agreement is signed. Project sponsor accomplishment information must coincide with the operating year this APR covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for one additional operating year. A renewal grant start date would be coordinated with the close out of the existing grant.

Grantees with an approved extension period of less than 6-months must submit the APR for the third year of the grant term at the end of the approved extension period and incorporate data from the additional months. Grantees with an approved extension period of 6-months or more must turn in an APR at the end of the operating year and submit a separate extension APR at the end of the extension period.

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

Filing Requirements. Within 90 days of the completion of each operating year, grantees must submit their completed APR 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 3C, Chart 1, Column [1] 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 to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year. See *Worksheet - Determining HOPWA Outcomes and Connections with HMIS* 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 or services. See *Code of Federal Regulations Title 24 Part 5.403 and the HOPWA Grantee Oversight Resource Guide for additional reference.*

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

Operating Costs: Applies to facility-based housing only, for facilities

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

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

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 is required for facilities that are subject to the minimum use requirements (three-year use agreement if rehabilitation is non-substantial and 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 the person's gender assigned 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 Persons With AIDS (HOPWA)

Annual Progress Report – Measuring Performance Outcomes

PART 1: Grantee Summary

OMB Number 2506-0133 (Expiration Date: 11/30/2023)

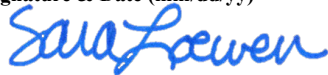
This section requests general grantee information. Please use Chart 1 to provide more detailed information about the agency(ies) and/or organization(s) responsible for the administration and implementation of this HOPWA program. When completing the chart(s), provide a response for every question using “N/A” to indicate if a particular question is not applicable to the Grantee. Do not leave any sections blank.

Note: Report all general information pertaining to project sponsors that perform housing and supportive services in Part 5A: Summary of Project Sponsor Information.

1. Grantee Information

| | | | | |
|--|--|---|---------------|-----------------|
| HUD Grant Number MTH180003 | | Operating Year for this report <i>From (mm/dd/yy)</i> 9/1/2020 <i>To (mm/dd/yy)</i> 10/21/2021 <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input checked="" type="checkbox"/> Yr 3; <input type="checkbox"/> Ext Yr | | |
| Grantee Name MT Department of Health and Human Services | | Parent Company if applicable N/a | | |
| Business Address | | PO Box 202956 | | |
| City, State, Zip, County | Helena | MT | 59620 | Lewis and Clark |
| Employer Identification Number (EIN) or Tax Identification Number (TIN) | 81-0302402 | | | |
| DUN & Bradstreet Number (DUNS) | 051659352 | 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: 1XYF7 | | |
| Congressional District of Grantee’s Business Address | MT District 1 | | | |
| *Congressional District(s) of Primary Service Area | N/A | | | |
| *City(ies) and County(ies) of Primary Service Area | Cities: N/A | | Counties: N/A | |
| Organization’s Website Address www.dphhs.mt.gov | Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered. | | | |
| Is the grantee a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization?</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization?</i> <input type="checkbox"/> | | | | |

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

| | |
|--|--|
| <i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i> Warning: HUD will refer for prosecution false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802) | |
| Name and Title of Authorized Official Sara Loewen, Bureau Chief, Intergovernmental Human Services Bureau | Signature & Date (mm/dd/yy)  1/13/2022 |
| Name and Title of Contact at Grantee Agency <i>(person who can answer questions about the report and program)</i> Marcia Lemon, Energy and Community Services Manager | Email Address mlemon@mt.gov |
| Phone Number (include area code) (406) 447-4276 | Fax Number (include area code) (406) 447-4287 |

Part 2: Grantee Narrative and Performance Assessment

Use the Grantee Narrative and Performance Assessment (items A through D) to succinctly describe in a one to three page narrative how activities enabled client households to improve housing stability, increased access to care and support, and reduced their risk of homelessness. Describe the organization of the HOPWA Program and how the program interacts with other housing and supportive service programs in the community and/or state. The narrative should detail program accomplishments, barriers to achieving stated performance goals, technical assistance needs and innovative outreach and support strategies utilized by project sponsors or partner organizations to achieve program goals. In addition, provide information on any evaluations of the project's accomplishments conducted during the operating year. This narrative will be used for public information, including posting on HUD's web page.

A. Outputs Reported. Describe program accomplishments including the number of housing units supported and the number households assisted with HOPWA funds during this operating year. Include a comparison between proposed (as approved in the grant agreement) and actual accomplishments, as demonstrated in Part 3: Overview of Grant Activities. In the narrative, describe how the different types of housing assistance are coordinated to serve clients. If your organization has a waiting list, please explain how it is administered.

Montana: Missoula, Open Aid Alliance: The HOPWA Program supported 39 individuals living with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance during the operating year. 26 of these individuals continued to receive HOPWA assistance from the prior operating year. One new individual began receiving HOPWA assistance after a prior living situation that meets HUD definition of homelessness, and the other twelve new clients were able to secure housing in rented apartments. Thirteen households were assisted with PHP. All households received case management supportive services.

The agency no longer uses HOPWA funds to support its STRMU program. They have transitioned to use other, more flexible funding, for clients presenting with STRMU type needs. Numbers assisted were higher in the other BLI's than planned due to shifting funds from STRMU into the other BLI's.

Expenses were higher than year three contracted amount due to carryover funds from year 2.

The agency maintains a waitlist for TBRA guided by a waitlist policy. Housing Assistance Fund manages the waitlist with a needs-based approach and strives to serve those most in need. Need is scored based on an acuity scale which uses a scoring system and then prioritizes clients with the highest needs. It is administered by housing staff and the score is kept confidential. Homeless families or individuals, those who are medically fragile, or those with the lowest incomes are assessed through the assessment and prioritized accordingly. There is a bi-annual check-in with households or individuals to verify waitlist status, and a regular on-going conversation if meeting with housing navigators more regularly. If a client on the wait list no longer requires HOPWA assistance or no longer qualifies, all parties involved with the applicant's care are notified prior to being removed from the waitlist. Once an opening becomes available, the next applicant is contacted, as well as the next top three applicants on the waitlist to inform them of their status and to assist in planning for the upcoming move. Dates households are added or removed are documented on the Waitlist Tracker.

Montana: Billings, HRDC7: During the operating year, HOPWA funds were able to assist a total of 43 households. 19 of these households qualified to receive HOPWA housing subsidy assistance for the first time this operating year. 30 households received TBRA, 15 received STRMU, 2 of which were later transferred to TBRA, and 7 households were helped with PHP. Goals were surpassed due to some household transitions and fluctuations in rental subsidy amounts.

43 households were provided with case management in order to help ensure connections with service providers, housing search assistance, and transportation. 2 of the 32 did not receive housing assistance during the operating year. 33 transportation and 35 grocery cards were issued to households.

Expenses were higher than year three contracted amount due to carryover funds from year 2.

There is currently a waiting list and it is first come first serve. As soon as someone transitions or graduates off the program, the agency immediately reaches out to the first client on the list. The waitlist is a monitored excel spreadsheet. A waitlist is

necessary because there is not enough funding to help everyone. Applicants are first screened to determine housing status and are given priority based on their degree of homelessness. Applicants are then prioritized based on application received/assessment date. As the recertification meetings are completed or as clients experience changes to their circumstances, the agency determines if rent portions need any adjustments. In some instances, the agency may determine a decrease in the HOPWA portion of funds necessary for clients to maintain housing. The program works to connect clients with mainstream benefits, permanent housing options, and to sources of earned income such as employment or training.

North Dakota: Bismarck, Community Action Region VII: The agency currently has some of the lowest numbers they have had in a few years, but they are improving. They served 6 total household with TBRA and Supportive Services which is one less than the goal: and no households with STRMU. They continue to work with partner agencies for outreach and reducing barriers to assistance. They work closely with many Housing Authorities and case managers to ensure that everyone who goes on HOPWA and is eligible for Section 8, does apply and get on the waitlist.

Expenses were higher than year three contracted amount due to carryover funds from year 2.

At this time, a wait list is not needed. One will be maintained in the future if there is need.

South Dakota: Sioux Falls, SF Housing and Redevelopment Commission: Nineteen households received TBRA funding exceeding the goal of 15. Of the 19 head of households, 1 died, one went to live with his sister on a permanent basis due to health reasons and another one was approved for the Housing Choice Voucher. Sixteen households remained on housing assistance. No applicants applied for STRMU assistance in this grant year. The need for long term assistance is the primary housing need in South Dakota. Four households received PHP funds to assist with security deposits. This met the goal of 4 households. There were 6 clients that received supportive services that did not receive housing assistance.

Expenses were higher than year three contracted amount due to carryover funds from year 2.

There is a waiting list for TBRA. A prospective client completes the waiting list form. When a spot opens and TBRA funds are made available, a letter is sent to the person(s) at the top of the waiting list with an application for housing assistance.

B. 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.

Montana: Missoula, Open Aid Alliance: Of the 39 individuals receiving HOPWA Plus assistance during the operating year, seven individuals exited the program and established stable, permanent housing through other subsidies or on their own. Three individuals left the program into unstable environments, one into emergency shelters and two with whom we disconnected. Twenty-seven individuals continued to receive HOPWA Plus subsidy into the following operating year. The lack of accessible housing proved to be a factor in those who left the program to then seek haven in emergency shelters. Thirty-one of the 39 individuals maintained regular access to medical care. Due to safety precautions related to Covid, some clients had difficulty and/or apprehension attending medical appointments. The agency is working with these clients to connect with their medical team, including educating them about vaccination and the importance of maintaining regular contact with their medical team. All 39 individuals met with their Ryan White Case Manager and they all accessed Case Management services through Open Aid Alliance as well. Thirty-eight of the individuals maintained access to their medical insurance, and all maintained qualification for sources of income. Data was compiled with assistance from the Ryan White Program Partnership Health Center. Maintenance of a stable living environment and connection with medical care was achieved through collaboration and coordination with Partnership Health Center, including weekly case conferencing and coordination with assisting individuals to and from medical appointments. Furthermore, internal case conferencing at Open Aid Allowance allowed for collaboration and coordination with assisting clients for maintaining stable housing and connecting with care.

Montana: Billings, HRDC7: All clients were able to access safe, decent and sanitary homes though HOPWA even though 1 TBRA exited into an emergency shelter, 1TBRA exited into temporary housing, and 1 STRMU client disconnected from the program. 24 households continued to receive HOPWA TBRA into the next year. While the agency serves a vast area of Montana, all clients

live within the larger cities of the state, and as a result have access to the clinics within those cities. Beyond this, they work closely with the Ryan White and public health offices to ensure that they are creating a collaborative team to better serve our clients. Due to the age and disability status of clients, not many clients gained employment, but all received ongoing case management to assist them in their self-sufficiency as well as continued positive health outcomes. . In addition to HOPWA, the agency administered four other emergency and long-term housing programs; and the community received diversion funds to be utilized in diverting clients to self-sufficiency if their housing needs could be met though a one-time, nominal payment. All of these programs work closely with one-another to provide the best possible service to clients within the community.

North Dakota: Bismarck, Community Action Region VII: 2 households were able to remain stably housed on HOPWA TBRA. 1 household moved into temporary housing and 3 households moved onto Section 8.

South Dakota: Sioux Falls, SF Housing and Redevelopment Commission: Those households that received TBRA and Supportive Service assistance, 96% remained in stable/permanent housing. Sadly, the remaining 4% died during the program year. 100% of the HOPWA clients had a housing plan in place and 96% were signed up for health insurance. Creating the housing plan was part of the intake procedures and almost all the applicants had health insurance when they applied for housing assistance. 96% of the households had contact with a case manager and a health care provider. 96% of the households obtained/maintained health insurance. 88% of the households on this grant were able to obtain/maintain a source of income. This was another difficult year for clients on this grant due to the Co-vid 19 pandemic. Even though 88% of the households maintained income, their income was less compared to 2 years ago.

C. Barriers and Recommendations. 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, as well as recommendations for program improvement. You may select more than one from the following list. Specify a barrier for each explanation or description.

| | | | |
|--|--|--|--|
| <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 checked="" type="checkbox"/> Multiple Diagnoses | <input type="checkbox"/> Eligibility | <input type="checkbox"/> Technical Assistance or Training |
| <input type="checkbox"/> Supportive Services | <input checked="" type="checkbox"/> Credit History | <input checked="" type="checkbox"/> Rental History | <input checked="" type="checkbox"/> Criminal Justice History |
| <input checked="" type="checkbox"/> Housing Affordability | <input type="checkbox"/> Geography/Rural Access | <input type="checkbox"/> Other, please explain further | |

Montana: Missoula, Open Aid Alliance: During the operating year, most of their clients continued receiving HOPWA subsidy assistance from the previous operating year. The stability and relationships that had been established during prior years made it possible for program participants to survive the pandemic without losing housing in a very tight market. Given the current housing market in Missoula, one huge barrier participants and the program is the simple fact that there just isn’t available, affordable housing. Any available housing is priced above current FMR and is unaffordable by many. New applicants that meet eligibility requirements, or those wishing to change homes, cannot find, adequate, available housing. Because available housing is so scarce, when housing does become available and advertised, it is sought after by multiple applicants. HOPWA client applications are often denied. In response to known barriers, the sponsor agency encouraged clients to keep their current housing if possible. They advocate for individuals and assist with the application process by writing letters of support and reaching out to landlords directly to speak on the behalf of these individuals. With known barriers to some of clients, including poor credit history, no or poor rental history, and/or a criminal justice history, the agency communicated regularly with clients about the rental climate in Missoula and surrounding areas and worked with them to maintain their current housing.

A timely recertification process was a challenge over the last operating year due to limitations brought on by Covid, including timely housing inspections. Requesting individuals to take pictures and/or send video of requirements to meet Housing Quality Standards was cumbersome for some individuals. It was especially difficult for those without access to devices that could capture pictures or videos and lacked the knowledge or internet availability to send technology to us.

Montana: Billings, HRDC7: A large barrier is the affordability of affordable housing and the increase in rent as seen across the state in an oversaturated housing market with high FMRs. Housing search and navigation has become more of a priority for the case manager who is in touch with landlords on a regular basis.

North Dakota: Bismarck, Community Action Region VII: Mental health, criminal backgrounds and poor rental history have and will always play a role in barriers when trying to house certain individuals/households. Landlords have tightened down on rules and it can be hard to find an apartment when a landlord knows there is zero income to report. While helpful, the moratorium created a fear among landlords that they would not get payment. The sponsor agency works closely with their known landlords to reassure them that program, that the rental program will always pay rent in a timely manner directly to the landlord. Another barrier is application fees and the lack of finding funding locally for this expense.

South Dakota: Sioux Falls, SF Housing and Redevelopment Commission: Major barriers to obtaining housing for HOPWA clients are credit and rental history, limited English skills, rental rate limits and Covid-19 pandemic. Majority of HOPWA clients have poor credit history and rental history. This limits clients to certain rental properties/landlords who will provide housing. In addition, some clients who immigrated to the United States encounter discrimination by some landlords who will not rent to them because they are from another country. The rural nature of South Dakota made it difficult to find housing within the rental rates limits in the HOPWA program. What is available for renters is too expensive in the smaller communities. Another barrier was the Co-vid 19 pandemic. The application and/or housing search process was impacted. Also obtaining necessary documents, contacting/meeting with landlords and not meeting the housing case manager/housing coordinator in person are examples of barriers faced by the applicants for the HOPWA program.

D. Technical Assistance. Describe any technical assistance needs and how they will benefit program beneficiaries.

Montana: Missoula, Open Aid Alliance: Continued support in streamlining the recertification process will benefit both the individuals receiving HOPWA subsidy assistance and allow us as providers to increase our capacity for direct client care. The agency is in the process of streamlining their recertification process by going paperless, and although a huge undertaking, it has already proven to provide a more productive working environment.

Continuing technical assistance around navigating Covid-19 challenges and associated funding is very helpful.

Montana: Billings, HRDC7: Many of the COVID related webinars have been helpful, but not always relevant to the ways that smaller, frontier programs operate. More specialized TA pertaining to our region would be a welcomed addition.

North Dakota: Bismarck, Community Action Region VII: N/A

South Dakota: Sioux Falls, SF Housing and Redevelopment Commission: We would like ongoing clarifications of mandated forms for client files, especially for supportive service only clients. Also continued clarifications of HOPWA policies coming from the federal level.

End of Part 2

Part 3: 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. Do not count Supportive Services in this section)

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 3C, Chart 1, Row 7 (e.g., do not include households that received HOPWA supportive services ONLY).

Section 1. Individuals

a. Total HOPWA eligible individuals* receiving HOPWA Housing Subsidy Assistance

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 housing subsidy assistance but NOT all HIV positive individuals in the household.

| Individuals Served with HOPWA Housing Subsidy Assistance | Total Number |
|---|--------------|
| Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance | 108 |

**See definition section for clarification on HOPWA eligible individuals*

b. Prior Living Situation

In chart b, Indicate the prior living arrangements for all the 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 HOPWA housing subsidy assistance reported in Chart a above.

| Category | Total HOPWA Eligible Individuals Receiving HOPWA Housing Subsidy Assistance |
|--|---|
| 1. Continuing to receive HOPWA housing subsidy assistance from the prior operating year | 67 |
| 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) | 3 |
| 4. Transitional housing for homeless persons | 0 |
| 5. Total number new individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4) | 5 |
| 6. Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab) | 0 |
| 7. Psychiatric hospital or other psychiatric facility | 0 |
| 8. Substance abuse treatment facility or detox center | 0 |
| 9. Hospital (non-psychiatric facility) | 0 |
| 10. Foster care home or foster care group home | 0 |
| 11. Jail, prison or juvenile detention facility | 0 |
| 12. Rented room, apartment, or house | 27 |
| 13. House you own | 3 |
| 14. Staying or living in someone else's (family and friends) room, apartment, or house | 5 |
| 15.. Hotel or motel paid for by individual | 1 |
| 16. Other | 0 |
| 17. Don't Know or Refused | 0 |

| | | |
|-----|--|-----|
| 18. | TOTAL of HOPWA Eligible Individuals (Sum of Rows 1 and 5-17) | 108 |
|-----|--|-----|

c. Homeless Individuals Summary

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

| Category | Homeless Veteran(s) | Chronically Homeless |
|---|---------------------|----------------------|
| HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance | 0 | 2 |

Section 2. Beneficiaries

In Chart a., report the total number of HOPWA eligible individuals living with HIV/AIDS who received HOPWA housing subsidy assistance (as reported in Part 3A, 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 Beneficiaries.

Note: See definition of Transgender.

Note: 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 below 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 3A, Section 1, Chart a, Row 7) | 108 |
| 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 | 8 |
| 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 | 47 |
| 4. TOTAL Number of ALL <u>Beneficiaries</u> Served with HOPWA Housing Subsidy Assistance (Sum of Rows 1, 2, & 3) | 163 |

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 Chart a, Row 4.

| HOPWA Eligible Individuals (Chart a, Row 1) | | | | | | |
|---|---------------------------------------|------|--------|--------------------|--------------------|----------------------------|
| | | A. | B. | C. | D. | E. |
| | | Male | Female | Transgender M to F | Transgender F to M | TOTAL (Sum of Columns A-D) |
| 1. | Under 18 | 0 | 0 | 0 | 0 | 0 |
| 2. | 18 to 30 years | 2 | 1 | 0 | 0 | 3 |
| 3. | 31 to 50 years | 27 | 21 | 0 | 0 | 48 |
| 4. | 51 years and Older | 42 | 15 | 0 | 0 | 57 |
| 5. | Subtotal (Sum of Rows 1-4) | 71 | 37 | 0 | 0 | 108 |
| 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 | 20 | 14 | 0 | 0 | 34 |
| 7. | 18 to 30 years | 1 | 5 | 0 | 0 | 6 |
| 8. | 31 to 50 years | 6 | 1 | 0 | 0 | 7 |
| 9. | 51 years and Older | 4 | 4 | 0 | 0 | 8 |
| 10. | Subtotal (Sum of Rows 6-9) | 31 | 24 | 0 | 0 | 55 |
| Total Beneficiaries (Chart a, Row 4) | | | | | | |
| 11. | TOTAL (Sum of Rows 5 & 10) | 102 | 61 | 0 | 0 | 163 |

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 ALL 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 | 10 | 0 | 6 | 2 |
| 2. | Asian | 2 | 0 | 0 | 0 |
| 3. | Black/African American | 14 | 0 | 14 | 0 |
| 4. | Native Hawaiian/Other Pacific Islander | 0 | 0 | 0 | 0 |
| 5. | White | 79 | 6 | 32 | 3 |
| 6. | American Indian/Alaskan Native & White | 0 | 0 | 0 | 0 |
| 7. | Asian & White | 0 | 0 | 1 | 0 |
| 8. | Black/African American & White | 0 | 0 | 0 | 0 |
| 9. | American Indian/Alaskan Native & Black/African American | 0 | 0 | 0 | 0 |
| 10. | Other Multi-Racial | 3 | 3 | 2 | 2 |
| 11. | Column Totals (Sum of Rows 1-10) | 108 | 9 | 55 | 7 |
| <i>Data Check: Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a, Row 4.</i> | | | | | |

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

Section 3. Households

Household Area Median Income

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

Data Check: The total number of households served with HOPWA housing subsidy assistance should equal Part 3C, Row 7, Column [1] and Part 3A, 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) | 84 |
| 2. | 31-50% of area median income (very low) | 19 |
| 3. | 51-80% of area median income (low) | 5 |
| 4. | Total (Sum of Rows 1-3) | 108 |

Part 3: Summary Overview of Grant Activities

B. 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 grant proposal/renewal application 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.

a. Source of Leveraging Chart

| [1] Source of Leveraging | [2] Amount of Leveraged Funds | [3] Type of Contribution | [4] Housing Subsidy Assistance or Other Support |
|--|-------------------------------|--|--|
| Public Funding | | | |
| Public Funding | | | |
| Ryan White-Housing Assistance | \$19,678.00 | Hotels, deposits, arrears | <input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support |
| Ryan White-Medical | \$305,427.86 | Medical care Services, early intervention | <input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support |
| Ryan White-Other | \$142,214.00 | Supportive Services, Case Management | <input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support |
| CSBG | \$3,440.00 | office space, supplies | <input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support |
| CSBG | \$371.77 | Administrative Support | <input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support |
| CSBG | \$4,068.97 | Rental Assistance | <input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support |
| Other Public: | | | <input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support |
| Other Public: | | | <input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support |
| Other Public: | | | <input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support |
| Other Public: | | | <input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support |
| Private Funding | | | |
| Grants | \$15,000.00 | Funds used for case management and peer support. | <input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support |
| In-kind Resources | \$1,000.00 | Basic needs, food and other items | <input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support |
| Other Private: | | | <input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support |
| Other Private: | | | <input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support |
| Other Funding | | | |
| Grantee/Project Sponsor (Agency) Cash | \$3,361.00 | Office Space | <input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support |
| Resident Rent Payments by Client to Private Landlord | \$243,585.50 | | |
| TOTAL (Sum of all Rows) | \$738,147.10 | | |

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

b. Program Income and Resident Rent Payments Expended to Assist HOPWA Households

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

| Program Income and Resident Rent Payment Expended on HOPWA programs | | Total Amount of Program Income Expended (for this operating year) |
|---|---|---|
| 1. | Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs | 0 |
| 2. | Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs | 0 |
| 3. | Total Program Income Expended (Sum of Rows 1 and 2) | 0 |

Part 3: Summary Overview of Grant Activities

C. Performance and Expenditure Information

Report the total number of households that received HOPWA assistance and the amount of HOPWA funds expended for each program activity provided. In each activity section, the total Row must contain an **unduplicated** total number of households assisted. An adjustment for duplication Row is provided in each section to ensure that the total is correct.

Note: See definition section for more information about *Adjustment for Duplication*.

Data Check: Data in this section is summarized from all project sponsors PART 5A-E submissions and therefore should match the combined total for those submissions. HOPWA housing subsidy assistance, supportive services, and housing placement activities are measured in households served while housing development activities are measured in units developed.

1. Performance and Expenditure Information by Activity Type

| HOPWA Housing Subsidy Assistance | | [1] Outputs: Number of Households | [2] Outputs: Amount of HOPWA Funds Expended |
|--|---|--------------------------------------|---|
| 1. | Tenant-Based Rental Assistance | 87 | \$450,569.00 |
| 2a. | Permanent Housing Facilities: Received Operating Subsidies/Leased units | N/A | N/A |
| 2b. | Transitional/Short-term Facilities: Received Operating Subsidies/Leased units | N/A | N/A |
| 3a. | Permanent Housing Facilities: Capital Development Projects placed in service during the operating year | N/A | N/A |
| 3b. | Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year | N/A | N/A |
| 4. | Short-term Rent, Mortgage, and Utility Assistance | 15 | \$45,625.79 |
| 5. | Permanent Housing Placement Services | 24 | \$16,316.32 |
| 6. | Adjustment for duplication (subtract) | 18 | |
| 7. | TOTAL HOPWA Housing Subsidy Assistance (Column 1 equals sum of Rows 1-5 minus Row 6; Column 2 equals the sum of Rows 1-5) | 108 | \$512,511.11 |
| Housing Development (Construction and Stewardship of Facility-Based Housing) | | [1] Outputs: Number of Housing Units | [2] Outputs: Amount of HOPWA Funds Expended |
| 8. | Facility-Based Units; Capital Development Projects not yet opened | N/A | N/A |
| 9. | Stewardship units subject to 3- or 10- year use periods | N/A | |
| 10. | TOTAL Housing Development (Sum of Rows 8 and 9) | N/A | N/A |
| Supportive Services | | [1] Outputs: Number of Households | [2] Outputs: Amount of HOPWA Funds Expended |
| 11a. | Supportive Services provided by project sponsors that also delivered HOPWA housing assistance <i>(as reported in Part 5D, 1a.)</i> | 114 | \$87,725.18 |

| | | | |
|--|---|--|--|
| 11b. | Supportive Services provided by project sponsors that only provided supportive services <i>(as reported in Part 5, D, 1b)</i> | N/A | N/A |
| 12. | Adjustment for duplication (subtract) | 0 | |
| 13. | TOTAL Supportive Services (Column 1 equals Sum of Rows 11a. & 11b. minus Row 12; Column 2 equals Sum of Row 11a & 11b) | 114 | \$87,725.18 |
| Housing Information Services | | [1] Outputs: Number of Households | [2] Outputs: Amount of HOPWA Funds Expended |
| 14. | Housing Information Services | N/A | N/A |
| 15. | TOTAL Housing Information Services | N/A | N/A |
| Grant Administration and Other Activities | | [1] Outputs: Number of Households | [2] Outputs: Amount of HOPWA Funds Expended |
| 16. | Resource Identification to establish, coordinate and develop housing assistance resources | | N/A |
| 17. | Technical Assistance (if approved in grant agreement) | | N/A |
| 18. | Project Outcomes/Program Evaluation (if approved in grant agreement) | | N/A |
| 19. | Grantee Administration (maximum 3% of total of HOPWA grant) | | \$16,020.54 |
| 20. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | \$33,731.98 |
| 21. | Other Activity (if approved in grant agreement). Specify: | N/A | N/A |
| 22. | TOTAL Grant Administration and Other Activities (Sum of Rows 16-21) | N/A | \$49,752.52 |
| TOTAL Expended | | | [2] Amount of HOPWA Funds Expended |
| 23. | TOTAL Expenditures (Sum of Rows 7, 10, 13, 15 & 22) | | \$649,988.81 |

End of Part 3

Part 4: Summary of Performance Outcomes

Housing Stability, Prevention of Homelessness, and Access to Care

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

Note: Refer to the destination codes that appear in Part 6: Appendix: Worksheet on Determining HOPWA Outcomes and Connections with HMIS.

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

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

A. Permanent Housing Assistance

| | [1] Output: Total Number of Households | [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 | 87 | 69 | 1 Emergency Shelter/Streets | 2 | Unstable Arrangements |
| | | | 2 Temporary Housing | 2 | Temporarily Stable, with Reduced Risk of Homelessness |
| | | | 3 Private Housing | 2 | Stable/Permanent Housing (PH) |
| | | | 4 Other HOPWA | 0 | |
| | | | 5 Other Subsidy | 8 | |
| | | | 6 Institution | 0 | Unstable Arrangements |
| | | | 7 Jail/Prison | 0 | |
| | | | 8 Disconnected/Unknown | 3 | |
| | | | 9 Death | 1 | Life Event |
| Permanent Supportive Housing Facilities /Units | N/A | | 1 Emergency Shelter/Streets | | Unstable Arrangements |
| | | | 2 Temporary Housing | | Temporarily Stable, with Reduced Risk of Homelessness |
| | | | 3 Private Housing | | Stable/Permanent Housing (PH) |
| | | | 4 Other HOPWA | | |
| | | | 5 Other Subsidy | | |
| | | | 6 Institution | | Unstable Arrangements |
| | | | 7 Jail/Prison | | |
| | | | 8 Disconnected/Unknown | | |
| | | | 9 Death | | Life Event |

B. Transitional Housing Assistance

| | [1] Output: Total Number of Households | [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 | N/A | Total number of households that will continue in residences: | 1 Emergency Shelter/Streets | | Unstable Arrangements |
| | | | 2 Temporary Housing | | Temporarily Stable, with Reduced Risk of Homelessness |
| | | | 3 Private Housing | | Stable/Permanent Housing (PH) |
| | | | 4 Other HOPWA | | |
| | | | 5 Other Subsidy | | |
| | | | 6 Institution | | Unstable Arrangements |
| | | | 7 Jail/Prison | | |
| | | | 8 Disconnected/unknown | | |
| | | | 9 Death | | Life Event |

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 Rent, Mortgage, and Utility 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.

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 3C, Chart 1, Row 4, Column [1].

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: Number of Households | [2] Assessment: Housing Status | | [3] HOPWA Client Outcomes |
|--|--|----|--|
| 15 | Maintain private housing <u>without</u> subsidy <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i> | 0 | <i>Stable/Permanent Housing (PH)</i> |
| | Other Private Housing without subsidy <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i> | 0 | |
| | Other HOPWA Housing Subsidy Assistance (PH) | 2 | |
| | Other Housing Subsidy (PH) | 0 | |
| | Institution <i>(e.g. residential and long-term care)</i> | 0 | |
| | Likely that additional STRMU is needed to maintain current housing arrangements | 12 | <i>Temporarily Stable, with Reduced Risk of Homelessness</i> |
| | Transitional Facilities/Short-term <i>(e.g. temporary or transitional arrangement)</i> | 0 | |
| | Temporary/Non-Permanent Housing arrangement <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i> | 0 | |
| | Emergency Shelter/street | 0 | <i>Unstable Arrangements</i> |
| | Jail/Prison | 0 | |
| | Disconnected | 1 | |
| | Death | 0 | <i>Life Event</i> |
| 1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years). | | | 3 |
| 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). | | | 1 |

Section 3. Access to Care and Support: Assessment of Client 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-funded housing subsidy assistance (TBRA, STRMU, Facility-Based, Permanent Housing Placement Services and Master Leasing) and HOPWA-funded case management services. Use Row c to adjust for duplication among the service categories and row d to provide an unduplicated household total.

Line [2]: For project sponsors 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 | 126 |
| b. Case Management | 114 |
| c. Adjustment for duplication (subtraction) | 126 |
| d. Total Households Served by Project Sponsors with HOPWA Housing Subsidy Assistance (Sum of Rows a & b minus Row c) | 114 |
| 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. Case Management | N/A |
| b. Total Households Served by Project Sponsors without Housing Subsidy Assistance | N/A |

1b. Status of Households Accessing Care and Support

Column [1]: Of the households identified as receiving services from project sponsors that provide 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 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 | 112 | N/A | Support for Stable Housing |
| 2. Had contact with a 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) | 112 | N/A | Access to Support |
| 3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan | 105 | N/A | Access to Health Care |
| 4. Accessed and maintained medical insurance/assistance | 112 | N/A | Access to Health Care |
| 5. Successfully accessed or maintained qualification for sources of income | 92 | N/A | Sources of Income |

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

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

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

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

1c. Households that Obtained Employment

Column [1]: Of the households identified as receiving services from project sponsors 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 programs, employment assistance, education or related case management/counseling services.

Note: This includes jobs created by project sponsors or obtained from an outside 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 sponsor 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 | 5 | 0 |

End of Part 4

Part 5A: Summary of Each Project Sponsor Information – OAA (Missoula, MT)

This section requests information on direct HOPWA service delivery activities for client households by organization or agency. For each organization or agency designated or selected to serve as a project sponsor, please complete the entirety of Parts 5A-E. Order the report as Part 5A-E for Project Sponsor 1, then Part 5A-E for Project Sponsor 2, etc.

Note: If the grantee undertakes service delivery activities directly, complete the respective performance sections (Parts 5A-E) for all activities conducted by the grantee.

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

1. Project Sponsor Information

| | | | | |
|---|---|--|--|-------|
| Project Sponsor Agency Name Open Aid Alliance | | Parent Company Name, if applicable N/A | | |
| Name and Title of Contact at Project Sponsor Agency | Christa Weathers, Executive Director | | | |
| Email Address | christa@openaidalliance.org | | | |
| Business Address | 715 Ronan St. | | | |
| City, County, State, Zip, | Missoula | Missoula | MT | 59801 |
| Phone Number (with area code) | (406) 543-4770 | | Fax Number (with area code) | |
| Employer Identification Number (EIN) or Tax Identification Number (TIN) | 36-3652244 | | | |
| DUN & Bradstreet Number (DUNs) | 929128155 | | | |
| Congressional District of Sponsor's Business Address | District 1 | | | |
| Congressional District(s) of Primary Service Area | District 1 | | | |
| City(ies) and County(ies) of Primary Service Area | Cities: *All cities included in Counties listed in Primary Service Area | | Counties: Beaverhead, Broadwater, Deer Lodge, Flathead, Granite, Jefferson, Lake, Lewis and Clark, Lincoln, Madison, Mineral, Missoula, Powell, Ravalli, Sanders, and Silverbow | |
| Total HOPWA contract amount for this Organization for the operating year | \$154,274 | | | |
| Organization's Website Address www.openaidalliance.org | Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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"/> | | | | |

Part 5: Summary of Each Project Sponsor Information – OAA (Missoula, MT)
B. Rental Assistance, Short-Term Rent, Mortgage and Utility Assistance Programs and Permanent Housing Placement Assistance

1. Rental Assistance (RA)

Enter the total number of households served in Column [1] and the amount of HOPWA funds expended Column [2] by the project sponsor on RA.

| HOPWA Housing Subsidy Assistance Category: RA | | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|--|--|---|---|
| a. | Tenant-based rental assistance (TBRA) | 32 | \$ 119,855.04 |
| b. | Other Rental Assistance (RA) Programs (if approved in grant agreement) | N/A | 0 |
| c. | Direct program delivery costs (e.g., program staff time) | | \$14,852.33 |
| d. | TOTAL Rental Housing Assistance (For Column [1] sum of Row a. & Row b., for Column [2] sum of rows a – c) | 32 | \$134,707.37 |

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

In Row a, enter the total number of households served and the amount of HOPWA funds expended by each project sponsor on Short Term Rent, Mortgage, and Utility assistance (STRMU).

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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 3C, Chart 1, Row 4.

Data Check: The total number of households reported in Column [1], Rows b, c, d, e, and f, should 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, should 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 | N/A | |
| b. | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY. | | |
| 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. | | |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs. | | |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY. | | |
| g. | Direct program delivery costs (e.g., program operations staff time) | | |

3. Permanent Housing Placement Services

In Row a, Column [1] report the households served with HOPWA-funded Permanent Housing Placement Assistance and in Row a, Column [2] report the HOPWA funds expended on Permanent Housing Placement Services. Use Row b, to report on direct program delivery costs used to operate the Permanent Housing Placement Program. Use Row c, to report household and expenditure totals for Permanent Housing Placement Services.

| HOPWA Housing Subsidy Assistance Category: Permanent Housing Placement Assistance | | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|--|---|--|--|
| a. | Permanent Housing Placement Services | 13 | \$6,421.91 |
| b. | Direct program delivery costs (e.g., program staff time) | | \$1,577.67 |
| c. | TOTAL Permanent Housing Placement Services (sum of Rows a. and b.) | 13 | \$7,999.58 |

Part 5: Summary of Each Project Sponsor Information

C. Facility-based Housing Assistance – N/A

Complete one Part 5C for each facility developed and/or supported through HOPWA funds.

Do not complete this Chart 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 Section 5E: Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 1a, Project Site Information, and 1b, 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.

1a. Project Site Information for HOPWA Capital Development of Projects Only (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(s) 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 |

1b. Number and Type of HOPWA Capital Development Project (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

For units entered above (1a) 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 of Energy-Star Compliant | Number 504 Accessible – Mobility Units - Sensory Units |
|---|--|--|---------------------------------|--|
| Rental units constructed (new) and/or acquired <u>with or without</u> rehab | | | | |
| Rental units rehabbed | | | | |

| | | | | |
|---|--|--|--|--|
| Homeownership units constructed (if approved) | | | | |
|---|--|--|--|--|

2. Number of Units Assisted in Types of Housing Facility/Units Leased or Operated by Project Sponsor

Charts 2a, 2b, and 3 are required for each facility. In Charts 2a and 2b, indicate the type of facility and number of units in it.

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 on one page.*

a. Check one only.

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

b. 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 <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units | | | | |
|--|---|--|--------|-------|--------|--------|
| | | SRO/Studio/0 bdrm | 1 bdrm | 2bdrm | 3 bdrm | 4 bdrm |
| a. | Single room occupancy (SRO) dwelling | | | | | |
| b. | Community Residence | | | | | |
| c. | Project-based Rental Assistance Units or Leased Units (including Master-leased Units) | | | | | |
| d. | Other housing facility <u>Specify:</u> | | | | | |

3. 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 Served | 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 | | |

Part 5: Summary of Each Project Sponsor Information - OAA

D. Supportive Services and Other Activities

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor did not provide any HOPWA funded supportive services, check Box 1c.

1. Type of Project Sponsor (Check one only)

| | |
|---|-------------------------------------|
| a. Supportive Services are provided by project sponsor that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) | <input checked="" type="checkbox"/> |
| b. Supportive Services provided by project sponsor who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) | <input type="checkbox"/> |
| c. Project sponsor does not provide HOPWA supportive services (complete only Chart 3 only) | <input type="checkbox"/> |

2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor Agency

In Chart 2, project sponsors who provided HOPWA supportive services during the operating year (checked off Box 1a or 1b in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors who provided supportive services with HOPWA funds during the operating year should report by supportive services activity the number of households served and HOPWA dollars expended.

Note: Every project sponsor who checked off Box 1a or 1b above should report households served and funds expended by supportive service type in Chart 2 below.

| Supportive Services | | [1] Output: Number of Households | [2] Output: Amount of HOPWA Funds Expended |
|---------------------|--|----------------------------------|--|
| 1. | Adult day care and personal assistance | | |
| 2. | Alcohol and drug abuse services | | |
| 3. | Case management | 39 | \$39,848.00 |
| 4. | Child care and other child services | | |
| 5. | Education | | |
| 6. | Employment assistance and training | | |
| 7. | Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310 | | |
| 8. | Legal services | | |
| 9. | Life skills management (outside of case management) | | |
| 10. | Meals/nutritional services | | |
| 11. | Mental health services | | |
| 12. | Outreach | | |
| 13. | Transportation | | |
| 14. | Other Activity (if approved in grant agreement). Specify: | | |
| 15. | Sub-Total Households receiving Supportive Services (Sum of Rows 1-14) | 39 | |
| 16. | Adjustment for Duplication (subtract) | | |
| 17. | TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14) | 39 | \$39,848.00 |

3. Listing of Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds
 In Chart 3, all project sponsors should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.

| Housing Information Services | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
|--|---|---|---|
| 18. | Housing Information Services | | |
| 19. | TOTAL Housing Information Services | | |
| Grant Administration and Other Activities | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources | | |
| 21. | Technical Assistance to Community Residences | | |
| 22. | Project Outcomes/Program Evaluation (if approved) | | |
| 23. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | \$11,637.69 |
| 24. | Other Activity (if approved in grant agreement) Specify: | | |
| 25. | TOTAL Grant Administration and Other Activities | | \$11,637.69 |
| 26. | TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 19 and 25) | | \$51,485.69 |

Part 5A: Summary of Each Project Sponsor Information – HRDC 7 (Billings, MT)

This section requests information on direct HOPWA service delivery activities for client households by organization or agency. For each organization or agency designated or selected to serve as a project sponsor, please complete the entirety of Parts 5A-E. Order the report as Part 5A-E for Project Sponsor 1, then Part 5A-E for Project Sponsor 2, etc.

Note: If the grantee undertakes service delivery activities directly, complete the respective performance sections (Parts 5A-E) for all activities conducted by the grantee.

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

1. Project Sponsor Information

| | | | | |
|--|--|---|--|-------|
| Project Sponsor Agency Name Human Resource Development Council District 7 | | Parent Company Name, if applicable N/A | | |
| Name and Title of Contact at Project Sponsor Agency | Denise Jordan | | | |
| Email Address | djordan@hrdc7.org | | | |
| Business Address | PO Box 2016 | | | |
| City, County, State, Zip, | Billings | Yellowstone | MT | 59103 |
| Phone Number (with area code) | (406) 247-4752 | | Fax Number (with area code) | |
| Employer Identification Number (EIN) or Tax Identification Number (TIN) | 81-0300207 | | | |
| DUN & Bradstreet Number (DUNs) | 173851387 | | | |
| Congressional District of Sponsor's Business Address | District 1 | | | |
| Congressional District(s) of Primary Service Area | District 1 | | | |
| City(ies) and County(ies) of Primary Service Area | Cities: *All cities included in Counties listed in Primary Service Area | | Counties: Big Horn, Blaine, Carbon, Carter, Cascade, Chouteau, Custer, Daniels, Dawson, Fallon, Fergus, Gallatin, Garfield, Glacier, Golden Valley, Hill, Judith Basin, Liberty, McCone, Meagher, Musselshell, Park, Petroleum, Phillips, Pondera, Powder River, Prairie, Richland, Roosevelt, Rosebud, Sheridan, Stillwater, Sweet Grass, Teton, Toole, Treasure, Valley, Wheatland, Wibaux, Yellowstone | |
| Total HOPWA contract amount for this Organization for the operating year | \$150,492 | | | |
| Organization's Website Address www.hrdc7.org | | Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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"/> | | | | |

Part 5: Summary of Each Project Sponsor Information - HRDC 7 (Billings, MT)
B. Rental Assistance, Short-Term Rent, Mortgage and Utility Assistance Programs and Permanent Housing Placement Assistance

1. Rental Assistance (RA)

Enter the total number of households served in Column [1] and the amount of HOPWA funds expended Column [2] by the project sponsor on RA.

| HOPWA Housing Subsidy Assistance Category: RA | | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|--|--|---|---|
| a. | Tenant-based rental assistance (TBRA) | 30 | \$114,428.21 |
| b. | Other Rental Assistance (RA) Programs (if approved in grant agreement) | 0 | |
| c. | Direct program delivery costs (e.g., program staff time) | | \$33,094.63 |
| d. | TOTAL Rental Housing Assistance (For Column [1] sum of Row a. & Row b., for Column [2] sum of rows a – c) | 30 | \$147,522.84 |

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

In Row a, enter the total number of households served and the amount of HOPWA funds expended by each project sponsor on Short Term Rent, Mortgage, and Utility assistance (STRMU).

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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 3C, Chart 1, Row 4.

Data Check: The total number of households reported in Column [1], Rows b, c, d, e, and f, should 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. should 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 | 15 | \$45,625.79 |
| b. | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY. | | |
| c. | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. | 2 | \$7,644.28 |
| d. | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY. | 11 | \$29,410.33 |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs. | 2 | \$2,875.05 |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY. | | |
| g. | Direct program delivery costs (e.g., program operations staff time) | | \$5,696.13 |

3. Permanent Housing Placement Services

In Row a, Column [1] report the households served with HOPWA-funded Permanent Housing Placement Assistance and in Row a, Column [2] report the HOPWA funds expended on Permanent Housing Placement Services. Use Row b, to report on direct program delivery costs used to operate the Permanent Housing Placement Program. Use Row c, to report household and expenditure totals for Permanent Housing Placement Services.

| HOPWA Housing Subsidy Assistance Category: Permanent Housing Placement Assistance | | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|--|---|--|--|
| a. | Permanent Housing Placement Services | 7 | \$5,720.17 |
| b. | Direct program delivery costs (e.g., program staff time) | | \$928.79 |
| c. | TOTAL Permanent Housing Placement Services (sum of Rows a. and b.) | 7 | \$6,648.96 |

Part 5: Summary of Each Project Sponsor Information

C. Facility-based Housing Assistance – N/A

Complete one Part 5C for each facility developed and/or supported through HOPWA funds.

Do not complete this Chart 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 Section 5E: Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 1a, Project Site Information, and 1b, 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.

1a. Project Site Information for HOPWA Capital Development of Projects Only (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(s) 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 |

1b. Number and Type of HOPWA Capital Development Project (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

For units entered above (1a) 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 of Energy-Star Compliant | Number 504 Accessible – Mobility Units - Sensory Units |
|---|--|--|---------------------------------|--|
| Rental units constructed (new) and/or acquired <u>with or without</u> rehab | | | | |
| Rental units rehabbed | | | | |

| | | | | |
|---|--|--|--|--|
| Homeownership units constructed (if approved) | | | | |
|---|--|--|--|--|

2. Number of Units Assisted in Types of Housing Facility/Units Leased or Operated by Project Sponsor

Charts 2a, 2b, and 3 are required for each facility. In Charts 2a and 2b, indicate the type of facility and number of units in it.

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 on one page.*

a. Check one only.

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

b. 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 <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units | | | | |
|--|---|--|--------|-------|--------|--------|
| | | SRO/Studio/0 bdrm | 1 bdrm | 2bdrm | 3 bdrm | 4 bdrm |
| a. | Single room occupancy (SRO) dwelling | | | | | |
| b. | Community Residence | | | | | |
| c. | Project-based Rental Assistance Units or Leased Units (including Master-leased Units) | | | | | |
| d. | Other housing facility <u>Specify:</u> | | | | | |

3. 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 Served | 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 | | |

Part 5: Summary of Each Project Sponsor Information - HRDC 7 (Billings, MT)
D. Supportive Services and Other Activities

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor did not provide any HOPWA funded supportive services, check Box 1c.

1. Type of Project Sponsor (Check one only)

| | |
|---|-------------------------------------|
| a. Supportive Services are provided by project sponsor that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) | <input checked="" type="checkbox"/> |
| b. Supportive Services provided by project sponsor who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) | <input type="checkbox"/> |
| c. Project sponsor does not provide HOPWA supportive services (complete only Chart 3 only) | <input type="checkbox"/> |

2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor Agency

In Chart 2, project sponsors who provided HOPWA supportive services during the operating year (checked off Box 1a or 1b in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

Note: Every project sponsor who checked off Box 1a or 1b above should report households served and funds expended by supportive service type in Chart 2 below.

| Supportive Services | | [1] Output: Number of Households | [2] Output: Amount of HOPWA Funds Expended |
|---------------------|--|----------------------------------|--|
| 1. | Adult day care and personal assistance | | |
| 2. | Alcohol and drug abuse services | | |
| 3. | Case management | 43 | \$12,590.48 |
| 4. | Child care and other child services | | |
| 5. | Education | | |
| 6. | Employment assistance and training | | |
| 7. | Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310 | | |
| 8. | Legal services | | |
| 9. | Life skills management (outside of case management) | | |
| 10. | Meals/nutritional services | 35 | \$4,465 |
| 11. | Mental health services | | |
| 12. | Outreach | | |
| 13. | Transportation | 33 | \$2,194 |
| 14. | Other Activity (if approved in grant agreement). Specify: | | |
| 15. | Sub-Total Households receiving Supportive Services (Sum of Rows 1-14) | 111 | |
| 16. | Adjustment for Duplication (subtract) | 68 | |
| 17. | TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14) | 43 | \$19,249.48 |

3. Listing of Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds
 In Chart 3, all project sponsors should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.

| Housing Information Services | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
|--|---|---|---|
| 18. | Housing Information Services | | |
| 19. | TOTAL Housing Information Services | | |
| Grant Administration and Other Activities | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources | | |
| 21. | Technical Assistance to Community Residences | | |
| 22. | Project Outcomes/Program Evaluation (if approved) | | |
| 23. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | \$9,163.27 |
| 24. | Other Activity (if approved in grant agreement) Specify: | | |
| 25. | TOTAL Grant Administration and Other Activities | | \$9,163.27 |
| 26. | TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 19 and 25) | | \$28,412.75 |

Part 5A: Summary of Each Project Sponsor Information – SFHRC, SD

This section requests information on direct HOPWA service delivery activities for client households by organization or agency. For each organization or agency designated or selected to serve as a project sponsor, please complete the entirety of Parts 5A-E. Order the report as Part 5A-E for Project Sponsor 1, then Part 5A-E for Project Sponsor 2, etc.

Note: If the grantee undertakes service delivery activities directly, complete the respective performance sections (Parts 5A-E) for all activities conducted by the grantee.

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

1. Project Sponsor Information

| | | | | |
|---|--|---|---|-------|
| Project Sponsor Agency Name Sioux Falls Housing and Redevelopment Commission | | Parent Company Name, if applicable N/A | | |
| Name and Title of Contact at Project Sponsor Agency | Karl Fulmer, Executive Director | | | |
| Email Address | K_Fulmer@siouxfallshousing.org | | | |
| Business Address | 630 South Minnesota | | | |
| City, County, State, Zip, | Sioux Falls | Minnehaha | SD | 57104 |
| Phone Number (with area code) | (605) 332-0704 | | Fax Number (with area code) (605) 339-9305 | |
| Employer Identification Number (EIN) or Tax Identification Number (TIN) | 46-0333222 | | | |
| DUN & Bradstreet Number (DUNs) | 093401669 | | | |
| Congressional District of Sponsor's Business Address | 1 st District | | | |
| Congressional District(s) of Primary Service Area | 1 st District | | | |
| City(ies) and County(ies) of Primary Service Area | Cities: *All cities included in Counties listed in Primary Service Area | | Counties: Minnehaha, Pennington, Clay, Meade, Lincoln, Hughes, Lawrence, Tripp | |
| Total HOPWA contract amount for this Organization for the operating year | \$137,896 | | | |
| Organization's Website Address www.siouxfallshousing.org | | Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 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"/> | | | | |

Part 5: Summary of Each Project Sponsor Information - SFHRC, SD
B. Rental Assistance, Short-Term Rent, Mortgage and Utility Assistance Programs and Permanent Housing Placement Assistance

1. Rental Assistance (RA)

Enter the total number of households served in Column [1] and the amount of HOPWA funds expended Column [2] by the project sponsor on RA.

| HOPWA Housing Subsidy Assistance Category: RA | | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|--|--|---|---|
| a. | Tenant-based rental assistance (TBRA) | 19 | \$110,586.00 |
| b. | Other Rental Assistance (RA) Programs (if approved in grant agreement) | | |
| c. | Direct program delivery costs (e.g., program staff time) | | \$16,732.79 |
| d. | TOTAL Rental Housing Assistance (For Column [1] sum of Row a. & Row b., for Column [2] sum of rows a – c) | 19 | \$127,318.79 |

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

In Row a, enter the total number of households served and the amount of HOPWA funds expended by each project sponsor on Short Term Rent, Mortgage, and Utility assistance (STRMU).

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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 3C, Chart 1, Row 4.

Data Check: The total number of households reported in Column [1], Rows b, c, d, e, and f, should 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, should 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 | | |
| b. | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY. | | |
| 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. | | |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs. | | |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY. | | |
| g. | Direct program delivery costs (e.g., program operations staff time) | | |

3. Permanent Housing Placement Services

In Row a, Column [1] report the households served with HOPWA-funded Permanent Housing Placement Assistance and in Row a, Column [2] report the HOPWA funds expended on Permanent Housing Placement Services. Use Row b, to report on direct program delivery costs used to operate the Permanent Housing Placement Program. Use Row c, to report household and expenditure totals for Permanent Housing Placement Services.

| HOPWA Housing Subsidy Assistance Category: Permanent Housing Placement Assistance | | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|--|---|--|--|
| a. | Permanent Housing Placement Services | 4 | \$1,592.50 |
| b. | Direct program delivery costs (e.g., program staff time) | | \$75.28 |
| c. | TOTAL Permanent Housing Placement Services (sum of Rows a. and b.) | 4 | \$1,667.78 |

Part 5: Summary of Each Project Sponsor Information

C. Facility-based Housing Assistance – N/A

Complete one Part 5C for each facility developed and/or supported through HOPWA funds.

Do not complete this Chart 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 Section 5E: Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 1a, Project Site Information, and 1b, 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.

1a. Project Site Information for HOPWA Capital Development of Projects Only (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(s) 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 |

1b. Number and Type of HOPWA Capital Development Project (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

For units entered above (1a) 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 of Energy-Star Compliant | Number 504 Accessible – Mobility Units - Sensory Units |
|---|--|--|---------------------------------|--|
| Rental units constructed (new) and/or acquired <u>with or without</u> rehab | | | | |
| Rental units rehabbed | | | | |

| | | | | |
|---|--|--|--|--|
| Homeownership units constructed (if approved) | | | | |
|---|--|--|--|--|

2. Number of Units Assisted in Types of Housing Facility/Units Leased or Operated by Project Sponsor

Charts 2a, 2b, and 3 are required for each facility. In Charts 2a and 2b, indicate the type of facility and number of units in it.

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 on one page.*

a. Check one only.

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

b. 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 <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units | | | | |
|--|---|--|--------|-------|--------|--------|
| | | SRO/Studio/0 bdrm | 1 bdrm | 2bdrm | 3 bdrm | 4 bdrm |
| a. | Single room occupancy (SRO) dwelling | | | | | |
| b. | Community Residence | | | | | |
| c. | Project-based Rental Assistance Units or Leased Units (including Master-leased Units) | | | | | |
| d. | Other housing facility <u>Specify:</u> | | | | | |

3. 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 Served | 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 | | |

Part 5: Summary of Each Project Sponsor Information - SFHRC, SD

D. Supportive Services and Other Activities

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor did not provide any HOPWA funded supportive services, check Box 1c.

1. Type of Project Sponsor (Check one only)

| | |
|---|-------------------------------------|
| a. Supportive Services are provided by project sponsor that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) | <input checked="" type="checkbox"/> |
| b. Supportive Services provided by project sponsor who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) | <input type="checkbox"/> |
| c. Project sponsor does not provide HOPWA supportive services (complete only Chart 3 only) | <input type="checkbox"/> |

2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor Agency

In Chart 2, project sponsors who provided HOPWA supportive services during the operating year (checked off Box 1a or 1b in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors who provided supportive services with HOPWA funds during the operating year should report by supportive services activity the number of households served and HOPWA dollars expended.

Note: Every project sponsor who checked off Box 1a or 1b above should report households served and funds expended by supportive service type in Chart 2 below.

| Supportive Services | | [1] Output: Number of Households | [2] Output: Amount of HOPWA Funds Expended |
|---------------------|--|----------------------------------|--|
| 1. | Adult day care and personal assistance | | |
| 2. | Alcohol and drug abuse services | | |
| 3. | Case management | 26 | \$20,737.70 |
| 4. | Child care and other child services | | |
| 5. | Education | | |
| 6. | Employment assistance and training | | |
| 7. | Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310 | | |
| 8. | Legal services | | |
| 9. | Life skills management (outside of case management) | | |
| 10. | Meals/nutritional services | | |
| 11. | Mental health services | | |
| 12. | Outreach | | |
| 13. | Transportation | | |
| 14. | Other Activity (if approved in grant agreement). Specify: | | |
| 15. | Sub-Total Households receiving Supportive Services (Sum of Rows 1-14) | 26 | |
| 16. | Adjustment for Duplication (subtract) | | |
| 17. | TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14) | 26 | \$20,737.70 |

3. Listing of Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds
 In Chart 3, all project sponsors should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.

| Housing Information Services | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
|--|---|---|---|
| 18. | Housing Information Services | | |
| 19. | TOTAL Housing Information Services | | |
| Grant Administration and Other Activities | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources | | |
| 21. | Technical Assistance to Community Residences | | |
| 22. | Project Outcomes/Program Evaluation (if approved) | | |
| 23. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | \$10,481.02 |
| 24. | Other Activity (if approved in grant agreement) Specify: | | |
| 25. | TOTAL Grant Administration and Other Activities | | \$10,481.02 |
| 26. | TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 19 and 25) | | \$31,218.72 |

Part 5A: Summary of Each Project Sponsor Information – CAP Region VII, ND

This section requests information on direct HOPWA service delivery activities for client households by organization or agency. For each organization or agency designated or selected to serve as a project sponsor, please complete the entirety of Parts 5A-E. Order the report as Part 5A-E for Project Sponsor 1, then Part 5A-E for Project Sponsor 2, etc.

Note: If the grantee undertakes service delivery activities directly, complete the respective performance sections (Parts 5A-E) for all activities conducted by the grantee.

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

1. Project Sponsor Information

| | | | | |
|---|---|--|---|-------|
| Project Sponsor Agency Name Community Action Region VII | | Parent Company Name, if applicable N/A | | |
| Name and Title of Contact at Project Sponsor Agency | Andrea Werner, Executive Director | | | |
| Email Address | andreaw@cap7.com | | | |
| Business Address | 2105 Lee Avenue | | | |
| City, County, State, Zip, | Bismarck | Burleigh | ND | 58504 |
| Phone Number (with area code) | (701) 258-2240 | | Fax Number (with area code) (701) 258-2245 | |
| Employer Identification Number (EIN) or Tax Identification Number (TIN) | 45-0333816 | | | |
| DUN & Bradstreet Number (DUNs) | 06-2663570 | | | |
| Congressional District of Sponsor's Business Address | At Large Congressional District | | | |
| Congressional District(s) of Primary Service Area | At Large Congressional District | | | |
| City(ies) and County(ies) of Primary Service Area | Cities: *All cities included in Counties listed in Primary Service Area Bismarck, Mandan, Dickinson, Fargo, Minot, Williston, Grand Forks, Jamestown and Devils Lake | | Counties: Burleigh, Morton, Cass, Grand Forks, Ward, Stark, Stutsman, Williams, and Ramsey | |
| Total HOPWA contract amount for this Organization for the operating year | \$37,878 | | | |
| Organization's Website Address www.cap7.com | Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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"/> | | | | |

Part 5: Summary of Each Project Sponsor Information - CAP Region VII, ND
B. Rental Assistance, Short-Term Rent, Mortgage and Utility Assistance Programs and Permanent Housing Placement Assistance

1. Rental Assistance (RA)

Enter the total number of households served in Column [1] and the amount of HOPWA funds expended Column [2] by the project sponsor on RA.

| HOPWA Housing Subsidy Assistance Category: RA | | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|--|--|---|---|
| a. | Tenant-based rental assistance (TBRA) | 6 | \$39,020.00 |
| b. | Other Rental Assistance (RA) Programs (if approved in grant agreement) | | |
| c. | Direct program delivery costs (e.g., program staff time) | | \$2,000.00 |
| d. | TOTAL Rental Housing Assistance (For Column [1] sum of Row a. & Row b., for Column [2] sum of rows a – c) | 6 | \$41,020.00 |

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

In Row a, enter the total number of households served and the amount of HOPWA funds expended by each project sponsor on Short Term Rent, Mortgage, and Utility assistance (STRMU).

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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 by the project sponsor 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 3C, Chart 1, Row 4.

Data Check: The total number of households reported in Column [1], Rows b, c, d, e, and f, should 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, should 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 | | |
| b. | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY. | | |
| 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. | | |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs. | | |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY. | | |
| g. | Direct program delivery costs (e.g., program operations staff time) | | |

3. Permanent Housing Placement Services

In Row a, Column [1] report the households served with HOPWA-funded Permanent Housing Placement Assistance and in Row a, Column [2] report the HOPWA funds expended on Permanent Housing Placement Services. Use Row b, to report on direct program delivery costs used to operate the Permanent Housing Placement Program. Use Row c, to report household and expenditure totals for Permanent Housing Placement Services.

| HOPWA Housing Subsidy Assistance Category: Permanent Housing Placement Assistance | | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|--|---|--|--|
| a. | Permanent Housing Placement Services | | |
| b. | Direct program delivery costs (e.g., program staff time) | | |
| c. | TOTAL Permanent Housing Placement Services (sum of Rows a. and b.) | | |

Part 5: Summary of Each Project Sponsor Information

C. Facility-based Housing Assistance – N/A

Complete one Part 5C for each facility developed and/or supported through HOPWA funds.

Do not complete this Chart 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 Section 5E: Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 1a, Project Site Information, and 1b, 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.

1a. Project Site Information for HOPWA Capital Development of Projects Only (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(s) 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 |

1b. Number and Type of HOPWA Capital Development Project (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

For units entered above (1a) 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 of Energy-Star Compliant | Number 504 Accessible – Mobility Units - Sensory Units |
|---|--|--|---------------------------------|--|
| Rental units constructed (new) and/or acquired <u>with or without</u> rehab | | | | |
| Rental units rehabbed | | | | |

| | | | | |
|---|--|--|--|--|
| Homeownership units constructed (if approved) | | | | |
|---|--|--|--|--|

2. Number of Units Assisted in Types of Housing Facility/Units Leased or Operated by Project Sponsor

Charts 2a, 2b, and 3 are required for each facility. In Charts 2a and 2b, indicate the type of facility and number of units in it.

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 on one page.*

a. Check one only.

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

b. 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 <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units | | | | |
|--|---|--|--------|-------|--------|--------|
| | | SRO/Studio/0 bdrm | 1 bdrm | 2bdrm | 3 bdrm | 4 bdrm |
| a. | Single room occupancy (SRO) dwelling | | | | | |
| b. | Community Residence | | | | | |
| c. | Project-based Rental Assistance Units or Leased Units (including Master-leased Units) | | | | | |
| d. | Other housing facility <u>Specify:</u> | | | | | |

3. 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 Served | 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 | | |

Part 5: Summary of Each Project Sponsor Information - CAP Region VII, ND
D. Supportive Services and Other Activities

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor did not provide any HOPWA funded supportive services, check Box 1c.

1. Type of Project Sponsor (Check one only)

| | |
|---|-------------------------------------|
| a. Supportive Services are provided by project sponsor that also delivered HOPWA housing subsidy assistance (complete Chart 2 and 3) | <input checked="" type="checkbox"/> |
| b. Supportive Services provided by project sponsor who did NOT also provide HOPWA housing subsidy assistance (complete Chart 2 and 3) | <input type="checkbox"/> |
| c. Project sponsor does not provide HOPWA supportive services (complete only Chart 3 only) | <input type="checkbox"/> |

2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor Agency

In Chart 2, project sponsors who provided HOPWA supportive services during the operating year (checked off Box 1a or 1b in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors who provided supportive services with HOPWA funds during the operating year should report by supportive services activity the number of households served and HOPWA dollars expended.

Note: Every project sponsor who checked off Box 1a or 1b above should report households served and funds expended by supportive service type in Chart 2 below.

| Supportive Services | | [1] Output: Number of Households | [2] Output: Amount of HOPWA Funds Expended |
|---------------------|--|----------------------------------|--|
| 1. | Adult day care and personal assistance | | |
| 2. | Alcohol and drug abuse services | | |
| 3. | Case management | 6 | \$7,890.00 |
| 4. | Child care and other child services | | |
| 5. | Education | | |
| 6. | Employment assistance and training | | |
| 7. | Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310 | | |
| 8. | Legal services | | |
| 9. | Life skills management (outside of case management) | | |
| 10. | Meals/nutritional services | | |
| 11. | Mental health services | | |
| 12. | Outreach | | |
| 13. | Transportation | | |
| 14. | Other Activity (if approved in grant agreement). Specify: | | |
| 15. | Sub-Total Households receiving Supportive Services (Sum of Rows 1-14) | 6 | |
| 16. | Adjustment for Duplication (subtract) | | |
| 17. | TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14) | 6 | \$7,890.00 |

3. Listing of Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds
 In Chart 3, all project sponsors should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.

| Housing Information Services | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
|--|---|---|---|
| 18. | Housing Information Services | | |
| 19. | TOTAL Housing Information Services | | |
| Grant Administration and Other Activities | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources | | |
| 21. | Technical Assistance to Community Residences | | |
| 22. | Project Outcomes/Program Evaluation (if approved) | | |
| 23. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | \$2,450.00 |
| 24. | Other Activity (if approved in grant agreement) Specify: | | |
| 25. | TOTAL Grant Administration and Other Activities | | \$2,450.00 |
| 26. | TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 19 and 25) | | \$10,340.00 |

Part 5: Summary of Each Project Sponsor Information – N/A
E. 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 Section 5C of the APR if the facility was 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 <i>From (mm/dd/yy) To (mm/dd/yy)</i> <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10 |
| Grantee Name | Date Facility Began Operations |

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 5

Part 6: Worksheet - Determining HOPWA Outcomes and Connections with HMIS

1. This Chart is designed to help you assess program results based on the information reported in Part 4. Completion of this worksheet is optional.

| Permanent Housing Assistance | Stable Housing (# 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 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 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 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 6