



HOPWA Consolidated APR/CAPER User Manual

Released January 2023

"This material is based upon work supported by funding under an award with the U.S. Department of Housing and Urban Development. The substance and findings of the work are dedicated to the public. Neither the United States Government, nor any of its employees, makes any warranty, express or implied, or assumes any legal liability or responsibility for the accuracy, completeness, or usefulness of any information, apparatus, product, or process disclosed, or represents that its use would not infringe privately-owned rights. Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise does not necessarily constitute or imply its endorsement, recommendation, or favoring by the U.S. Government or any agency thereof. Opinions expressed in this document are those of the authors and do not necessarily reflect the official position of, or a position that is endorsed by, HUD or by any HUD program."

ACKNOWLEDGMENTS

This guidance material was prepared by the Cloudburst Group for the U.S. Department of Housing and Urban Development's (HUD) Office of HIV/AIDS Housing (OHH). All materials in this work are in the public domain and may be reproduced or copied without permission from HUD. Citation of the source is appreciated. This publication may not be reproduced or distributed for a fee without the specific written authorization of HUD and OHH.

Preface

The HOPWA (Housing Opportunities for Persons with AIDS) Consolidated APR/CAPER User Manual is intended to support the completion of the HOPWA Consolidated APR/CAPER Workbooks, which fulfill the HOPWA annual reporting requirements found at 24 CFR 574. All HOPWA formula and competitive grantees with reports due on or after January 1, 2023 must submit their annual data using the new Consolidated APR/CAPER workbooks.

This manual provides information about the HOPWA Consolidated APR/CAPER Workbooks, describes how reports are scored (e.g., using a Tiering System), and provides step by step instructions for completing the Consolidated HOPWA APR/CAPER Workbooks.

Intended Audience

This manual is intended for HOPWA grantee and project sponsor program staff who are responsible for completing the HOPWA Consolidated APR/CAPER. It is an instructional guide intended to assist the HOPWA grantee and project sponsor in completing the HOPWA Consolidated APR/CAPER for formula and competitive HOPWA funding.

What is Covered

Section 1 includes chapters providing an overview of the HOPWA Consolidated APR/CAPER Performance Report workbooks, describes the submission and data validation process and the Performance Report tiering system.

Section 2 includes chapters describing instructions for completing the Grantee HOPWA Consolidated APR/CAPER

Section 3 includes chapters describing instructions for completing the Provider HOPWA Consolidated APR/CAPER

Appendix includes a glossary of terms, a list of acronyms and tips for completing the HOPWA Consolidated APR/CAPER

TABLE OF CONTENTS

- Section 1: General Chapters** 4
- Chapter 1: *Overview of the HOPWA Consolidated APR/CAPER* 5
- Chapter 2: *Submission and Data Validation Process* 8
- Chapter 3: *Tiering System for Data Validation* 11

- Section 2: Grantee Workbook** 13
- Chapter 4: *Grantee Performance Report Cover* 14
- Chapter 5: *Instructions for Completing the HOPWA Grantee Performance Workbook* 18
- Chapter 6: *Grantee Identification* 21
- Chapter 7: *Grantee Summary*..... 23
- Chapter 8: *Grantee Contact Information*..... 27
- Chapter 9: *Grantee Narrative* 32
- Chapter 10: *Stewardship*..... 34

- Section 3: Provider Workbook**..... 37
- Chapter 11: *Provider Performance Report Cover*..... 38
- Chapter 12: *Instructions for Completing the HOPWA Provider Performance Workbook*..... 41
- Chapter 13: *Provider Identification*..... 44
- Chapter 14: *Provider Information* 46
- Chapter 15: *Project Sponsor Contact Information*..... 49
- Chapter 16: *Demographics and Prior Living Situation* 51
- Chapter 17: *Leveraging* 57
- Chapter 18: *Tenant-Based Rental Assistance (TBRA) and Other (non-TBRA) Rental Assistance*..... 60
- Chapter 19: *Permanent Facility-Based Housing (P-FBH)* 69
- Chapter 20: *Short-Term and Transitional Facility-Based Housing (ST-TFBH)* 81
- Chapter 21: *Short-Term Rent, Mortgage and Utility (STRMU) Assistance* 91
- Chapter 22: *Permanent Housing Placement (PHP)*..... 100
- Chapter 23: *Housing Information Services*..... 105
- Chapter 24: *Supportive Services* 107
- Chapter 25: *Other Competitive Activity* 110
- Chapter 26: *Access to Care (ATC) & Totals* 112
- Chapter 27: *Capital Development*..... 116
- Chapter 28: *Violence Against Women Act (VAWA)* 121

- Appendix**..... 123
- Glossary..... 124
- Acronym List..... 128
- Tips 129

Section 1

General Chapters



Overview of the HOPWA Consolidated APR/CAPER

Overview of the HOPWA Consolidated APR/CAPER Performance Report Workbooks

Previously, HOPWA grantees collected annual expenditure and performance data from their Project Sponsors and aggregated the information into a single document. HUD will now collect annual performance data at the *Project Sponsor level*, rather than at the aggregate level, using a set of individually customized Excel-based workbooks for completion by HOPWA Grantees and their Project Sponsors. There are two different HOPWA reporting workbooks – HOPWA Consolidated APR/CAPER Grantee Performance Report Workbook and HOPWA Consolidated APR/CAPER Provider Performance Report Workbook.

The Grantee Performance Report Workbook, completed by the Grantee, only collects information at the Grantee Administration level. Information collected includes grantee contact information, annual performance report narratives, and stewardship unit information. The Grantee Workbook contains the following sections (or tabs):

- Performance Report Cover
- Instructions
- Identification
- Grantee Summary
- Grantee Contact
- Narrative
- Stewardship

The Provider Performance Report Workbook, should be completed by **any organization** that delivers/conducts any HOPWA activities (e.g., Supportive Services, Tenant-Based Rental Assistance, Permanent Housing Placement, etc.) in addition to administrative activities will complete the Provider Workbook. This includes HOPWA Formula or Competitive **grantees** that deliver HOPWA activities directly, such as TBRA, STRMU, Supportive Services, etc., in addition to administrative activities, and the **project sponsor** (as defined in 24 CFR 574.3) organizations that grantees contract to carry out eligible HOPWA activities. For this reason, HUD is calling this the “Provider” Workbook, rather than the “Project Sponsor” Workbook. Some Formula and Competitive HOPWA Grantees provide direct HOPWA activities and will need to complete the **Provider Performance Report Workbook**, in addition to the **Grantee Performance Report Workbook**.

The Provider Workbook collects annual performance data for HOPWA activities. This includes household outputs (e.g., households served and demographic information), outcomes (e.g., access to care and support outcomes) and expenditures (for HOPWA-eligible costs).

The Provider Workbook includes the following sections (or tabs):

- Performance Report Cover
- Instructions
- Identification
- HOPWA Provider Summary
- Provider Contact
- Demographics & Prior Living

- Leveraging
- TBRA (Tenant-Based Rental Assistance)
- P-FBH (Permanent Facility-Based Housing)
- ST-TFBH (Short-Term or Transitional Facility-Based Housing)
- STRMU (Short-Term Rent, Mortgage and Utilities Assistance)
- PHP (Permanent Housing Placement Assistance)
- Housing Info (Housing Information Services)
- Supp Svcs (HOPWA Supportive Services)
- Other Competitive Activity
- Access to Care & Totals
- CAP DEV (Capital Development)
- VAWA (Housing Transfers for Households Covered by the Violence Against Women Act)

The HOPWA Consolidated APR/CAPER Performance Report workbooks also include some changes related to general grantee and project sponsor information, and the required data elements that must be reported. More on this is included below.

General Grantee and Project Sponsor Information

- Grantees and project sponsors will provide HOPWA program contact information by role, which include: Primary Contact, Secondary Contact, Contact for Individuals Seeking Services
- Grantees and project sponsors will provide their UEI - The New Unique Entity Identifier
 - For more information on the transition from the DUNS number to the UEI, please review [Transition Information at SAM.gov](#)

HOPWA Eligible Individual and Family Member Level Data (illustrated in Table 1)

- Age, gender, race, and ethnicity demographic information is required for HOPWA eligible-individuals and their family members who received any type of HOPWA assistance in the reporting period – this is expanded to include Supportive Services and Housing Information Services.
- Gender categories now include Gender Nonbinary, Transgender Female, Transgender Male, Gender Not Disclosed, Male, and Female.
- Prior Living Situation information is required for households who received TBRA, PHP, and ST-TFBH and P-FBH.
- Health Outcomes are required for the HOPWA eligible individual who received P-FBH and/or TBRA in the reporting period.
- Housing Outcomes are required for HOPWA households who received TBRA, STRMU, PHP, ST-TFBH and/or P-FBH in the reporting period. Housing Outcomes are now collected at the activity level.
- Longevity and Income Level (area median income (AMI)) information is required for HOPWA households who received TBRA, STRMU, ST-TFBH, and/or P-FBH.

Table 1: HOPWA-eligible individual and other beneficiary level data required by HOPWA Activity.

	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Information Services	Supportive Services	Other Housing Competitive
Age	x	x	x	x	x	x	x	x
Ethnicity	x	x	x	x	x	x	x	x
Race	x	x	x	x	x	x	x	x
Gender	x	x	x	x	x	x	x	x
Prior Living Situation	x	x	x		x			
Income Levels	x	x	x	x				
Sources of Income	x	x	x	x	x			
Medical Insurance	x	x	x	x	x			
Longevity	x	x	x	x				
Health Outcomes (for the HOPWA-eligible Individual only)	x	x						
Housing Outcomes	x	x	x	x	x			



Submission and Data Validation Process

About the Submission and Validation Process

The HOPWA grantee remains responsible for collecting, reviewing (for accuracy and completeness), and transmitting to HUD the Consolidated APR/CAPER workbooks. Submission of the complete set of Grantee and Provider Workbooks together constitute the Grantee’s annual performance report to HUD.

The HOPWA Consolidated APR/CAPER submission and validation process will occur as follows:

- 150-120 days before your reporting is due, grantees will receive an email from the Cloudburst Group Data Validation Team with an overview of the submission and data validation process, as well as a tool called the “Project Sponsor Matching Tool.”

This tool is a prefilled spreadsheet, as shown below, that will include the names of the project sponsors from the prior year’s annual report, all active project sponsors listed in IDIS for your HOPWA program, as well as any activities listed in IDIS with no sponsor identified. Using the instructions included below, complete the Project Sponsor Matching Tool and return it to the Cloudburst Group **within 3 weeks from the date when you received the email.**

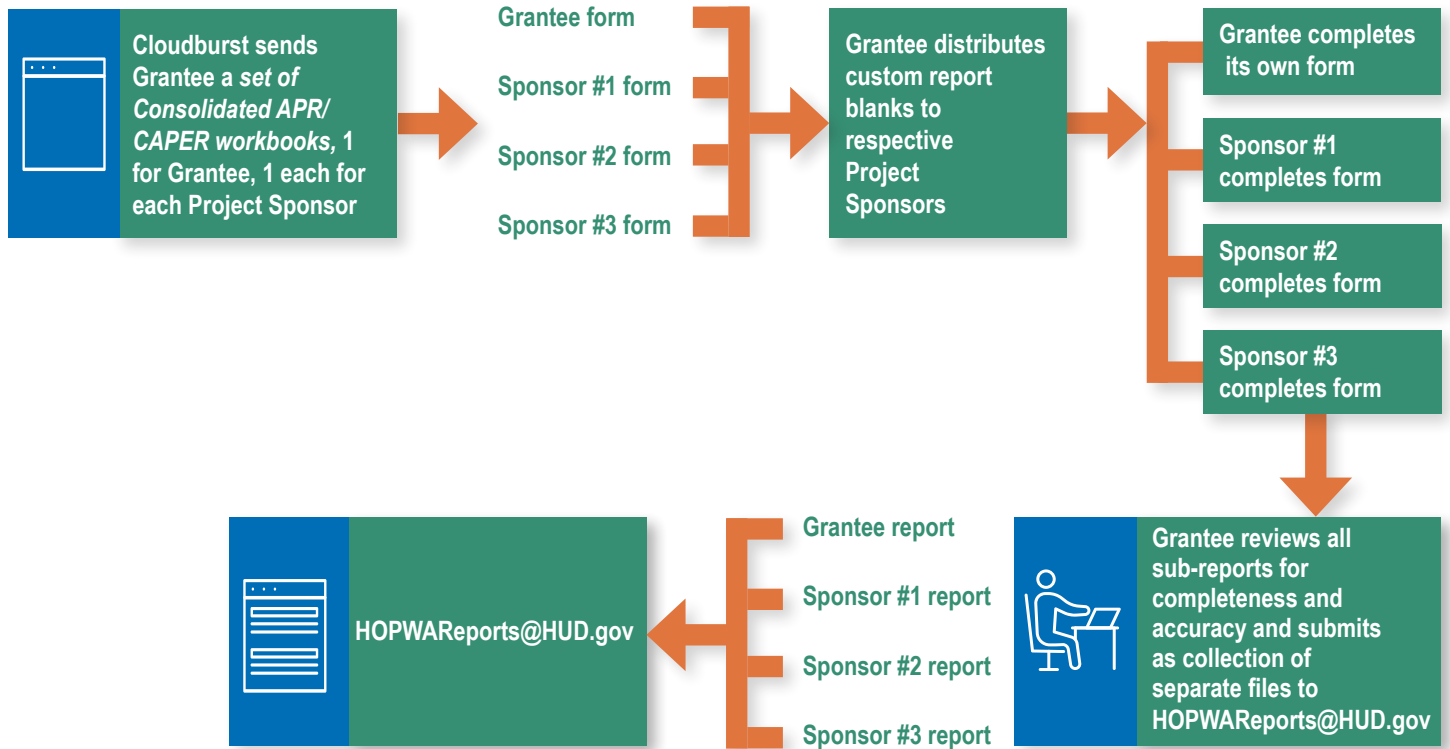
- Project Sponsor Matching Tool (Table 2) Instructions:
 - Review the list of sponsors in column D. For each sponsor, indicate if they still received HOPWA funding at any point in the current reporting year by typing “yes” or “no” in column E. *If your HOPWA program funded any sponsors in the current reporting year NOT listed in column D, please add those sponsors at the bottom of column D. Column D should now contain a complete list of all active sponsors for program year 2022.*
 - Once all sponsors in column D have been reviewed and column E is completed for each, move on to column G.
 - For each IDIS sponsor in column G, indicate which sponsor from column D it matches by typing the Sponsor Row Number (found in column A) into row H.
 - In column J, review activities set up in IDIS with no IDIS sponsor tied to them. For each activity, please again indicate which sponsor from column D these activities correspond with by typing the Sponsor Row Number (found in column A) into row L.
 - If there are any sponsor activity errors or other anomalies in this list, please type those into the column titled Notes, column M, or inform the Cloudburst Group via email.

Table 2: Project Sponsor Matching Tool

A	B	C	D	E	F	G	H	I	J	K	L	M
SPONSOR ROW NO.	GRANTEE	GRANT ID	SPONSORS/PROVIDERS IN 2021 HOPWA APR/CAPER <i>Add missing or new sponsors /providers to the bottom of this list.</i>	Still a Sponsor through 2022? Yes or No		SPONSORS IN IDIS	Type in Matching Sponsor Row Number from Column A		PROJECT IN IDIS WITH NO SPONSORS	ACTIVITY FOR EACH PROJECT IN IDIS	Type in Matching Sponsor Row Number from Column A	NOTES

- 120-90 days before your report is due, you will receive customized, Excel-based forms for you and each of your project sponsors. Together, all completed workbooks will comprise your annual HOPWA Consolidated APR/CAPER submission.
- Report reminder emails will be also be sent 90-, and 30 days in advance of your report due date.
- Before the report is due, gather the Grantee Performance Report and all of the Provider Performance Reports together. Review them to the best of your ability for accuracy and completeness.
- By the required submission date, submit the Consolidated APR/CAPER (all Performance Report workbooks) to HOPWAReports@hud.gov, and your HUD Field Office representative.
- Data validation will occur with HUD’s Technical Assistance (TA) HOPWA Data Validation team, as usual, through the HOPWAReports@hud.gov and Cloudburst email.
- When you receive email confirmation that the report is as complete and error-free as possible, HUD TA providers will ask you to resubmit your entire, final HOPWA Consolidated APR/CAPER (all workbooks) to HOPWAReports@hud.gov and your HUD Field Office.

New APR – CAPER Reporting Process [Example: 1 Grantee + 3 Project Sponsors]





Tiering System for Data Validation

This chapter includes a description of the Consolidated APR/CAPER tiering system.

Tiering System and Definitions

The data validation process includes a tiering system to measure the accuracy and completeness of grantee-reported data. The tiering system provides HUD field office and headquarters staff with important grant management and data quality information. The Office of HIV/AIDS Housing (OHH) uses a system of four tiers to classify the overall quality of a grantee's annual report submission, with tier 1 being the highest and tier 4 the lowest. This tier system is not new to this new data collection process; it has been used by HUD and its data validation contractors for many years. However, the tiering methodology has been updated to accommodate the new annual reporting format and level of data provided.

Data accuracy and completeness depend on the number of errors per workbook. The highest tier a grantee's Consolidated APR/CAPER can achieve is based on the provider report with the greatest number of errors. Tiers are not assigned or communicated to the grantee until the report is marked as final through the data validation process. The appropriate tier will be applied to the final package of reports. Tiers will not be applied to each individual workbook, nor will it be applied to each submitted version of the report throughout the data validation process. If the number of high and low priority errors meets the criteria for two different tiers, the lower of the two tiers will be applied to the final report.

The level and number of errors, along with other factors, determine a grantee's Consolidated APR/CAPER final tier. Level of error is defined as **1) High priority error:** The error greatly affects the ability to use key performance indicators for programmatic decisions and **2) Low priority error:** The error is not a key performance indicator but should be corrected for clarity.

The graphic included below illustrates the level and number of errors for tiers 1, 2, 3, and 4.

Tier 1	
Level of error	Number of Errors
High Priority	None
Low Priority	No more than 2 errors <i>on any given workbook</i>

Tier 2	
Level of error	Number of Errors
High Priority	No more than 2 errors <i>on any given workbook</i>
Low Priority	3 or 4 errors <i>on any given workbook</i>

Tier 3	
Level of error	Number of Errors
High Priority	No more than 2 errors <i>on any given workbook</i>
Low Priority	5 or more errors <i>on any given workbook</i>

Tier 4 (<i>data unusable for analytics</i>)	
Level of error	Number of Errors
High Priority	3 or more errors <i>on any given workbook</i>
Low Priority	3 high priority errors regardless of the number of low priority errors

Section 2

Grantee Workbook



Grantee Performance Report Cover

Overview

The public reporting burden for this collection of information is estimated to average 40.0 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Performance Reports for HOPWA formula grantees and competitive grantees provide HUD with annual information to support program evaluation and measure program beneficiary outcomes related to maintaining housing stability; preventing homelessness; and improving access to care and support. This collection of information consolidates the information in the APR and CAPER reports and clarifies reporting requirements, which will allow HUD's Office of HIV/AIDS Housing to better respond to data calls from Congress and make better program decisions based on more relevant grantee annual data. Reporting is required for all HOPWA grantees pursuant to 42 U.S.C. § 12911; 24 CFR §§ 574.520(a) and (b); 24 CFR § 91.520(f). The information collected regarding grantees, their respective project sponsors, and the identities of HOPWA program participants will remain confidential pursuant to 42 U.S.C. § 12905(e) and 24 § CFR 574.440.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to Colette Pollard, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Control No. 2506-0133. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB Control Number.

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

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.

HOPWA competitive grantees are required to submit a Performance Report for each operating year in which HOPWA grant funds were expended. Information on each competitive grant is to be reported in a separate Performance Report. Grantees approved for "Other Activities," as detailed in their grant agreement, are requested 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.

Continued-use Periods. Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation of a building or structure are required to operate the building or structure for HOPWA-eligible beneficiaries for a ten (10) years period. If no further HOPWA funds are used to support the facility, in place of completing the "CAP DEV" tab in the Performance Report Worksheet, the grantee must complete an Annual Report of Continued Project Operation throughout the required use periods. This report is found on the "STEWARDSHIP" tab of this workbook. The required use period is three (3) years if the rehabilitation is non-substantial.

This section of the HOPWA Consolidated APR/CAPER Workbook includes an overview of the reporting requirements. *(Continued)*

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.

HMIS. 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.

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

Competitive Operating Year. HOPWA competitive grants are awarded for a three-year period of performance with Performance Reports submitted for each of the three operating years. The information contained in this Performance Report 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 Performance Report 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 PSH renewal/replacement 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 Performance Report 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 a Performance Report at the end of the operating year and submit a separate extension Performance Report at the end of the extension period.

This section of the Grantee HOPWA Consolidated APR/CAPER Workbook includes an overview of the HOPWA Consolidated APR/CAPER requirements. *(Continued)*

Filing Requirements. Within 90 days of the completion of each operating year, grantees must submit their completed Performance Report to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: at HOPWAReports@hud.gov. Electronic submission to HOPWA Program office is preferred. If electronic submission is not possible, please send an email to the HOPWA@hud.gov email inbox.



Instructions for Completing the HOPWA Grantee Performance Workbook

Instructions for Completing the HOPWA Grantee Performance Report Workbook

What is the HOPWA Grantee Performance Report Workbook?

This workbook provides information at the Grantee Administration level, including grantee contact information, annual performance report narratives, and stewardship unit information.

This data will be compiled by the HOPWA Formula or Competitive Grantee, as part of providing annual performance reporting to HUD.

Who completes this form?

This workbook will be completed by the HOPWA Formula or Competitive **Grantee ONLY**.

Reminder: ANY entity that provides DIRECT HOPWA services - including the HOPWA Grantee - must also complete a separate HOPWA Sponsor Performance Report Workbook.

What tabs should be completed for this report?

EVERY GRANTEE USER should complete these tabs:

- **GRANTEE**
- **CONTACT**
- **Narrative**

STEWARD: The Stewardship tab should only be completed if the Grantee is reporting on HOPWA Stewardship Units.

Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation of a building or structure are required to operate the building or structure for HOPWA-eligible beneficiaries for a ten (10) years period.

If no further HOPWA funds are used to support the facility, in place of completing the "CAP DEV" tab in the Sponsor Performance Report workbook, the grantee must complete an Annual Report of Continued Project Operation throughout the required use periods found on the "STEWARD" tab of this workbook. The required use period is three (3) years if the rehabilitation is non-substantial.

Important Information:

To ensure the integrity of this workbook, please to not DELETE or ALTER any rows, columns, tabs, or the NAME of the report.

This workbook requires the entry of data only where applicable, with no other actions required.

- 1 Enter text in empty cells next to questions.
- 2 Enter numbers where the entry reads "0" and the answer is an amount.

The workbook **MUST** be submitted in this Excel format. The Grantee will be **unable to submit it** to HUD if it has been converted to any other format, such as a Word or PDF file.

This section of the HOPWA Consolidated APR/CAPER Workbook includes the Instructions for Completing the HOPWA Grantee Performance Workbook. *(Continued)*

HOPWA Grantee Performance Report

Submission Instructions:

HOPWA Annual Performance reporting is collected and submitted at both the Grantee and Project Sponsor levels.

HUD or a HUD contractor will provide HOPWA Grantees annually with an advance set of named Grantee and Project Sponsor files, based on Project Sponsor activity logged in HUD's IDIS system relative to the Grantee's Accomplishment Year on which it will be reporting.

Grantees complete this high-level *Grantee* workbook covering: Grantee organizational information, Grantee contact information, a narrative of all activities provided by the Grantee and its Project Sponsors, and Stewardship Unit information, as applicable.

Project Sponsors (and any Grantee that provides direct HOPWA activities) will complete a separate detailed annual report, called the "Sponsor Performance Report Workbook," with every Project Sponsor completing a workbook and submitting it to the Grantee.

The Grantee will then:

- Review all Sponsor Performance Report workbooks for accuracy and will request that the Project Sponsor correct any missing or incorrect information.
- Collect all of the Grantee and Project Sponsor workbooks together.
- Submit the collection of all separate workbook files in a **single transmission to HOPWAReports@HUD.gov**.
- The entire collection of HOPWA workbook files is considered the Grantee's submission of annual performance reporting under its HOPWA grant agreement.
- Grantees shall submit their annual Performance Report Workbook within 90 days of the completion of their operating (or Accomplishment) year.

Once submitted, the Grantee will receive confirmation regarding the submitted files and may be contacted by HUD or a HUD contractor to confirm or correct reported information, as necessary.

For assistance with this process, please submit a query to **HOPWAReports@HUD.gov**.



Grantee Identification

WHO completes this Tab:

The HOPWA grantee should review this tab for accuracy. Do Not change any information included in the tab. If errors are found, follow the directions located on the top of the page.



Grantee Summary

WHO completes this Tab:

This Tab is used to provide general information about the Grantee organization. All organizations designated as a Grantee **MUST** complete this tab.

This first section of this chart is for Competitive Grants ONLY, if your organization is does not receive HOPWA Competitive Funding, do not complete this section and leave it blank.

Question	Responses
For Competitive Grantees Only	
For Competitive Grantees only, what is the grant number?	
For Competitive Grantees only, which year (1, 2, or 3) of the grant does this report cover?	
Is the Competitive Grantee a nonprofit organization? Yes or No.	
Is the Competitive Grantee a grassroots organization? Yes or No.	
For Competitive Grantees only, how much was expended on an "Other Housing Activity" (as approved in the grant agreement)?	0



1. For Competitive Grantees only, enter the number of the HOPWA Competitive Grant.
2. Enter the HOPWA Competitive Grant Year (enter **1, 2** or **3**) applicable to this reporting year.
3. Enter **Yes** or **No** about whether the Grantee is a nonprofit organization.
4. Enter **Yes** or **No** about whether the Grantee is a grassroots organization.
5. For Competitive Grants ONLY, enter how much HOPWA funding was spent on an "Other Housing Activity" (as approved in the grant agreement) in reporting year. If an "Other Housing Activity" was not funded, do not answer this question and leave it blank.

In the second section of this chart, provide answers to each question.
(See next page)

For All HOPWA Grantees	
What is the name of the Grantee organization?	
What is the Grantee's Unique Entity Identifier (UEI)?	
What is the Employer ID Number (EIN) or Tax ID Number (TIN) of the Grantee?	
For formula grantees only, are there any changes to your program year? Yes or No.	
Note: HUD must be notified of consolidated program year changes at least two months before the date the program year would have ended if it had not been lengthened, or at least two months before the end of a proposed shortened program year.	
If yes above, what is the revised program start date?	
If yes above, what is the revised program end date?	
What is the street address of the Grantee's office?	
In what city is the Grantee's business address?	
In what county is the Grantee's business address?	
In what state is the Grantee's office located?	
What is the zip code for the Grantee's business address?	
What is the parent company of the Grantee (if applicable)?	
What department at the Grantee organization administers the grant?	
What is the Grantee organization's website address?	
What is the Facebook name or page of the Grantee?	
What is the Twitter handle of the Grantee?	
What are the cities of the primary service area of the Grantee?	
What are the counties of the primary service area of the Grantee?	
What is the congressional district of the Grantee's business address?	
What is the congressional district of the Grantee's primary service area?	
Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service area? Yes or No.	
Is the Grantee's System for Award Management (SAM) status currently active for this report? Yes or No.	
What is the Grantee's SAM registration number for this report?	
Does the Grantee provide HOPWA-funded services directly to clients? Yes or No.	
Does the Grantee take the allowable 3% Grantee Administration allowance? Yes or No.	
How much was expended on Grantee Administration?	0



NOTE

Only enter text in the cells requiring text
Only enter numbers in cells requiring numbers – number fields are denoted by “0”
If there are questions that do not apply, it is OK to leave them blank.
For example, if the organization does not have a Twitter handle, simply don't answer that question and leave it blank.

In the second section of this chart, provide answers to each question by following the steps below. (Continued)



1. Enter the name of the Grantee organization.
2. Enter the Grantee's Unique Entity Identifier (UEI).
3. Enter the Employer ID Number (EIN) or Tax ID Number (TIN) of the Grantee.
4. For formula grantees only, answer **Yes** or **No** if in the reporting year, there were any changes to your program year.
 - a. If yes above, enter the **revised** program start date.
 - b. If yes above, enter the **revised** program end date.
5. Enter the street address of the Grantee's office.
6. Enter the city in which the Grantee's business address is located.
7. Enter the county in which the Grantee's business address is located.
8. Enter the state in which the Grantee's office is located.
9. Enter the zip code in which the Grantee's business address is located.
10. Enter the parent company of the Grantee, if applicable.
11. Enter the name of the department who administers the HOPWA grant.
12. Enter the Grantee's website address.
13. Enter the Grantee's Twitter handle.
14. Enter the Grantee's Facebook name or page.
15. Enter the cities of the primary service area of the Grantee.
16. Enter the counties of the primary service area of the Grantee.
17. Enter the congressional district associated with the Grantee's business address.
18. Enter the congressional district associated with the Grantee's service area.
19. Enter **Yes** or **No** regarding whether there is a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service area.
20. Enter **Yes** or **No** regarding whether the Grantee's System for Award Management (SAM) status is currently active for this report year.
21. Enter the Grantee's SAM registration number.
22. Enter **Yes** or **No** regarding whether the Grantee provides HOPWA-funded services directly to clients.
23. Enter **Yes** or **No** regarding whether the Grantee takes the allowable 3% Grantee Administration Allowance in the reporting year.
24. Enter the amount that was expended on Grantee Administration in the reporting year.



Grantee Contact Information

WHO completes this Tab:

This Tab is used to provide contact information for your organization. All organizations designated as Grantees MUST complete this Tab.

In the first section of the chart, enter contact information for the Authorizing Official at your organization.

Contact Information for Authorizing Official	
What is the Authorizing Official contact name?	
What is the Authorizing Official contact title?	
In what department does the Authorizing Official contact work?	
What is the Authorizing Official contact email?	
What is the Authorizing Official contact phone number (including extension)?	
What is the Authorizing Official contact fax number?	



1. Enter the Authorizing Official contact name.
2. Enter the Authorizing Official contact title.
3. Enter the name of the department where the Authorizing Official works.
4. Enter the Authorizing Official email.
5. Enter the Authorizing Official phone number, including extension (if applicable).
6. Enter the Authorizing Official fax number (if applicable).



The Authorizing Official is the person who is authorized to assume responsibility for the administration of HUD grants on behalf of the organization; usually an Executive Director or higher.

In the second section of the chart, enter contact information for the person primarily responsible for submitting Reporting (APR/CAPER) at your organization.

Contact Information for Reporting (APR/CAPER) Contact	
What is the Reporting contact name?	
What is the Reporting contact title?	
In what department does the Reporting contact work?	
What is the Reporting contact email?	
What is the Reporting contact phone number (including extension)?	
What is the Reporting contact fax number?	



1. Enter the Reporting contact name.
2. Enter the Reporting contact title.
3. Enter the name of the department where the Reporting contact works.
4. Enter the Reporting contact email.
5. Enter the Reporting contact phone number, including extension (if applicable).
6. Enter the Reporting contact fax number (if applicable).

In the third section of the chart, enter the contact information for the HMIS User at your organization.

Contact Information for HMIS User	
What is the HMIS User contact name?	
What is the HMIS User contact title?	
In what department does the HMIS User contact work?	
What is the HMIS User contact email?	
What is the HMIS User contact phone number (including extension)?	
What is the HMIS User contact fax number?	



1. Enter the HMIS User contact name.
2. Enter the HMIS User contact title.
3. Enter the name of the department where the HMIS User contact works.
4. Enter the HMIS User contact email.
5. Enter the HMIS User program contact phone number, including extension (if applicable).
6. Enter the HMIS User contact fax number (if applicable).



Only complete the above questions if you and your Project Sponsors use HMIS to collect and store HOPWA performance data. The use of HMIS by HOPWA Grantees and Project Sponsors is not required unless specified in a competitive award targeting homeless households.

In the fourth section of the chart, enter the contact information for the primary IDIS User at your organization. IDIS is the online system used by HUD to track program income and draw down funds.

Contact Information for IDIS User	
What is the IDIS User contact name?	
What is the IDIS User contact title?	
In what department does the IDIS User contact work?	
What is the IDIS User contact email?	
What is the IDIS User contact phone number (including extension)?	
What is the IDIS User contact fax number?	



1. Enter the IDIS User contact name.
2. Enter the IDIS User contact title.
3. Enter the name of the department where the IDIS User contact works.
4. Enter the IDIS User contact email.
5. Enter the IDIS User program contact phone number, including extension (if applicable).
6. Enter the IDIS User contact fax number (if applicable).

In the fifth section of the chart, enter the Primary Program contact information at your organization.

Contact Information for Primary Program Contact	
What is the Primary Program contact name?	
What is the Primary Program contact title?	
In what department does the Primary Program contact work?	
What is the Primary Program contact email?	
What is the Primary Program contact phone number (including extension)?	
What is the Primary Program contact fax number?	



1. Enter the Primary Program contact name.
2. Enter the Primary Program contact title.
3. Enter the name of the department where the Primary Program contact works.
4. Enter the Primary Program contact email.
5. Enter the Primary Program program contact phone number, including extension (if applicable).
6. Enter the Primary Program contact fax number (if applicable).



This workbook does not support copy-pasting from one cell to the next. Instead for purposes of completing these charts, if there are duplicates contacts, the contact names could be copied to a regular Excel worksheet and then pasted into these charts.

In the sixth section of the chart, enter Secondary Program contact information at your organization.

Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	
What is the Secondary Program contact title?	
In what department does the Secondary Program contact work?	
What is the Secondary Program contact email?	
What is the contact Secondary Program phone number (including extension)?	
What is the Secondary Program contact fax number?	



1. Enter the Secondary Program contact name.
2. Enter the Secondary Program contact title.
3. Enter the name of the department where the Secondary Program contact works.
4. Enter the Secondary Program contact email.
5. Enter the Secondary Program program contact phone number, including extension (if applicable).
6. Enter the Secondary Program contact fax number (if applicable).



It is OK if the Primary, Secondary and Individual Seeking Services contact is the same person.

In the seventh section of the chart, enter contact information for Individuals Seeking Services at your organization.

Contact Information for Individuals Seeking Services	
What is the Services contact name?	
What is the Services contact title?	
In what department does the Services contact work?	
What is the Services contact email?	
What is the Services contact phone number (including extension)?	
What is the Services contact fax number?	



1. Enter the Services contact name.
2. Enter the Services contact title.
3. Enter the name of the department where the Services contact works.
4. Enter the Services contact email.
5. Enter the Services program contact phone number, including extension (if applicable).
6. Enter the Services contact fax number (if applicable).



Grantee Narrative

WHO completes this Tab:

This Tab is used to provide general information about the Grantee's overall performance, impact, and challenges in the reporting year. All organizations designated as Grantees MUST complete this Tab.

In this section of the workbook, the HOPWA Grantee must respond to each narrative question. Grantees may find it helpful to work with their Project Sponsors to provide responses that are specific to their service areas.



NOTE

For each narrative question, the response is capped at 4,000 characters—the automated character count will help ensure that users keep responses limited to the maximum number of characters allowed.



NOTE

There are NOT equivalent narrative questions on the Provider Performance Report Workbook; this information is only collected here in the Grantee Performance Report Workbook.

Narrative Questions	Response - Maximum 4,000 characters for each question.	Character Count
Provide a maximum of 4,000 characters narrative summarizing major achievements and highlights that were proposed and completed during the program year. Include a brief description of the grant organization, area of service, the name(s) of the program contact(s), and an overview of the range/type of housing activities provided. This overview may be used for public information, including posting on HUD's website.		0
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.		0
Describe significant accomplishments or challenges in achieving the number of housing units supported and the number households assisted with HOPWA funds during this operating year compared to plans for this assistance, as approved in the Consolidated Plan/Action Plan. Describe how HOPWA funds were distributed during your operating year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.		0
Report on program coordination with other mainstream housing and supportive services resources, including the use of committed leveraging from other public and private sources that helped to address needs for eligible persons identified in the Consolidated Plan/Strategic Plan.		0
Describe any program technical assistance needs and how they would benefit program beneficiaries.		0
Describe any barriers (including regulatory and non-regulatory) encountered in the administration or implementation of the HOPWA program, how they affected your program's ability to achieve the objectives and outcomes discussed, and, actions taken in response to barriers, and recommendations for program improvement. Provide an explanation for each barrier selected. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.		0



Stewardship

WHO completes this Tab:

This Tab is for completion ONLY if your organization is subject to a use agreement for properties rehabilitated with HOPWA funding in past reporting years. If a property was rehabilitated non-substantially with HOPWA funds, it will be subject to a three-year minimum use agreement. If rehabilitation work was substantial or HOPWA funds were expended for new construction or acquisition, the property will be subject to the ten-year minimum use agreement. Report on stewardship units through the life of their minimum use agreements.

If your organization is not subject to the above requirements, DO NOT complete this section—leave it BLANK.

Stewardship Units: Units developed with HOPWA funding, where HOPWA funds were used for acquisition, new construction and rehabilitation that no longer receive operating subsidies from HOPWA.

The following describes minimum use periods for structures as it appears in HOPWA regulations at 24 CFR 574.310(c)

1. Any building or structure assisted with amounts under this part must be maintained as a facility to provide housing or assistance for individuals with acquired immunodeficiency syndrome or related diseases:
 - (i) For a period of not less than 10 years, in the case of assistance provided under an activity eligible under [§ 574.300\(b\) \(3\)](#) and [\(4\)](#) involving new construction, substantial rehabilitation or acquisition of a building or structure; or
 - (ii) For a period of not less than 3 years in the cases involving non-substantial rehabilitation or repair of a building or structure.
2. Waiver of minimum use period. HUD may waive the minimum use period of a building or structure as stipulated in [paragraph \(c\)\(1\)](#) of this section if the grantee can demonstrate, to the satisfaction of HUD, that:
 - (i) The assisted structure is no longer needed to provide supported housing or assistance, or the continued operation of the structure for such purposes is no longer feasible; and
 - (ii) The structure will be used to benefit individuals or families whose incomes do not exceed 80 percent of the median income for the area, as determined by HUD with adjustments for smaller and larger families, if the Secretary finds that such variations are necessary because of construction costs or unusually high or low family incomes.

Non-substantial rehabilitation means rehabilitation that involves costs that are less than or equal to 75 percent of the value of the building after rehabilitation.

Substantial rehabilitation means rehabilitation that involves costs in excess of 75 percent of the value of the building after rehabilitation.

In this chart complete the annual report of continued usage for HOPWA Facility-Based Stewardship Units for each Stewardship Facility.

Complete the Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units, as defined in the Definitions, for EACH Stewardship Facility.

Question	Facility 1	Facility 2	Facility 3	Facility 4
What is the name of the stewardship facility?				
What is the stewardship year (1-10) for this facility?	0	0	0	0
What date did the facility operations begin?				
How many HOPWA units are supported in this stewardship facility?	0	0	0	0
What is the amount of non-HOPWA funds expended on the stewardship facilities?	0	0	0	0
What is the name of the <i>Authorized Official</i> that operates the facility?				
What is the name of the primary program contact at the facility?				
What is the email address of the primary program contact at the facility?				
What is the phone number of the primary program contact at the facility?				



1. Enter the name of each stewardship facility.
2. Enter the stewardship year (1-10) for each facility.
3. Enter the **date** facility operations began for each facility. **The date must include the digit year operations began.** If you know the month and day, please add these two.
4. Enter the number of HOPWA units supported in each facility.
5. Enter the amount of non-HOPWA funds expended on each stewardship facility in the reporting year.
6. Enter the **name** of the *Authorized Official* that operates each facility.
7. Enter the **name** of the primary program contact at each facility.
8. Enter the **email address** of the primary program contact at each facility.
9. Enter the **phone** number of the primary program contact at each facility.



If any HOPWA operating subsidies were used in any of the properties in the reporting period year, this property is no longer a Stewardship unit and instead must be reported in the applicable Facility-Based Tab (e.g., P-FBH or ST-TFBH).

Section 3

Provider Workbook



Provider Performance Report Cover

Housing Opportunities for Persons With AIDS (HOPWA) Program

Revised: 02/24/2022

Consolidated APR/CAPER – HOPWA Provider

OMB Number 2506-0133 (Expiration Date: 12/31/2024)

Overview

The public reporting burden for this collection of information is estimated to average 40.0 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Performance Reports for HOPWA formula grantees and competitive grantees provide HUD with annual information to support program evaluation and measure program beneficiary outcomes related to maintaining housing stability; preventing homelessness; and improving access to care and support. This collection of information consolidates the information in the APR and CAPER reports and clarifies reporting requirements, which will allow HUD's Office of HIV/AIDS Housing to better respond to data calls from Congress and make better program decisions based on more relevant grantee annual data. Reporting is required for all HOPWA grantees pursuant to 42 U.S.C. § 12911; 24 CFR §§ 574.520(a) and (b); 24 CFR § 91.520(f). The information collected regarding grantees, their respective project sponsors, and the identities of HOPWA program participants will remain confidential pursuant to 42 U.S.C. § 12905(e) and 24 § CFR 574.440.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to Colette Pollard, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Control No. 2506-0133. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB Control Number.

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

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.

HOPWA competitive grantees are required to submit a Performance Report for each operating year in which HOPWA grant funds were expended. Information on each competitive grant is to be reported in a separate Performance Report. Grantees approved for "Other Activities," as detailed in their grant agreement, are requested 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.

This section of the HOPWA Consolidated APR/CAPER Workbook includes an overview of the HOPWA reporting requirements. *(Continued)*

Continued-use Periods. Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation of a building or structure are required to operate the building or structure for HOPWA-eligible beneficiaries for a ten (10) years period. If no further HOPWA funds are used to support the facility, in place of completing the "CAP DEV" tab in the Performance Report Worksheet, the grantee must complete an Annual Report of Continued Project Operation throughout the required use periods. This report is found on the "STEWARD" tab of this workbook. The required use period is three (3) years if the rehabilitation is non-substantial.

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

HMIS. 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.

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

Competitive Operating Year. HOPWA competitive grants are awarded for a three-year period of performance with Performance Reports submitted for each of the three operating years. The information contained in this Performance Report 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 Performance Report 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 PSH renewal/replacement 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 Performance Report 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 a Performance Report at the end of the operating year and submit a separate extension Performance Report at the end of the extension period.

Filing Requirements. Within 90 days of the completion of each operating year, grantees must submit their completed Performance Report to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: at HOPWAReports@hud.gov. Electronic submission to HOPWA Program office is preferred. If electronic submission is not possible, please send an email to the HOPWA@hud.gov email inbox.



Instructions for Completing the HOPWA Provider Performance Workbook

Instructions for Completing the HOPWA Performance Report Workbook

What is the HOPWA Performance Report Workbook?

This workbook provides annual performance data for HOPWA activities. This includes outputs (e.g., households served and demographic information), outcomes (e.g., access to care and support outcomes) and expenditures (for HOPWA-eligible costs).

This data will be compiled by the HOPWA Formula or Competitive Grantee, as part of providing annual performance reporting to HUD.

Who completes this form?

This workbook will be completed by **any organization** that conducts any HOPWA activities other than administrative activities. This includes HOPWA Formula or Competitive Grantees that conduct other HOPWA activities besides administrative activities, and the **Project Sponsor** organizations that Grantees contract to provide HOPWA services (as defined in 24 CFR 574.3).

There should be one organization's HOPWA activities reported in each workbook. Each organization should complete a separate performance report workbook that only includes the HOPWA activities conducted by that organization.

What tabs should be completed for this report?

The Performance Report Workbook requires the completion of the following tabs:

- *DEM (Demographics) & Prior Living (see Note)*
- *Leveraging*
- *ATC (Access to Care) & Totals*

ONLY PROJECT SPONSORS* should complete these tabs:

- *HOPWA Provider*
- *CONTACT*

For Grantees that are approved to conduct Resource Identification or Technical Assistance activities, please report your expenditure amounts for those budget line items in the **HOPWA Provider tab. These are the only cells that you will need to complete in the **HOPWA Provider tab**.*

Note: Complete Prior Living information only for individuals served by TBRA, P-FBH, ST-TFBH or PHP.

This section of the Consolidated APR/CAPER Workbook includes the Instructions for Completing the HOPWA Provider Performance Workbook. *(Continued)*

The remaining tabs should **ONLY** be completed based on HOPWA services provided by the organization completing this workbook. Leave tabs untouched if the activity is not provided by the organization.

- **TBRA (Tenant-Based Rental Assistance)**
- **P-FBH (Permanent Facility-Based Housing)**
- **ST-TFBH (Short-Term or Transitional Facility-Based Housing)**
- **STRMU (Short-Term Rent, Mortgage and Utilities Assistance)**
- **PHP (Permanent Housing Placement Assistance)**
- **Housing Info (Housing Information Services)**
- **Supp Svcs (HOPWA Supportive Services)**
- **Other Competitive Activity**
- **CAP DEV (Capital Development)**
- **VAWA (Housing Transfers for Households Covered by the Violence Against Women Act)**

Important Information

To ensure the integrity of this reporting form, please do not DELETE or ALTER any rows, columns, tabs, or the NAME of the report.

This form requires the entry of data only where applicable, with no other actions required.

- 1 Enter text in empty cells next to questions.
- 2 Enter numbers where the entry reads "0" and the answer is an amount greater than zero.

SUBMISSION INSTRUCTIONS

- Once complete, the Project Sponsor should return the entire workbook to *the Grantee* in the manner and timeline prescribed by the Grantee.
- The report **MUST** be submitted in this Excel format.
- **DO NOT** alter the name of this file; return it to the Grantee with the file name as provided.
- The Grantee is responsible for reviewing this report and submitting it to HUD. Project Sponsors **should not** submit this report to HUD; only to the Grantee.
- The Grantee may be contacted by HUD or a HUD contractor regarding the accuracy of this report.
- Please contact the Grantee if you require support submitting this form.



Provider Identification

WHO completes this Tab:

This Tab will include the prefilled name of the Grantee and only one of their HOPWA Project Sponsors. The Grantee will email each HOPWA Project Sponsor their own report, individually, according to information on this Tab, which is used to track and process the report.

HOPWA Grantees should review this Tab to confirm that the Project Sponsor name is accurate and spelled correctly. However, neither grantees nor HOPWA Project Sponsors should make any changes to this Tab; information should be left as is. If either the Grantee or HOPWA Project Sponsor notices any errors in this information, they should email HOPWAReports@hud.gov to alert HUD TA providers of the error and get it corrected.

Grant ID	Grantee	Sponsor ID	Sponsor



Provider Information

WHO completes this Tab:

This Tab is used to provide general information regarding the HOPWA provider organization. A 'HOPWA Provider' is any organization that provides any HOPWA activities other than just administration. Grantees that were approved to conduct Technical Assistance or Resource Identification activities will report those expenditures in this tab.

In this chart, enter the applicable response to each question by following the steps below.
(See next page)

Project Sponsor Questions	Responses
What is the organization's name?	
What is the organization's Unique Entity Identifier (UEI)?	
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	
What is the HOPWA contract amount for this organization?	0
What is the organization's business street address?	
In what city is the organization's business address?	
In what county is the organization's business address?	
In what state is the organization's business address?	
What is the organization's business address zip code?	
What is the organization's parent company, if applicable?	
What department administers the organization's grant?	
What is the organization's phone number (including extension)?	
What is the organization's fax number?	
What is the organization's website?	
What is the organization's Facebook page?	
What is the organization's Twitter handle?	
Is this a faith-based organization? Yes or No.	
Is this a nonprofit organization? Yes or No.	
Is this a grassroots organization? Yes or No.	
What are the cities of the organization's primary service area?	
What are the counties of the organization's primary service area?	
In what congressional district is the organization located?	
In what congressional district is the primary service area?	
Is there a waiting list for HOPWA housing	
Project Sponsor Non-Direct Service Expenditures	
What were the total HOPWA funds expended for Administration costs?	0
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0



NOTE

Only enter text in the cells requiring text
 Only enter numbers in cells requiring numbers – number fields are denoted by “0”
 If there are questions that do not apply, it is OK to leave them blank.
 For example, if the organization does not have a Twitter handle, simply don't answer that question and leave it blank.

In this chart, enter the applicable response to each question by following the steps below.
(Continued)

Project Sponsor Questions



1. Enter the name of the organization.
2. Enter the organization's Unique Entity Identifier (UEI).
3. Enter the organization's Employer ID Number (EIN) or Tax ID Number (TIN).
4. Enter the HOPWA contract amount for the organization.
5. Enter the organization's business street address
6. Enter the city in which the organization's business address is located.
7. Enter the county in which the organization's business address is located.
8. Enter the state in which the organization's business address is located.
9. Enter the zip code in which the organization's business address is located.
10. Enter the name of the organization's parent company, if applicable.
11. Enter the name of the department that administers the organization's HOPWA grant.
12. Enter the organization's phone number (including extension, if applicable).
13. Enter the organization's fax number.
14. Enter the organization's website address.
15. Enter the organization's Facebook page.
16. Enter the organization's Twitter handle.
17. Answer **Yes** or **No** about whether the provider is a faith-based organization.
18. Answer **Yes** or **No** about whether the provider is a nonprofit organization.
19. Answer **Yes** or **No** about whether the provider is a grassroots organization.
20. Enter the cities included in the organization's primary service area.
21. Enter the counties included in the organization's primary service area.
22. Enter the congressional district in which the organization is located.
23. Enter the congressional district located in the organization's primary service area.
24. Answer **Yes** or **No** about whether the organization maintains a HOPWA housing subsidy wait list for the organization's service area.

Provider Non-Direct Service Expenditures



1. Enter the total HOPWA funds expended for Administration costs in the reporting year.
2. Enter the amount of HOPWA funds that was expended on Technical Assistance in the reporting year.
3. Enter the amount of HOPWA funds that was expended on Resource Identification in the reporting year.



Project Sponsor Contact Information

WHO completes this Tab:

This Tab is used to provide contact information for your organization. All organizations designated as Project Sponsors **MUST** complete this tab. If you are the grantee organization **DO NOT COMPLETE THIS WORKSHEET** – you will complete the Contact tab in the Grantee Performance Report only.

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.

In this section of the chart, enter contact information for the Primary HOPWA Program contact, Secondary Program contact and the contact for Individuals Seeking Services at your organization.

Question	Responses
Contact Information for Primary Program Contact	
What is the Primary Program contact name?	
What is the Primary Program contact title?	
In what department does the Primary Program contact work?	
What is the Primary Program contact email?	
What is the Primary Program contact phone number (including extension)?	
What is the Primary Program contact fax number?	
Contact Information for Secondary Program Contact	
What is the Secondary Program contact name?	
What is the Secondary Program contact title?	
In what department does the Secondary Program contact work?	
What is the Secondary Program contact email?	
What is the Secondary Program contact phone number (including extension)?	
What is the Secondary Program contact fax number?	
Contact Information for Individuals Seeking Services	
What is the Services contact name?	
What is the Services contact title?	
In what department does the Services contact work?	
What is the Services contact email?	
What is the Services contact phone number (including extension)?	
What is the Services contact fax number?	



NOTE

Copy and paste cannot be used to copy and paste duplicate information from cell to cell (i.e., if the primary and secondary contact information is the same). However, information can be copied to a regular Excel worksheet and then pasted to this chart where applicable.

Contact Information for Primary Program Contact



STEPS

1. Enter the primary program contact name.
2. Enter the primary program contact title
3. Enter the name of the department where the Primary Program works.
4. Enter the Primary Program email.
5. Enter the Primary Program phone number, including extension (if applicable).
6. Enter the Primary Program fax number.

Contact Information for Secondary Program Contact



STEPS

1. Enter the Secondary Program contact name.
2. Enter the Secondary Program contact title.
3. Enter the name of the department where the Secondary Program contact works.
4. Enter the Secondary Program contact email.
5. Enter the Secondary Program contact phone number, including extension (if applicable).
6. Enter the Secondary Program contact fax number.

Contact Information for Individuals Seeking Services



STEPS

1. Enter the Services contact name.
2. Enter the Services contact title.
3. Enter the name of the department where the Services contact works.
4. Enter the Services contact email.
5. Enter the Services program contact phone number, including extension (if applicable).
6. Enter the Services contact fax number.



Demographics and Prior Living Situation

WHO completes this Tab:

This Tab is for completing demographic information about HOPWA eligible individuals and beneficiaries who received **any type** of HOPWA activity **and** is used for completing prior living situation for HOPWA eligible individuals who received HOPWA P-FBH, TBRA, ST-TFBH and PHP in the reporting year.

Demographic information section should be completed for ALL household members who received ANY type of HOPWA assistance in the reporting year:

- Short-Term Rent, Mortgage and Utilities Assistance (STRMU)
- Tenant-Based Rental Assistance (TBRA)
- Permanent Facility-Based Housing (P-FBH)
- Short-Term Transitional Facility-Based Housing (ST-TFBH)
- Permanent Housing Placement Assistance (PHP)
- Housing Information Services (HIS)
- Supportive Services (SS)
- Other HOPWA Competitive Activity (HUD-approved Only)

Prior Living Situation section should be completed ONLY for HOPWA-eligible individual served in the reporting year (see above) with these HOPWA Assistance types:

- TBRA
- P-FBH
- ST-TFBH
- PHP

Prior Living Situation information is NOT required for HOPWA-eligible individual served with all other types of HOPWA Assistance.

In the first section of this chart, enter the demographic information of the HOPWA-eligible individual.

The term HOPWA-eligible individual refers to the person who qualified the entire household for assistance. This person is also likely the ‘head of household’.

A. For each racial category, how many HOPWA-eligible individuals identified as such?	Male				Female				Gender Nonbinary			
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older
Asian	0	0	0	0	0	0	0	0	0	0	0	0
Asian & White	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American & White	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0
Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0	0	0

Transgender Female				Transgender Male				Gender not Disclosed				Of the total number of individuals reported for each racial category, how many also identify as Hispanic or Latinx? Total Hispanic or Latinx
Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0



For each race category listed in column one, by age, enter the number of HOPWA eligible individuals served in the reporting year who identified with one of the genders listed in the chart. In the last column of this chart, for each race category, enter how many HOPWA eligible individuals served in the reporting year, also identified as Hispanic or Latinx.

For example, Port Landing, a HOPWA project sponsor served five HOPWA eligible individuals in the reporting year, who identified as follows:

1. Black/African American, age 31-50, gender nonbinary, Hispanic
2. Asian, age 51 or older, transgender male
3. Other Multiracial, age 31-50, male, Latinx
4. Other Multiracial, age 18-30, female
5. White, age 31-50, transgender female



Remember to enter deduplicated demographic information about HOPWA eligible individuals who received **any** type of HOPWA activity – this includes Supportive Services, Housing Information Services, P-FBH, ST-TFBH, TBRA, Other Competitive Activity, and/or PHP.



People who report a gender identity that is not on this list can be included in the “Gender not Disclosed”.

In the third section of this chart, answer the questions as it pertains to the HIV status of the other household members (beneficiaries).

Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25):	0
How many other household members (beneficiaries) are HIV+?	0
How many other household members (beneficiaries) are HIV negative or have an unknown HIV status?	0



The sum of row 1 and row 2 should not exceed the Total number of other household members (beneficiaries) served with HOPWA assistance as displayed in this cell.



1. In the first row, enter the number of household members (beneficiaries) who are HIV+.
2. In the second row, enter the number of household members (beneficiaries) who are HIV negative or have an unknown HIV status.

In the last section of the chart, enter information about the Prior Living Situation for HOPWA-eligible individuals served by TBRA, P-FBH, ST-TFBH, or PHP. (See *next page*)

Remember! If your organization was NOT funded for TBRA, P-FBH, ST-TFBH and/or PHP, DO NOT complete the Prior Living Situation section of this worksheet.

Complete Prior Living Situations for HOPWA-eligible Individuals served by TBRA, P-FBH, ST-TFBH, or PHP

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year?	0
How many individuals newly receiving HOPWA assistance came from:	
A place not meant for human habitation?	0
An emergency shelter?	0
A transitional housing facility for formerly homeless persons?	0
A permanent housing situation for formerly homeless persons?	0
A psychiatric hospital or other psychiatric facility?	0
A substance abuse facility?	0
A non-psychiatric hospital?	0
A foster care home?	0
Jail, prison, or a juvenile detention facility?	0
A rented room, apartment or house?	0
A house the individual owned?	0
Staying at someone else's house?	0
A hotel or motel paid for by the individual?	0
Any other prior living situation?	0
How many individuals newly receiving HOPWA assistance didn't report or refused to report their prior living situation?	0
How many individuals newly receiving HOPWA assistance during this program year reported a prior living situation of homelessness [place not for human habitation, emergency shelter, transitional housing]:	0
Also meet the definition of experiencing chronic homelessness?	0
Also were veterans?	0



The number of individuals who met the definition of chronic homelessness and the number of individuals who were veterans each cannot be more than the amount listed in this cell

In the last section of the chart, enter information about the Prior Living Situation for HOPWA-eligible individuals served by TBRA, P-FBH, ST-TFBH, or PHP. *(Continued)*

Remember! If your organization was NOT funded for TBRA, P-FBH, ST-TFBH and/or PHP, DO NOT complete the Prior Living Situation section of this worksheet.



1. Of the total number of HOPWA eligible individuals served with HOPWA assistance during the reporting year, enter how many of them continued receiving HOPWA assistance from the previous year (previous reporting year).
2. Of the total number of HOPWA eligible individuals **newly** served with HOPWA assistance during the reporting year, enter how many of them came from any of the Prior Living Situation categories listed in the table.
3. Of the number of individuals newly receiving HOPWA assistance, enter how many didn't report or refused to report their prior living situation.
4. Of the number of individuals newly receiving HOPWA assistance during this reporting year reported a prior living situation of homelessness [**place not for human habitation, emergency shelter, transitional housing**], enter the number who:
 - a. Also met the definition of chronically homeless **and/or**
 - b. Also were veterans



Leveraging

WHO completes this Tab:

This Tab is for completion of HOPWA leveraging if your organization identified and used source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) in the delivery of the HOPWA program. This Tab also collects information regarding the amounts and uses of HOPWA Program Income collected and expended during the reporting year.

If your organization did NOT identify source(s) of cash or in-kind leveraging as described above, skip the Leveraging section of the chart, and complete the Program Income and Uses of Program portion of the chart.

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.

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. All Program Income MUST be reported.

In the first section of the chart, enter the amount and type of leverage funding that was provided by the following sources.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
Other types of private or public funding:		
Other FUNDING_1	0	
Other FUNDING_2	0	
Other FUNDING_3	0	
Other FUNDING_4	0	
Other FUNDING_5	0	
Other FUNDING_6	0	
Other FUNDING_7	0	
Other FUNDING_8	0	
Other FUNDING_9	0	
Other FUNDING_10	0	
Other FUNDING_11	0	
Other FUNDING_12	0	
Other FUNDING_13	0	
Other FUNDING_14	0	
Other FUNDING_15	0	



In the top portion of the chart, titled **What is the amount of leveraged funding that was provided by any of these sources**, enter the following:

1. In the second column enter the dollar amount for each of the types of funding listed, if applicable.
2. In the third column, enter **Yes** or **No** for each of the types of funding listed, regarding whether the leveraged funding was for Housing Subsidy Assistance, if applicable.

In the bottom portion of the chart titled **Other types of private or public funding**, enter the following:

1. In the second column enter the dollar amount of the other type of private or public funding
2. In the third column, enter Yes or Not regarding whether the leveraged funding was for Housing

In the second section of the chart, enter the amount and uses of Program Income.

Program Income		
What was the amount of program income collected from resident rent payments in the program year?	0	
What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
Uses of Program Income		
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords		
What was the amount of resident rent payment that residents paid directly to private landlords?	0	



NOTE

Program Income MUST be reported even if the Program Income was spent on housing assistance and/or supportive services or other non-housing costs.

If your organization had ANY Program Income in the reporting year, Program Income MUST be reported here in this chart.

Program Income



1. Enter the amount of program income collected from resident rent payments in the reporting year.
 - a. Resident rent payments refer to portions of rent paid by HOPWA eligible households who resided in HOPWA-funded facility-based housing units including Master Leasing units in the reporting year.
 - i. Reminder! Except for persons in short-term supported housing, each person receiving rental assistance under this program or residing in any rental housing assisted under this program must pay as rent, including utilities, an amount which is the higher of 30% of the family's adjusted monthly income, 10 percent of the family's gross monthly income, or welfare rent. See 24 CFR 574.310(d)

Uses of Program Income



2. Enter the amount of program income collected from other sources (non-resident payments) in the reporting year. In the bottom portion of the chart titled.
 - a. Program income collected from other sources (non-resident payments) refers to repayment of security deposits, for example, in the reporting year.

Rent Payment Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords



3. Enter the amount of resident rent payments that residents paid directly to private landlords in the reporting year.
 - a. Resident rent payments paid directly to private landlords refer to portions of rent paid by HOPWA TBRA program participants in the reporting year, in other words, the total amount of the program participant's share of rent paid to private landlords.
 - i. Reminder! Except for persons in short-term supported housing, each person receiving rental assistance under this program or residing in any rental housing assisted under this program must pay as rent, including utilities, an amount which is the higher of 30 percent of the family's adjusted monthly income, 10 percent of the family's gross monthly income, or the welfare rent. See 24 CFR 574.310(d)



Tenant-Based Rental Assistance (TBRA) and Other (non-TBRA) Rental Assistance

WHO completes this Tab:

This Tab is for completion ONLY if your organization provided HOPWA-funded Tenant-Based Rental Assistance (TBRA) and Other non-TBRA Rental Assistance by your organization in the reporting year.

If your organization does NOT provide HOPWA TBRA or Other (non-TBRA) Rental Assistance, DO NOT COMPLETE THIS SECTION.

In the first section of the chart, enter the number of households who received TBRA and non-TBRA Rental Assistance and enter the total HOPWA funds expended on TBRA or Other (non-TBRA) Rental Assistance.

Question	This Report
<i>TBRA Households Served and Expenditures</i>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<i>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</i>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<i>TBRA Household Total (TBRA + Other)</i>	0

Only Competitive HOPWA grantees and project sponsors will complete the three rows shown here and only if they provide HUD-approved 'Other (Non-TBRA) Rental Assistance. Otherwise, these cells are left blank.



NOTE

The number in the row titled **TBRA Household Total (TBRA + Other)** will be used as a data check throughout the rest of the TBRA tab.

TBRA Households Served and Expenditures.



STEPS

1. Enter how many households were served with HOPWA TBRA assistance.
2. Enter the total HOPWA funds expended for TBRA rental assistance.



NOTE

Total TBRA funds expended includes payments made to private landlords on behalf of HOPWA eligible individuals/households **AND** staff costs associated with delivering HOPWA TBRA (i.e., staff time and costs related to conducting inspections, calculating portions of rent, calculating annual income, collecting income documentation, working with landlords to schedule inspections, etc.).

Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).



1. Enter how many households were served with Other (non-TBRA) Rental Assistance.
2. Enter the total amount of HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement.
3. Enter a brief narrative description about the Other (Non-TBRA) Rental Assistance.



Total Other (non-TBRA) Rental Assistance expended includes payments made to private landlords on behalf of HOPWA eligible individuals/households **AND** staff costs associated with delivering non-TBRA Rental Assistance (i.e., staff time and costs related to conducting inspections, calculating portions of rent, calculating annual income, collecting income documentation, working with landlords to schedule inspections, etc.).



Only complete this bottom section of this chart if your organization provided HUD-approved HOPWA Other (Non-TBRA) Rental Assistance in the reporting period.

In the second section of the chart, enter the income levels of households served by TBRA and Other (non-TBRA) Rental Assistance.

Income Levels for Households Served by this Activity	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0



The sum of this chart should equal the TBRA Household Total (TBRA + Other).



1. Enter the number of households served in the reporting year with income below 30% of Area Median Income.
2. Enter the number of households served in the reporting year with income between 31% and 50% of Area Median Income.
3. Enter the number of households served in the reporting year with income between 51% and 80% of Area Median Income.



HOPWA Grantees and Project Sponsor must use HOPWA Income Limits to determine income eligibility. HOPWA Income Limits can be found here <https://www.hudexchange.info/resource/5332/hopwa-income-limits/>

In the third section of the chart, enter the number of households who accessed or maintained access to any of the sources of income listed in the chart.

Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service-connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	
How many households maintained no sources of income?	0



The sum of this chart should be equal to or may be greater than the TBRA Household Total (TBRA + Other)

Households often have more than one source of income. For example, a household could have employment and SSDI or some other combination.



1. Enter the number of households served in the reporting year who accessed/maintained access to earned income from employment.
2. Enter the number of households served in the reporting year who accessed/maintained access to Retirement income.
3. Enter the number of households served in the reporting year who access/maintained access to SSI.
4. Enter the number of households served in the reporting year who accessed/maintained access to SSDI.
5. Enter the number of households served in the reporting year who accessed/maintained access to Other Welfare Assistance.
6. Enter the number of households served in the reporting year who accessed/maintained access to Private Disability Insurance.
7. Enter the number of households served in the reporting year who accessed/maintained access to Veteran's Disability Payments (service or non-service related).
8. Enter the number of households served in the reporting year who accessed/maintained access to Regular contributions or gifts from organizations or person not residing in the residence.
9. Enter the number of households served in the reporting year who accessed/maintained access to Worker's Compensation.
10. Enter the number of households served in the reporting year who accessed/maintained access to General Assistance or a similar local program.
11. Enter the number of households served in the reporting year who accessed/maintained access to Unemployment Insurance.
12. Enter the number of households served in the reporting year who accessed/maintained access to Other Sources of Income (i.e., asset income).
13. Enter the number of households served in the reporting year who maintained no sources of income.

In the fourth section of the chart, enter the number of households who accessed or maintained access to any of the types of medical insurance listed in the chart.

Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0



1. Enter the number of households served in the reporting year who accessed/maintained access to a MEDICAID Health Program or local program equivalent.
2. Enter the number of households served in the reporting year who accessed/maintained access to a MEDICARE Health Insurance Program or local program equivalent.
3. Enter the number of households served in the reporting year who accessed/maintained access to Veterans Affairs Medical Services.
4. Enter the number of households served in the reporting year who accessed/maintained access to the AIDS Drug Assistance Program (ADAP).
5. Enter the number of households served in the reporting year who accessed/maintained access to a State Children's Health Insurance Program (SCHIP) or local program equivalent.
6. Enter the number of households served in the reporting year who accessed/maintained access to Ryan White-funded Medical or Dental Assistance.

In the fifth section of the chart, enter the Health Outcomes for **HOPWA-eligible individuals** served by HOPWA TBRA or Other (Non-TBRA) Rental Assistance.

Health Outcomes for Households Served by this Activity	
How many HOPWA-eligible individuals served with TBRA this year have <i>ever</i> been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0



The number of HOPWA-eligible individuals reported in either row in the above chart may be equal to or less than the TBRA Household Total (TBRA + Other)

While the header in the above chart uses the term Households, only report on the Health Outcomes of the HOPWA-eligible individual, not any other household members.



1. Enter the number of HOPWA-eligible individuals served in the reporting year with HOPWA TBRA or Other (non-TBRA) Rental Assistance who have ever been prescribed Anti-Retroviral Therapy. Note! This includes individuals who were prescribed ART in the past but are not currently adhering to ART.
2. Enter the number of HOPWA-eligible individuals served in the reporting year with HOPWA TBRA or Other (non-TBRA) Rental Assistance who have shown an improved viral load or achieved viral suppression. Note! This includes individuals that entered the program/reporting year virally suppressed.

In the sixth section, enter how long a household has been receiving TBRA or Other (Non-TBRA) rental assistance.

Longevity for Households Served by this Activity	0
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0



The sum of this chart should be equal to the TBRA Household Total (TBRA + Other)



1. Enter the number of households served in the reporting year with HOPWA TBRA or Other (non-TBRA) Rental Assistance for less than one year.
2. Enter the number of households served in the reporting year with HOPWA TBRA or Other (non-TBRA) Rental Assistance for more than one year but less than five years.
3. Enter the number of households served in the reporting year with HOPWA TBRA or Other (non-TBRA) Rental Assistance for more than five years, but less than 10 years.
4. Enter the number of households served in the reporting year with HOPWA TBRA or Other (non-TBRA) Rental Assistance for more than 10 years, but less than 15 years.
5. Enter the number of households served in the reporting year with HOPWA TBRA or Other (non-TBRA) Rental Assistance for more than 15 years.

In the seventh section, enter the Housing Outcomes for households served by HOPWA TBRA or Other (Non-TBRA) Rental Assistance. (See next page)

Housing Outcomes for Households Served by this Activity	0
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0



The sum of this chart should be equal to the TBRA Household Total (TBRA + Other)

In this section, enter the Housing Outcomes for households served by HOPWA TBRA or Other (Non-TBRA) Rental Assistance. (Continued)



1. Enter the number of households served in the reporting year continuing to receive HOPWA TBRA or Other (non-TBRA) Rental Assistance into the next year.
2. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to other HOPWA housing programs. Note! This can include other HOPWA housing assistance (ex. permanent facility-based housing) funded by the same HOPWA grant.
3. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to other housing subsidy programs.
4. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to an emergency shelter.
5. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to private housing.
6. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to transitional housing (time-limited – up to 24 months).
7. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to an institutional arrangement expected to last less than six months.
8. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to an institutional arrangement expected to last more than six months.
9. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to a jail/prison term expected to last less than six months.
10. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to a jail/prison term expected to last more than six months.
11. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to a situation that isn't transitional but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain.
12. Enter the number of households served in the reporting year who exited HOPWA TBRA or Other (non-TBRA) Rental Assistance to place not meant for human habitation.
13. Enter the number of households served in the reporting year who disconnected from care.
14. Enter the number of HOPWA eligible individuals served in the reporting year who died.



Permanent Facility-Based Housing (P-FBH)

WHO completes this Tab:

This Tab is for completion ONLY if your organization is funded for and provided HOPWA Permanent Facility-Based Housing (P-FBH) Assistance in the reporting year.

If your organization is not funded for and did not provide HOPWA P-FBH Assistance, DO NOT COMPLETE THIS SECTION and leave it BLANK.

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

Permanent Facility-Based does not have time limits associated with how long a HOPWA eligible individual may reside in the facility.

In the first section of this chart, for each facility, enter the applicable response to each question. For example, if your organization has three HOPWA-funded Permanent Facility-Based Housing (P-FBH) projects, complete a separate 'Facility' column for each project, using columns Facility 1 – Facility 3.

Question	Facility 1	Facility 2	Facility 3
Facility Information			
What is the name of the housing facility?			
Is the facility a medically assisted living facility? Yes or No.			
Was the housing facility placed into service during this program year? Yes or No.			
For housing facilities placed into service <i>during this program year</i> , how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0



1. Enter the name of each housing facility.
2. Answer **Yes** or **No** about whether the facility is a medically assisted living facility.
3. Answer **Yes** or **No** about whether the housing facility was placed into service during this program year. Note: if the housing facility was placed into service in a year prior to this program year, answer 'no.' 'Yes' indicates that the first date of service at the facility was in this program year.
4. For housing facilities *only* that were placed into service *during the program year*, enter the number of units that were placed into service. (Leave blank if the facility was placed into service in prior reporting years).

In the second section of this chart, for each facility, enter the number of households and HOPWA funds expended on Leasing costs for P-FBH. Leave this section blank for each facility where there were no HOPWA leasing expenditures in the program year.

Leasing -- Households and Expenditures Served by this Activity			
How many households received Permanent Facility-Based Housing Leasing support for each facility?	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs for each facility?	0	0	0



For each facility:

1. Enter the number of households served in the reporting year that received Permanent Facility-Based Housing Leasing support.
2. Enter the amount of HOPWA funds expended for Permanent Facility-Based Housing Leasing Costs in the reporting year.

In the third section of this chart, for each facility, enter the number of households and HOPWA funds expended on Operating costs for P-FBH. Leave this section blank for each facility where there were no HOPWA operating expenditures in the program year.

Operating -- Households and Expenditures Served by this Activity			
How many households received Permanent Facility-Based Housing Operating support for each facility?	0	0	0
What were the HOPWA funds expended for Permanent Facility-Based Housing Operating Costs for each facility?	0	0	0



For each facility:

1. Enter the number of households served in the reporting year that received Permanent Facility-Based Housing Operating support.
2. Enter the amount of HOPWA funds expended for Permanent Facility-Based Housing Operating Costs in the reporting year.

In the fourth section of this chart, for each facility, enter the number of households served, the amount of HOPWA funds expended on and a description of the Other Housing Support for P-FBH. Leave this section blank for each facility where there were no 'other' HOPWA facility-based housing support expenditures in the program year. Note: 'other' HOPWA facility-based housing support means HUD-approved facility-based housing support that is not included in either the leasing or operations activity.

Other Housing Support -- Households and Expenditures Served by this Activity			
How many households received Other types of Permanent Facility-Based Housing support for each facility?	0	0	0
What were the HOPWA funds expended for Other types of Permanent Facility-Based Housing for each facility?	0	0	0
For households served with Other Permanent Facility-Based Housing, what type of service were they provided? (150 characters)			



For each facility:

1. Enter the number of households served in the reporting year who received Other types of P-FBH support in the reporting year.
2. Enter the amount of HOPWA funds expended for Other types of P-FBH in the reporting year.
3. For households served with Other P-FBH, enter a description of the type of service that was provided (limited to 150 characters).

In the fifth section of this chart, for each facility, enter the number of households who received more than one type of P-FBH.

PFBH Deduplication			
How many households received more than one type of PFBH for each facility? (Leasing, Operating, Other)	0	0	0
Total Deduplicated Household Count	0	0	0



For each facility:

1. Enter the number of households served in the reporting year who received more than one type of P-FBH (Leasing, Operating, Other) in the reporting year.



The **Total Deduplicated Household Count** circled in the chart located above will be used as a data check for the remaining section of this chart.

In the sixth section of this chart, for each facility, enter the Income Levels for Households served with P-FBH.



The sum of each column in this chart should be equal to the Total Deduplicated Household Count for that column.



Income Levels for Households Served by this Activity	0	0	0
What is the number of households with income below 30% of Area Median Income?	0	0	0
What is the number of households with income between 31% and 50% of Area Median Income?	0	0	0
What is the number of households with income between 51% and 80% of Area Median Income?	0	0	0



For each facility:

1. Enter the number of households served in the reporting year with income below 30% of Area Median Income.
2. Enter the number of households served in the reporting year with income between 31% and 50% of Area Median Income.
3. Enter the number of households served in the reporting year with income between 51% and 80% of Area Median Income.



HOPWA Grantees and Project Sponsor must use HOPWA Income Limits to determine income eligibility. HOPWA Income Limits can be found here <https://www.hudexchange.info/resource/5332/hopwa-income-limits/>

In the seventh section of this chart, for each facility, enter the Sources of Income for Households served with P-FBH. (See next page)



The sum of each column in this chart should be equal to and may be greater than the Total Deduplicated Household Count for that column.

Households often have more than one source of income. For example, a household could have employment and SSDI or some other combination.

Sources of Income for Households Served by this Activity

How many households accessed or maintained access to the following sources of income in the past year?	0	0	0
Earned Income from Employment	0	0	0
Retirement	0	0	0
SSI	0	0	0
SSDI	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0	0	0
Private Disability Insurance	0	0	0
Veteran's Disability Payment (service or non-service connected payment)	0	0	0
Regular contributions or gifts from organizations or persons not residing in the residence	0	0	0
Worker's Compensation	0	0	0
General Assistance (GA), or local program	0	0	0
Unemployment Insurance	0	0	0
Other Sources of Income	0	0	0
How many households maintained no sources of income?	0	0	0

In the seventh section of this chart, for each facility, enter the Sources of Income for Households served with P-FBH. (Continued)



For each facility:

1. Enter the number of households served in the reporting year who accessed/maintained access to earned income from employment.
2. Enter the number of households served in the reporting year who accessed/maintained access to Retirement income.
3. Enter the number of households served in the reporting year who accessed/maintained access to Supplemental Security Income (SSI).
4. Enter the number of households served in the reporting year who accessed/maintained access to Social Security Disability Insurance (SSDI).
5. Enter the number of households served in the reporting year who accessed/maintained access to Other Welfare Assistance.
6. Enter the number of households served in the reporting year who accessed/maintained access to Private Disability Insurance.
7. Enter the number of households served in the reporting year who accessed/maintained access to Veteran's Disability Payments (service or non-service related).
8. Enter the number of households served in the reporting year who accessed/maintained access to Regular contributions or gifts from organizations or person not residing in the residence.
9. Enter the number of households served in the reporting year who accessed/maintained access to Worker's Compensation.
10. Enter the number of households served in the reporting year who accessed/maintained access to General Assistance or a similar local program.
11. Enter the number of households served in the reporting year who accessed/maintained access to Unemployment Insurance.
12. Enter the number of households served in the reporting year who accessed/maintained access to Other Sources of Income (i.e., asset income).
13. Enter the number of households served in the reporting year who maintained no sources of income.

In the eighth section of this chart, for each facility, enter the Medical Insurance for Households Served with P-FBH.

Medical Insurance for Households Served by this Activity			
How many households accessed or maintained access to the following sources of medical insurance in the past year?			
MEDICAID Health Program or local program equivalent	0	0	0
MEDICARE Health Insurance or local program equivalent	0	0	0
Veterans Affairs Medical Services	0	0	0
AIDS Drug Assistance Program	0	0	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0	0	0
Ryan White-funded Medical or Dental Assistance	0	0	0



For each facility:

1. Enter the number of households served in the reporting year who accessed/maintained access to a MEDICAID Health Program or local program equivalent.
2. Enter the number of households served in the reporting year who accessed/maintained access to a MEDICARE Health Insurance Program or local program equivalent.
3. Enter the number of households served in the reporting year who accessed/maintained access to Veterans Affairs Medical Services.
4. Enter the number of households served in the reporting year who accessed/maintained access to the AIDS Drug Assistance Program (ADAP).
5. Enter the number of households served in the reporting year who accessed/maintained access to a State Children's Health Insurance Program (SCHIP) or local program equivalent.
6. Enter the number of households served in the reporting year who accessed/maintained access to Ryan White-funded Medical or Dental Assistance. Assistance in the reporting year.

In the ninth section of this chart, for each facility, enter the Longevity for Households Served with P-FBH.



The sum of each column in this chart should be equal to the Total Deduplicated Household Count for that column.



Longevity for Households Served by this Activity	0	0	0
How many households have been served by permanent facility-based housing for less than one year?	0	0	0
How many households have been served by permanent facility-based housing for more than one year, but less than 5 years?	0	0	0
How many households have been served by permanent facility-based housing for more than 5 years, but less than 10 years?	0	0	0
How many households have been served by permanent facility-based housing for more than 10 years, but less than 15 years?	0	0	0
How many households have been served by permanent facility-based housing for more than 15 years?	0	0	0



For each facility:

1. Enter the number of households served in the reporting year with P-FBH for less than one year.
2. Enter the number of households served in the reporting year with P-FBH for more than one year but less than five years
3. Enter the number of households served in the reporting year with P-FBH for more than five years, but less than 10 years.
4. Enter the number of households served in the reporting year with P-FBH for more than 10 years, but less than 15 years.
5. Enter the number of households served in the reporting year with P-FBH for more than 15 years.

In the tenth section of this chart, for each facility, enter the Health Outcomes for Households served with PFBH.

Health Outcomes for Households Served by this Activity			
How many HOPWA-eligible individuals served with PFBH this year have ever been prescribed Anti-Retroviral Therapy, by facility?	0	0	0
How many HOPWA-eligible persons served with PFBH have shown an improved viral load or achieved viral suppression, by facility?	0	0	0



DATA CHECK

The number of HOPWA-eligible individuals reported in either row of the above chart may be equal to or less than the Total Deduplicated Household Count for that column.



STEPS

For each facility:

1. Enter the number of HOPWA-eligible individuals served with P-FBH in the reporting year who have ever been prescribed Anti-Retroviral Therapy. Note! This includes individuals who were prescribed ART in the past but are not currently adhering to ART.
2. Enter the number of HOPWA-eligible individuals served with P-FBH in the reporting year that have shown an improved viral load or achieved viral suppression. Note! This includes individuals that entered the program/reporting year virally suppressed.



NOTE

While the above chart uses the term Household, only report on the Health Outcomes of the HOPWA eligible-individual.

In the eleventh section of this chart, for each facility, enter the Housing Outcome for Households Served with P-FBH. (See next page)



The sum of each column in this chart should be equal to the Total Deduplicated Household Count for that column.

Housing Outcomes for Households Served by this Activity	0	0	0
How many households continued receiving this type of HOPWA assistance into the next year?	0	0	0
How many households exited to other HOPWA housing programs?	0	0	0
How many households exited to other housing subsidy programs?	0	0	0
How many households exited to an emergency shelter?	0	0	0
How many households exited to private housing?	0	0	0
How many households exited to transitional housing (time limited - up to 24 months)?	0	0	0
How many households exited to institutional arrangement expected to last less than six months?	0	0	0
How many households exited to institutional arrangement expected to last more than six months?	0	0	0
How many households exited to a jail/prison term expected to last less than six months?	0	0	0
How many households exited to a jail/prison term expected to last more than six months?	0	0	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0	0	0
How many households exited to a place not meant for human habitation?	0	0	0
How many households were disconnected from care?	0	0	0
How many of the HOPWA eligible individuals died?	0	0	0

In the eleventh section of this chart, for each facility, enter the Housing Outcome for Households Served with P-FBH. (Continued)



For each facility:

1. Enter the number of households served in the reporting year who are continuing to receive P-FBH into the next reporting year.
2. Enter the number of households served in the reporting year who exited P-FBH to other HOPWA housing program. Note! This can include other HOPWA housing assistance (ex. TBRA) funded by the same HOPWA grant.
3. Enter the number of households served in the reporting year who exited P-FBH to other housing subsidy programs.
4. Enter the number of households served in the reporting year who exited P-FBH to an emergency shelter.
5. Enter the number of households who exited P-FBH to private housing in the reporting year.
6. Enter the number of households served in the reporting year who exited P-FBH to transitional housing (time-limited – up to 24 months).
7. Enter the number of households served in the reporting year who exited P-FBH to an institutional arrangement expected to last less than six months in the reporting year.
8. Enter the number of households served in the reporting year who exited P-FBH to an institutional arrangement expected to last more than six months.
9. Enter the number of households served in the reporting year who exited P-FBH to a jail/prison term expected to last less than six months.
10. Enter the number of households served in the reporting year, who exited P-FBH to a jail/prison term expected to last more than six months.
11. Enter the number of households served in the reporting year who exited P-FBH in the reporting year to a situation that isn't transitional but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain.
12. Enter the number of households served in the reporting year who exited P-FBH in the reporting year to place not meant for human habitation.
13. Enter the number of households served in the reporting year who disconnected from care.
14. Enter the number of HOPWA eligible individuals served in the reporting year who died.



Short-Term and Transitional Facility-Based Housing (ST-TFBH)

WHO completes this Tab:

This Tab is for completion ONLY if your organization is funded for and provided HOPWA Short-Term – Transitional Facility-Based Housing (ST-TFBH) Assistance in the reporting year.

If your organization is not funded for and did not provide HOPWA ST-TFBH Assistance, DO NOT COMPLETE THIS SECTION and leave it BLANK.

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

ST-FBH has a time limit of no more than 60 days in six month period. T-FBH has a time limit of 24 months.

In this first section of this chart, for each facility, enter the applicable response to each question. For example, if your organization has three HOPWA-funded short-term or transitional facility-based housing (ST-TFBH) projects, complete a separate 'Facility' column for each project, using columns Facility 1 – Facility 3.

Question	Facility 1	Facility 2	Facility
Facility Information			
What is the name of the housing facility?			
Is the facility a medically assisted living facility? Yes or No.			
Was the housing facility placed into service during this program year? Yes or No.			
For housing facilities placed into service <i>during this program year</i> , how many units were placed into service? [Do not complete if facility placed in service in prior years.]	0	0	0



1. Enter the name of each housing facility.
2. Answer **Yes** or **No** about whether the facility is a medically assisted living facility.
3. Answer **Yes** or **No** about whether the housing facility was placed into service in the reporting year.
4. For housing facilities placed into service *in the reporting year*, enter the number of units that were placed into service. (DO NOT complete if the facility was placed into service in prior reporting years).

In second section of this chart, for each facility, enter the number of households and HOPWA funds expended on Leasing costs for ST-TFBH. Leave this section blank for each facility where there were no HOPWA Leasing expenditures in the reporting year.

Leasing -- Households and Expenditures Served by this Activity			
How many households received Transitional/Short-Term Facility-Based Housing Leasing support for each facility?	0	0	0
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility?	0	0	0



For each facility:

1. Enter the number of households that received Transitional/Short-Term Facility-Based Housing Leasing support for each facility in the reporting year.
2. Enter the amount of HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Leasing Costs for each facility in the reporting year.

In the third section of this chart, for each facility, enter the number of households and HOPWA funds expended on Operating costs for ST-TFBH. Leave this section blank for each facility where there were no HOPWA Operating expenditures in the reporting year.

Operating -- Households and Expenditures Served by this Activity			
How many households received Transitional/Short-Term Facility-Based Housing Operating support for each facility?	0	0	
What were the HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs for each facility?	0	0	



For each facility:

1. Enter the number of households served in the reporting year that received Transitional/Short-Term Facility-Based Housing Operating support.
2. Enter the amount of HOPWA funds expended for Transitional/Short-Term Facility-Based Housing Operating Costs in the reporting year.

In the fourth section of this chart, for each facility, enter the number of Households Served and HOPWA funds expended on Hotel-Motel for ST-TFBH. Leave this section blank for each facility where there were no HOPWA Hotel-Motel expenditures in the reporting year.

Hotel-Motel -- Households and Expenditures Served by this Activity			
How many households received Hotel-Motel cost support for each facility?	0	0	0
What were the HOPWA funds expended for Hotel-Motel Costs for each facility?	0	0	0



For each facility:

1. Enter the number of households served in the reporting year who received Hotel-Motel cost support for each facility.
2. For each facility, enter the amount of HOPWA funds expended for Hotel-Motel costs for each facility in the reporting year.

In the fifth section of this chart, enter the number of Households served by, amount of HOPWA funds expended on and a description of the Other Housing Support provided by ST-TFBH. Leave this section blank for each facility where there were no Other Housing Support provided in the reporting year.

Other Housing Support -- Households and Expenditures Served by this Activity			
How many households received Other types of Transitional/Short-Term Facility-Based Housing support for each facility?	0	0	0
What were the HOPWA funds expended for Other types of Transitional/Short-Term Facility-Based Housing for each facility?	0	0	0
For households served with Other Transitional/Short-Term Facility-Based Housing, what type of service were they provided? (150 characters)			



For each facility:

1. Enter the number of households served in the reporting year who received Other types of Transitional/Short-Term Facility-Based Housing support.
2. Enter the amount of HOPWA funds expended for Other types of Transitional/Short-Term Facility-Based Housing for each facility in the reporting year.
3. For households served with Other Transitional/Short-Term Facility-Based Housing, enter a description of the type of service that was provided (limited to 150 characters).

In the sixth section of this chart, for each facility, enter the number of households who receive more than one type of ST-TFBH assistance.

ST-TFBH Deduplication			
How many households received more than one type of ST-TFBH for each facility? (Leasing, Operating, Hotel-Motel, Other)	0	0	0
Total Deduplicated Household Count	0	0	0



For each facility:

1. Enter the number of households served in the reporting year who received **more than one** type of ST-TFBH assistance (Leasing, Operating, Hotel-Motel, Other).



The **Total Deduplicated Household Count** circled in the chart located above will be used as a data check for the remaining section of this chart.

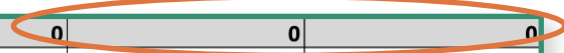


The **Total Deduplicated Household Count** will be used as a data check for the remaining sections of this chart.

In the seventh section of this chart, enter the Income Levels for Households Served by ST-TFBH in the reporting year.



The sum of each column in this chart should be equal to the Total Deduplicated Household Count for that column.



Income Levels for Households Served by this Activity	0	0	0
What is the number of households with income below 30% of Area Median Income?	0	0	0
What is the number of households with income between 31% and 50% of Area Median Income?	0	0	0
What is the number of households with income between 51% and 80% of Area Median Income?	0	0	0



For each facility:

1. Enter the number of households served in the reporting year, with income below 30% of Area Median Income.
2. Enter the number of households served in the reporting year, with income between 31% and 50% of Area Median Income.
3. Enter the number of households served in the reporting year, with income between 51% and 80% of Area Median Income.



HOPWA Grantees and Project Sponsor must use HOPWA Income Limits to determine income eligibility. HOPWA Income Limits can be found here <https://www.hudexchange.info/resource/5332/hopwa-income-limits/>

In the eighth section of this chart, enter the Sources of Income for Households Served by ST-TFBH in the reporting year.

Sources of Income for Households Served by this Activity			
How many households accessed or maintained access to the following sources of income in the past year?	0	0	0
Earned Income from Employment	0	0	0
Retirement	0	0	0
SSI	0	0	0
SSDI	0	0	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0	0	0
Private Disability Insurance	0	0	0
Veteran's Disability Payment (service or non-service connected payment)	0	0	0
Regular contributions or gifts from organizations or persons not residing in the residence	0	0	0
Worker's Compensation	0	0	0
General Assistance (GA), or local program	0	0	0
Unemployment Insurance	0	0	0
Other Sources of Income	0	0	0
How many households maintained no sources of income?	0	0	0



DATA CHECK

The sum of each column in this chart should be equal to and may be greater than the Total Deduplicated Household Count for that column.

Households often have more than one source of income. For example, a household could and SSDI or some other combination.



For each facility:

1. Enter the number of households served in the reporting year who accessed/maintained access to earned income from employment.
2. Enter the number of households served in the reporting year who accessed/maintained access to Retirement income.
3. Enter the number of households served in the reporting year who accessed/maintained access to SSI.
4. Enter the number of households served in the reporting year who accessed/maintained access to SSDI.
5. Enter the number of households served in the reporting year who accessed/maintained access to Other Welfare Assistance.
6. Enter the number of households served in the reporting year who accessed/maintained access to Private Disability Insurance.
7. Enter the number of households served in the reporting year who accessed/maintained access to Veteran's Disability Payments (service or non-service related).
8. Enter the number of households served in the reporting year who accessed/maintained access to Regular contributions or gifts from organizations or person not residing in the residence.
9. Enter the number of households served in the reporting year who accessed/maintained access to Worker's Compensation.
10. Enter the number of households served in the reporting year who accessed/maintained access to General Assistance or a similar local program.
11. Enter the number of households served in the reporting year who accessed/maintained access to Unemployment Insurance.
12. Enter the number of households served in the reporting year who accessed/maintained access to Other Sources of Income (i.e., asset income).
13. Enter the number of households served in the reporting year who maintained no sources of income.

In the ninth section of this chart enter the Medical Insurance for Households Served by ST-TFBH in the reporting year.

Medical Insurance for Households Served by this Activity			
How many households accessed or maintained access to the following sources of medical insurance in the past year?			
MEDICAID Health Program or local program equivalent	0	0	0
MEDICARE Health Insurance or local program equivalent	0	0	0
Veterans Affairs Medical Services	0	0	0
AIDS Drug Assistance Program	0	0	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0	0	0
Ryan White-funded Medical or Dental Assistance	0	0	0



For each facility:

1. Enter the number of households served in the reporting year who accessed/maintained access to a MEDICAID Health Program or local program equivalent.
2. Enter the number of households served in the reporting year who accessed/maintained access to a MEDICARE Health Insurance Program or local program equivalent.
3. Enter the number of households served in the reporting year who accessed/maintained access to Veterans Affairs Medical Services.
4. Enter the number of households served in the reporting year who accessed/maintained access to the AIDS Drug Assistance Program (ADAP).
5. Enter the number of households served in the reporting year who accessed/maintained access to a State Children's Health Insurance Program (SCHIP) or local program equivalent.
6. Enter the number of households served in the reporting year who accessed/maintained access to Ryan White-funded Medical or Dental Assistance.

In the tenth section of this chart, enter the Longevity for Households Served by ST-TFBH in the reporting year.



The sum of each column in this chart should be equal to the Total Deduplicated Household Count for that column.

Longevity for Households Served by this Activity	0	0	0
How many households have been served by short-term/transitional facility-based housing for less than one year?	0	0	0
How many households have been served by short-term/transitional facility-based housing for more than one year, but less than five years?	0	0	0
How many households have been served by short-term/transitional facility-based housing for more than five years, but less than 10 years?	0	0	0
How many households have been served by short-term/transitional facility-based housing for more than 10 years, but less than 15 years?	0	0	0
How many households have been served by short-term/transitional facility-based housing for more than 15 years?	0	0	0



For each facility:

1. Enter the number of households served in the reporting year with ST-TFBH Assistance for less than one year.
2. Enter the number of households served in the reporting year with ST-TFBH for more than one year but less than five years
3. Enter the number of households served in the reporting year with ST-TFBH for more than five years, but less than 10 years.
4. Enter the number of households served in the reporting year with ST-TFBH for more than 10 years, but less than 15 years.
5. Enter the number of households served in the reporting year with ST-TFBH for more than 15 years.

In the eleventh section of this chart, enter the Housing Outcomes for Households Served with ST-TFBH in the reporting year. (See next page)



The total housing outcomes for households served with ST-TFBH should be equal to the Total Deduplicated Household Count.



Housing Outcomes for Households Served by this Activity	0	0	0
How many households continued receiving this type of HOPWA assistance into the next year?	0	0	0
How many households exited to other HOPWA housing programs?	0	0	0
How many households exited to other housing subsidy programs?	0	0	0
How many households exited to an emergency shelter?	0	0	0
How many households exited to private housing?	0	0	0
How many households exited to transitional housing (time limited - up to 24 months)?	0	0	0
How many households exited to institutional arrangement expected to last less than six months?	0	0	0
How many households exited to institutional arrangement expected to last more than six months?	0	0	0
How many households exited to a jail/prison term expected to last less than six months?	0	0	0
How many households exited to a jail/prison term expected to last more than six months?	0	0	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0	0	0
How many households exited to a place not meant for human habitation?	0	0	0
How many households were disconnected from care?	0	0	0
How many of the HOPWA eligible individuals died?	0	0	0

In the eleventh section of this chart, enter the Housing Outcomes for Households Served with ST-TFBH in the reporting year. *(Continued)*



For each facility:

1. Enter the number households served in the reporting year continuing to receive ST-TFBH into the next reporting year.
2. Enter the number of households served in the reporting year who exited ST-TFBH to other HOPWA housing programs. Note! This can include other HOPWA housing assistance (ex. permanent facility-based housing) funded by the same HOPWA grant.
3. Enter the number of households served in the reporting year who exited ST-TFBH to other housing subsidy programs.
4. Enter the number of households served in the reporting year who exited ST-TFBH to an emergency shelter.
5. Enter the number of households served in the reporting year who exited ST-TFBH to private housing.
6. Enter the number of households served in the reporting year who exited ST-TFBH to transitional housing (time-limited – up to 24 months).
7. Enter the number of households served in the reporting year who exited ST-TFBH to an institutional arrangement expected to last less than six months.
8. Enter the number of households served in the reporting year who exited ST-TFBH to an institutional arrangement expected to last more than six months.
9. Enter the number of households served in the reporting year who exited ST-TFBH to a jail/prison term expected to last less than six months.
10. Enter the number of households served in the reporting year who exited ST-TFBH to a jail/prison term expected to last more than six months.
11. Enter the number of households served in the reporting year who exited ST-TFBH to a situation that isn't transitional but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain.
12. Enter the number of households served in the reporting year who exited ST-TFBH to place not meant for human habitation.
13. Enter the number of households served in the reporting year who disconnected from care.
14. Enter the number of HOPWA eligible individuals served in the reporting year who died.



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

WHO completes this Tab:

This Tab is for completion ONLY if your organization is funded for and provided HOPWA-funded Short-Term Rent, Mortgage and Utility (STRMU) Assistance in the reporting year.

If your organization is not funded for and did not provide HOPWA STRMU, DO NOT COMPLETE THIS SECTION and leave it BLANK.

Short-Term Rent, Mortgage, and Utility (STRMU) Assistance: A time-limited, housing subsidy assistance designed to prevent homelessness and increase housing stability. Assistance may be provided under STRMU for up to 21 weeks in a 52 week period.

In the first section of the chart, enter the number of households who received STRMU and enter the total HOPWA funds expended on STRMU.

Households Served by this Activity - STRMU Breakdown	
a. How many households were served with STRMU mortgage assistance only ?	0
b. How many households were served with STRMU rental assistance only ?	0
c. How many households were served with STRMU utilities assistance only ?	0
d. How many households received more than one type of STRMU assistance?	0
STRMU Households Total	0



The number in the row titled **STRMU Households Total** will be used as a data check throughout the rest of the STRMU tab.



1. Enter how many households were served with STRMU mortgage assistance only in the reporting year.
2. Enter how many households were served with STRMU rent assistance only in the reporting year.
3. Enter how many households were served with STRMU utility assistance only in the reporting year.
4. Enter how many households were served with more than one type of STRMU assistance in the reporting year. For example, if a household received both rental assistance and utility assistance in the reporting year the household would be counted as being served with more than one type of STRMU assistance in the reporting year.
 - a. For example, if a household received both rental assistance and utility assistance in the reporting year the household would be counted as being served with **more than one type** of STRMU assistance in the reporting year.

In the second section of the chart, enter the number of households who received STRMU and enter the total HOPWA funds expended on STRMU.

STRMU Expenditures	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
Total STRMU Expenditures	0



1. Enter the amount of funds spent on mortgage assistance in the reporting year.
2. Enter the amount of funds spent on rent assistance in the reporting year.
3. Enter the amount of funds spent on utility assistance in the reporting year. Income.



Total STRMU funds expended includes payments made to private landlords on behalf of HOPWA eligible individuals/households **AND** staff costs associated with delivering HOPWA STRMU (i.e., staff time and costs related to calculating annual income, collecting income documentation, collecting documentation to demonstrate need for STRMU assistance, working with landlords, mortgage companies and/or utility companies to coordinate payment, etc.).

In third section of the chart, enter the Income Levels for Households served by STRMU.



The row titled **Income Levels for Households Served by this Activity** reported in this chart should equal the row titled **STRMU Households Total**.



<i>Income Levels for Households Served by this Activity</i>	0
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0




1. Enter the number of households served in the reporting year with income below 30% of Area Median Income.
2. Enter the number of households served in the reporting year with income between 31% and 50% of Area Median Income.
3. Enter the number of households served in the reporting year with income between 51% and 80% of Area Median Income.



HOPWA Grantees and Project Sponsor must use HOPWA Income Limits to determine income eligibility. HOPWA Income Limits can be found here <https://www.hudexchange.info/resource/5332/hopwa-income-limits/>

In the fourth section of the chart, enter the number of households who accessed or maintained access to any of the sources of income listed in the chart.

Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0



DATA CHECK

The auto-summed total number of households shown here should be equal to or may be greater than the row title STRMU Households Total.

Households often have more than one source of income. For example, a household could have employment and SSDI or some other combination



1. Enter the number of households served in the reporting year who accessed/maintained access to earned income from employment.
2. Enter the number of households served in the reporting year who accessed/maintained access to Retirement income.
3. Enter the number of households served in the reporting year who access/maintained access to Supplemental Security Income (SSI).
4. Enter the number of households served in the reporting year who accessed/maintained access to Social Security Disability Insurance (SSDI).
5. Enter the number of households served in the reporting year who accessed/maintained access to Other Welfare Assistance.
6. Enter the number of households served in the reporting year who accessed/maintained access to Private Disability Insurance.
7. Enter the number of households served in the reporting year who accessed/maintained access to Veteran's Disability Payments (service or non-service related).
8. Enter the number of households served in the reporting year who accessed/maintained access to Regular contributions or gifts from organizations or person not residing in the residence.
9. Enter the number of households served in the reporting year who accessed/maintained access to Worker's Compensation.
10. Enter the number of households served in the reporting year who accessed/maintained access to General Assistance or a similar local program.
11. Enter the number of households served in the reporting year who accessed/maintained access to Unemployment Insurance.
12. Enter the number of households served in the reporting year who accessed/maintained access to Other Sources of Income (i.e., asset income).
13. Enter the number of households served in the reporting year who maintained no sources of income.

In the fifth section of the chart, enter the number of households who accessed or maintained access to any of the types of medical insurance listed in the chart.

Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0



1. Enter the number of households served in the reporting year who accessed/maintained access to a MEDICAID Health Program or local program equivalent.
2. Enter the number of households served in the reporting year who accessed/maintained access to a MEDICARE Health Insurance Program or local program equivalent.
3. Enter the number of households served in the reporting year who accessed/maintained access to Veterans Affairs Medical Services.
4. Enter the number of households served in the reporting year who accessed/maintained access to the AIDS Drug Assistance Program (ADAP).
5. Enter the number of households served in the reporting year who accessed/maintained access to a State Children's Health Insurance Program (SCHIP) or local program equivalent.
6. Enter the number of households served in the reporting year who accessed/maintained access to Ryan White-funded Medical or Dental Assistance.

In the sixth section of the chart, enter the Longevity for Households Served with STRMU in the reporting year.

Longevity for Households Served by this Activity	0
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0



1. Enter the number of households served in the reporting year with HOPWA STRMU Assistance for the first time this year.
2. Enter the number of households served in the reporting year with HOPWA STRMU in the reporting year that also received STRMU during the previous STRMU eligibility period.
3. Enter the number of households served in the reporting year with HOPWA STRMU in the reporting year that have received STRMU more than twice during the previous five eligibility periods.
4. Enter the number of households served in the reporting year with HOPWA STRMU that received STRMU during the last five consecutive eligibility periods.

In the seventh section of the chart, enter the Housing Outcomes for households served by STRMU. (See next page)

Housing Outcomes for Households Served by this Activity	0
How many households continued receiving this type of HOPWA assistance into the next year?	
How many households exited to other HOPWA housing programs?	
How many households exited to other housing subsidy programs?	
How many households exited to an emergency shelter?	
How many households served with STRMU were able to maintain a private housing situation without subsidy?	
How many households exited to transitional housing (time limited - up to 24 months)?	
How many households exited to institutional arrangement expected to last less than six months?	
How many households exited to institutional arrangement expected to last more than six months?	
How many households exited to a jail/prison term expected to last less than six months?	
How many households exited to a jail/prison term expected to last more than six months?	
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	
How many households exited to a place not meant for human habitation?	
How many households were disconnected from care?	
How many of the HOPWA eligible individuals died?	
How many households are likely to need additional Short-Term Rent, Mortgage and Utilities assistance to maintain the current housing arrangements?	



DATA CHECK

The total housing outcomes for households served with HOPWA STRMU should be equal to the STRMU Households Total.

In the seventh section of the chart, enter the Housing Outcomes for households served by STRMU. (Continued)



1. Enter the number households served in the reporting year continuing to receive HOPWA STRMU into the next reporting year.
2. Enter the number of households served in the reporting year who exited HOPWA STRMU to other HOPWA housing programs. Note! This can include other HOPWA housing assistance (ex. permanent facility-based housing) funded by the same HOPWA grant.
3. Enter the number of households served in the reporting year who exited HOPWA STRMU to other housing subsidy programs.
4. Enter the number of households served in the reporting year who exited HOPWA STRMU to an emergency shelter.
5. Enter the number of households served in the reporting year who exited HOPWA STRMU to private housing.
6. Enter the number of households served in the reporting year who exited HOPWA STRMU to transitional housing (time-limited – up to 24 months).
7. Enter the number of households served in the reporting year who exited HOPWA STRMU to an institutional arrangement expected to last less than six months.
8. Enter the number of households served in the reporting year who exited HOPWA STRMU to an institutional arrangement expected to last more than six months.
9. Enter the number of households served in the reporting year who exited HOPWA STRMU to a jail/prison term expected to last less than six months.
10. Enter the number of households served in the reporting year who exited HOPWA STRMU to a jail/prison term expected to last more than six months.
11. Enter the number of households served in the reporting year who exited HOPWA STRMU to a situation that isn't transitional but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain.
12. Enter the number of households served in the reporting year who exited HOPWA STRMU to place not meant for human habitation.
13. Enter the number of households served in the reporting year who disconnected from care.
14. Enter the number of HOPWA eligible individuals served in the reporting year who died.
15. Enter the number of households served in the reporting year who are likely to need additional Short-Term Rent, Mortgage and Utilities assistance to maintain the current housing arrangements.



Permanent Housing Placement (PHP)

WHO completes this Tab:

This Tab is for completion ONLY if your organization is funded for and provided HOPWA-funded Permanent Housing Placement (PHP) in the reporting year.

If your organization is not funded for or did not provide HOPWA PHP, DO NOT COMPLETE THIS SECTION and leave it BLANK.

Permanent Housing Placement: A type of HOPWA housing assistance used to assist HOPWA eligible individuals and their families to move into new permanent housing where occupancy is expected to continue.

PHP may be used to cover deposits and other costs that will allow the household to access a unit, such as:

- **Application fees** charged by landlords or management companies
- **Credit check expenses** required by landlords or management companies
- **One-time utility connection fees** paid directly to the utility company
- **Security deposits** required for lease approval and occupancy not to exceed two month's rent
- **First/last month's rent** for households not receiving other federal, state, or local housing assistance such as HOPWA TBRA or Section 8
- **Rent or utility arrears** when past rent debt is documented as a barrier to obtaining permanent housing or establishing utility services in a new unit
- **Mediation services** related to tenant and/or landlord issues that may arise during the leasing-up process
- **An initial payment for Rental Insurance** is allowable under PHP, including payment for the first month of coverage or payment for multiple months that are covered by the first payment

In the first section of this chart, enter the number of households who received PHP and the amount of HOPWA funds expended on PHP in the reporting year.

Question	This Report
<i>Households Served by this Activity</i>	
How many households were served with PHP assistance?	0
<i>PHP Expenditures for Households Served by this Activity</i>	
What were the HOPWA funds expended for PHP?	0



The number of households served with PHP as shown here will be used for data checks throughout the rest of the PHP Tab



1. Enter how many households were served with PHP in the reporting year.
2. Enter the amount of funds spent on PHP in the reporting year.

In the second section of this chart, enter the Sources of Income for Households that were served with PHP in the reporting year.

Sources of Income for Households Served by this Activity	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0



DATA CHECK

The auto-summed number of households shown here in this chart should be equal to or may be greater than the number of households served with PHP.

Households often have more than one source of income. For example, a household could have employment and SSDI or some other combination.



1. Enter the number of households served in the reporting year who accessed/maintained access to earned income from employment.
2. Enter the number of households served in the reporting year who accessed/maintained access to Retirement income.
3. Enter the number of households served in the reporting year who access/maintained access to Supplemental Security Income (SSI).
4. Enter the number of households served in the reporting year who accessed/maintained access to Social Security Disability Insurance (SSDI).
5. Enter the number of households served in the reporting year who accessed/maintained access to Other Welfare Assistance.
6. Enter the number of households served in the reporting year who accessed/maintained access to Private Disability Insurance.
7. Enter the number of households served in the reporting year who accessed/maintained access to Veteran's Disability Payments (service or non-service related).
8. Enter the number of households served in the reporting year who accessed/maintained access to Regular contributions or gifts from organizations or person not residing in the residence.
9. Enter the number of households served in the reporting year who accessed/maintained access to Worker's Compensation.
10. Enter the number of households served in the reporting year who accessed/maintained access to General Assistance or a similar local program.
11. Enter the number of households served in the reporting year who accessed/maintained access to Unemployment Insurance.
12. Enter the number of households served in the reporting year who accessed/maintained access to Other Sources of Income (i.e., asset income).
13. Enter the number of households served in the reporting year who maintained no sources of income.

In the third section of this chart, enter the Medical Insurance for Households served with PHP in the reporting year.

Medical Insurance for Households Served by this Activity	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0



1. Enter the number of households served in the reporting year who accessed/maintained access to a MEDICAID Health Program or local program equivalent.
2. Enter the number of households served in the reporting year who accessed/maintained access to a MEDICARE Health Insurance Program or local program equivalent.
3. Enter the number of households served in the reporting year who accessed/maintained access to Veterans Affairs Medical Services.
4. Enter the number of households served in the reporting year who accessed/maintained access to the AIDS Drug Assistance Program (ADAP).
5. Enter the number of households served in the reporting year who accessed/maintained access to a State Children's Health Insurance Program (SCHIP) or local program equivalent.
6. Enter the number of households served in the reporting year who accessed/maintained access to Ryan White-funded Medical or Dental Assistance.

In the fourth section of this chart, enter the Housing Outcomes for Households Served with PHP.

Housing Outcomes for Households Served by this Activity	0
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0



DATA CHECK

The sum of this chart should equal the row titled **Households Served by this Activity**.



1. Enter the number of households served in the reporting year who exited to other HOPWA program.
2. Enter the number of households served in the reporting year who exited to other housing subsidy programs.
3. Enter the number of households served in the reporting year who exited to private housing.



As a reminder, in the context of PHP, the term “exited” means the housing situation into which the household was placed using PHP assistance. For example: A HOPWA eligible individual who received PHP assistance for a security deposit that was used to establish new tenancy using HOPWA TBRA, would be reported as ‘exiting to other HOPWA programs.’



Housing Information Services

WHO completes this Tab:

This Tab is for completion ONLY if your organization is funded for and provided HOPWA-funded Housing Information Services in the reporting year.

If your organization is not funded for and did not provide HOPWA housing information services, DO NOT complete this section—leave it BLANK.

HOPWA Housing Information Services: Services dedicated to helping people living with HIV/AIDS and their families identify, locate, and acquire housing. This may also include counseling, information, and referral services to assist an eligible person to locate, acquire, finance, and maintain housing, and fair housing guidance for persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap.

In this section, complete the following chart for all households served with HOPWA-funded Housing Information Services in the reporting year.

<i>Households Served by This Activity</i>	
How many households were served with housing information services?	0
<i>Housing Information Services Expenditures</i>	
What were the HOPWA funds expended for housing information services?	0



Households Served by This Activity

1. Enter the number of households served with housing information services in the reporting year.

Housing Information Services Expenditures

2. Enter the amount of HOPWA funds expended for housing information services in the reporting year.



Supportive Services

WHO completes this Tab:

This Tab is for completion if your organization was funded for and delivered HOPWA-funded Supportive Services.

If your organization was NOT funded for and did not provide HOPWA-funded Supportive Services, DO NOT complete this worksheet and leave it BLANK.

The range of services that are eligible as activities under the HOPWA program is broad and services provided with HOPWA funding should focus on supporting the housing stability of HOPWA program participants. Eligible supportive services include:

Adult day care and personal assistance, alcohol and drug abuse services, case management/advocacy/ coordination of benefits, child care, education, employment assistance for training persons living with HIV/AIDS, health and medical (with restrictions), legal services, life skills management, nutritional service, including meals, mental health services, outreach and transportation.

In this section of the chart, enter the number of households served and the dollar amount of HOPWA funds expended in the reporting year on each type of supportive services listed below. (See next page)

Households and Expenditures for Supportive Service Types	Number of Households	Expenditures
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
Deduplication of Supportive Services		
How many households received more than one of any type of Supportive Services?	0	

In this section of the chart, enter the number of households served and the dollar amount of HOPWA funds expended in the reporting year on each type of supportive services listed below. *(Continued)*

In the top portion of the chart, titled **Households and Expenditures for Supportive Service types**, enter the following:



1. Enter the number of households served and supportive services funding spent on adult day care and personal assistance in the reporting year.
2. Enter the number of households served and supportive services funding spent on alcohol-drug abuse services in the reporting year.
3. Enter the number of households served and supportive services funding spent on child care in the reporting year.
4. Enter the number of households served and supportive services funding spent on case management in the reporting year.
5. Enter the number of households served and supportive services funding spent on education in the reporting year.
6. Enter the number of households served and supportive services funding spent on employment assistance and training in the reporting year.
7. Enter the number of households served and supportive services funding spent on health/medical services in the reporting year.
8. Enter the number of households served and supportive services funding spent on legal services in the reporting year.
9. Enter the number of households served and supportive services funding spent on life skills management in the reporting year.
10. Enter the number of households served and supportive services funding spent on meals/nutritional services in the reporting year.
11. Enter the number of households served and supportive services funding spent on mental health services in the reporting year.
12. Enter the number of households served and supportive services funding spent on outreach in the reporting year.
13. Enter the number of households served and supportive services funding spent on transportation in the reporting year.
14. Enter the number of households served and supportive services funding spent on any other type of HOPWA funded, HUD approved supportive service in the reporting year.
15. Include a description (limited to only 150 characters) of the other type of HOPWA funded supportive services provided in the reporting year.

In the bottom portion of the chart titled **Duplication of Supportive Services**, enter the following:



1. Enter the number of households served in the reporting year who received more than one of any type of HOPWA-funded Supportive Service



Other Competitive Activity

WHO completes this Tab:

This Tab is ONLY for HOPWA Competitive Grantees and Project Sponsors with an “Other Housing Activity” approved by HUD in their grantee agreement.

If your organization was NOT funded to provide an “Other Housing Activity,” DO NOT COMPLETE THIS SECTION and leave it BLANK.

In this chart, enter the number of households served by and amount HOPWA funds spent on "Other Housing Activity."

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	



1. Enter the number of households served with "Other Housing Activity" in the reporting year.
2. Enter the amount of HOPWA funds spend on "Other Housing Activity" in the reporting year.
3. Enter a description of the "Other Housing Activity" that was approved in the grant agreement (limited to 150 characters)



Access to Care (ATC) & Totals

WHO completes this Tab:

This Tab is for completion if your organization was funded for and delivered HOPWA TBRA, P-FBH, ST-TFBH, STRMU, PHP, Housing Information Services, Supportive Services, and/or Other Competitive Activity.

If your organization was for Supportive Services ONLY, DO NOT complete this worksheet-leave it blank.

In the first section of this chart, the activity review table below is automatically completed based on the number of households entered elsewhere in the HOPWA provider workbook for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Housing Information Services, Supportive Services, and Other Competitive Activity.

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
Total Households Served in ALL Activities from this report for each Activity.	0	0	0	0	0	0	0	0

In the second section of the chart, enter how many households receive more than one type of HOPWA Housing Subsidy Assistance, as defined in the second row of this chart.

Housing Subsidy Assistance Household Count Deduplication

<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	0
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0
Total Unduplicated Housing Subsidy Assistance Household Count	0



- Using the activity review chart as a reference point/data check, in the second row of the above chart enter the number of households that received **more than one type** of HOPWA housing subsidy assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, and Other Competitive Activity.

For example, Port Landing served the following households with HOPWA housing subsidy assistance in the reporting year.

TBRA: 10

STRMU: 15

PHP: 15

Total number of households: 40

Of the 40 households served with HOPWA housing subsidy assistance, 10 of them received more than one type of HOPWA housing subsidy assistance in the reporting year (for instance, TBRA **and** PHP). This means that Port Landing served a total of 30 households because 10 of the households received more than one type of HOPWA housing subsidy assistance in the reporting year (**40-10=30**).

In the third section of this chart, enter the Access to Care (ATC) status for all households served with HOPWA housing assistance and “**other competitive activities**” in the reporting year (that is, all households served with TBRA, P-FBH, ST-TFBH, STRMU, PHP, or Other Competitive Activities).

Access to Care (ATC)	
Complete HOPWA Outcomes for Access to Care and Support for <u>all households</u> served with HOPWA housing assistance and "other competitive activities" in the reporting year.	
Questions	This Report
How many households had contact with a case manager?	0
How many households developed a housing plan for maintaining or establishing stable housing?	0
How many households accessed and maintained medical insurance and/or assistance?	0
How many households had contact with a primary health care provider?	0
How many households accessed or maintained qualification for sources of income?	0
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	0



The number of households reported in each row in the above chart cannot exceed the total deduplicated number of households that received HOPWA housing assistance and other competitive activities in the reporting year.

1. Enter the number of households that had contact with a case manager (note: this may include contact with any case manager, not ONLY a HOPWA-funded case manager) in the reporting year.
2. Enter the number of households that developed a housing plan for maintaining or establishing stable housing in the reporting year.
3. Enter the number of households that accessed and maintained medical insurance and/or assistance in the reporting year.
4. Enter the number of households that had contact with a primary health care provider in the reporting year.
5. Enter the number of households that accessed or maintained qualifications for sources of income in the reporting year.
6. Enter the number of households that obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance) in the reporting year.

In the fourth section of this chart, enter the number of households that received HOPWA Housing Subsidy Assistance with Supportive Services and with HOPWA Funded Case Management.

Subsidy Assistance with Supportive Service, Funded Case Management

Questions	This Report
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0



1. Enter the number of households served in the reporting year that received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management.
2. Enter the number of households served in the reporting year that received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services.



Capital Development

WHO completes this Tab:

This Tab is for completing information about HOPWA Facility-Based Capital Development Projects that received HOPWA Capital Development funding in the reporting year.

If your organization was NOT funded for HOPWA Capital Development, DO NOT COMPLETE THIS SECTION and leave it BLANK.

HOPWA Capital Development: refers to use of HOPWA funding to construct, acquire (purchase), or rehabilitate a housing facility for use by HOPWA eligible individuals.

In this chart, for each facility, enter the applicable response to each question. For example, if your organization has used HOPWA funding in the reporting year for four Facility-Based Capital Development projects, complete a separate 'Facility' column for each project, using columns Facility 1 – Facility 4.

Question	Facility 1	Facility 2	Facility 3	Facility 4
Facility Information				
What is the name of the facility using HOPWA for capital development (acquisition or rehabilitation)?				
For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation?	0	0	0	0
What type of development was funded (new construction, rehabilitation, acquisition)?				
For facilities being rehabilitated only , what is the final value of the building after rehabilitation is complete?	0	0	0	0
What type of housing (Permanent or Short-term/Transitional) was developed?				
For Capital Development facilities, what is the purchase or lease date of the property?				
For Capital Development facilities, what is the date the construction or rehabilitation started (if applicable)?				



1. Enter the **name** of each facility for which HOPWA capital development was used (acquisition or rehabilitation) in the reporting period.
2. For each facility being rehabilitated, enter the total amount of HOPWA funding spend on rehabilitation in the reporting period.
3. For each facility, enter a description of the type of HOPWA capital development funding that was used (new construction, rehabilitation, acquisition) in the reporting period.
4. **For facilities being rehabilitated only**, enter the final value of the building (facility) after rehabilitation is complete.
5. For each facility, enter the type of housing that was developed (Permanent, Short-Term, or Transitional).
6. For Capital Development facilities, enter the purchase or lease date for each property.
7. For Capital Development facilities, enter the date construction or rehabilitation started for each facility.

In the second section of the chart, enter the HOPWA Capital Development Expenditures for each facility.

Capital Development Expenditures				
How much was expended in this year on acquisition, for each facility?	0	0	0	0
How much was expended on rehabilitation, for each facility?	0	0	0	0
How much was expended on new construction, for each facility?	0	0	0	0
Was the development facility placed into service during this program year? Yes or No.				



1. For each facility, enter the amount of HOPWA funding spent on acquisition in the reporting year.
2. For each facility, enter the amount of HOPWA funding spent on rehabilitation in the reporting year.
3. For each facility, enter the amount of HOPWA funding spent on new construction in the reporting year.
4. For each facility, answer **Yes** or **No** about whether the development facility was placed into service in the reporting year.

In the third section of the chart, enter information about each HOPWA Capital Development Facility that was OPENED in the reporting period. Only complete this section of the chart for the facilities that were OPENED in the reporting period.

Complete for Capital Development Facilities Opened This Year ONLY. If the facility was not opened this year, skip this section.				
How many total units were placed into service this year?	0	0	0	0
What date did the supportive services begin?				
What date was the construction or rehabilitation completed?				
What date did residents begin to occupy the facility?				
Is there a waiting list maintained for the facility? Yes or No.				
If there is a waiting list, how many households are on the waiting list?	0	0	0	0
How many total units (HOPWA and non-HOPWA units) were developed in this facility?	0	0	0	0
How many units in this facility were developed with HOPWA funds?	0	0	0	0



1. For each facility that was OPENED in the reporting period, enter the total number of units placed into service in the reporting period.
2. For each facility that was OPENED in the reporting period, enter the date supportive services began.
3. For each facility that was OPENED in the reporting period, enter the date residents begin to occupy the facility.
4. For each facility that was OPENED in the reporting period, answer **Yes** or **No** about whether a waiting list is maintained for each facility.
5. For each facility that was OPENED in the reporting period, where a waiting list is maintained, enter the number of households on the waiting list for each facility.
6. For each facility that was OPENED in the reporting period, enter the total number of units developed at each facility (HOPWA and non-HOPWA).
7. For each facility that was OPENED in the reporting period, enter the number of units that were developed with HOPWA funds.

In the last section of the chart, enter information about each HOPWA Capital Development Facility

For all Facilities	Total Units Designated for the Chronically Homeless	Total Units Designated to Assist the Homeless	Total Units Energy-Star Compliant	Total Units 504 Accessible – Mobility Units – Sensory Units
For units constructed (new) and/or acquired <u>with or without</u> rehab:	0	0	0	0
For rental units rehabbed:	0	0	0	0
For homeownership units constructed (if approved):	0	0	0	0



1. For units constructed (new) and/or acquired with or without rehab in the reporting period, enter the:
 - a. Total number of units designated for the chronically homeless
 - b. Total number of units designated to assist the homeless
 - c. Total number of units which are Energy Star Compliant
 - d. Total number of units that are 504 Accessible, Mobility Units and/or Sensory Units
2. For rental units rehabbed in the reporting period, enter the:
 - a. Total number of units designated for the chronically homeless
 - b. Total number of units designated to assist the homeless
 - c. Total number of units which are Energy Star Compliant
 - d. Total number of units that are 504 Accessible, Mobility Units and/or Sensory Units
3. For homeownership units constructed (if approved) in the reporting period, enter the:
 - a. Total number of units designated for the chronically homeless
 - b. Total number of units designated to assist the homeless
 - c. Total number of units which are Energy Star Compliant
 - d. Total number of units that are 504 Accessible, Mobility Units and/or Sensory Units



Violence Against Women Act (VAWA)

WHO completes this Tab:

This Tab is for completion if households requested Violence Against Women Act (VAWA) protections from your organization in the reporting year.

If your organization did NOT have any households who requested VAWA protections, DO NOT complete this worksheet and leave it BLANK.

VAWA Internal Emergency Transfers: Per 24 CFR 5.2005e, an emergency transfer under the VAWA protections refers to an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process.

VAWA External Emergency Transfers: Per 24 CFR 5.2005e, an emergency transfer under the VAWA protections refers to an emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant; that is, the tenant must undergo an application process in order to reside in the new unit.

In this section of the chart, complete for all households who requested VAWA protections per 24 CFR 5.2005 with your organization in the reporting year.

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0



1. Enter how many households requested an internal emergency transfer in the reporting year.
2. Enter how many internal transfers were granted in the reporting year.
3. Enter how many households requested an external emergency transfer in the reporting year.
4. Enter how many external transfers were granted in the reporting year.
5. Enter the number of emergency transfers that were denied in the reporting year.

Appendix

Administrative Costs – Costs for general management, oversight, coordination, evaluation, and reporting. By statute, grantee administrative costs are limited to 3% of the 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.

Achieved Viral Suppression – When the load or volume of HIV virus present in a person’s blood is measured at less than 200 copies per milliliter of blood.

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.

AIDS Drug Assistance Program (ADAP) – The AIDS Drug Assistance Program (ADAP) is a federally funded program, operating at the state level, which ensures access to the prescription medications needed to manage and treat HIV. The ADAP assists clients to access the prescription medications deemed necessary to manage and treat HIV, and to prevent and treat illnesses that develop as a result of a suppressed immune system, or are commonly associated with HIV (e.g., Opportunistic Infections). The ADAP is designated as a ‘payer of last resort’.

Annual Progress Report (APR) – A report used to comply with HUD’s Office of HIV Housing annual reporting requirements for HOPWA Competitive Grants – this is now combined with the Consolidated Annual Performance Evaluation Report (CAPER).

Anti-Retroviral Therapy (ART) – The combination of drugs used to treat HIV.

Area Median Income – The Department of Housing and Urban Development (HUD) sets income limits that determine eligibility for assisted housing programs including the HOPWA program. HUD develops income limits based on Median Family Income estimates and Fair Market Rent area definitions for each metropolitan area, parts of some metropolitan areas, and each non-metropolitan county. AMI values vary by location and are published at: <https://www.huduser.gov/portal/datasets/il.html>

Beneficiary(ies) – All members of a household (with or without HIV) who benefitted from HOPWA assistance during the operating year, NOT including the HOPWA eligible individual (see definition).

Chronically Homeless Person – An individual or family who is homeless and an individual or family who a) lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; b) 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 one year or on at least four separate occasions in the last three years; and c) 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 two 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.

Consolidated Annual Performance Evaluation Report

(CAPER) – A report used to comply with HUD’s Office of HIV Housing annual reporting requirements for HOPWA Formula Grantees – this is now combined with the Annual Progress Report (APR).

Contact for Individuals Seeking Services – The HOPWA program contact for people seeking HOPWA services – this could include any type of HOPWA service/assistance.

Department of Housing and Urban Development (HUD) – HUD is the Federal agency responsible for national policy and programs that address America’s housing needs, that improve and develop the Nation’s communities, and enforce fair housing laws. HUD’s business is helping create a decent home and suitable living environment for all Americans, and it has given America’s communities a strong national voice at the Cabinet level. HUD plays a major role in supporting homeownership by underwriting homeownership for lower- and moderate-income families through its mortgage insurance programs.

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

Employer Identification Number (EIN) – A EIN is also known as a Federal Tax Identification Number, and is used to identify a business entity

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

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

Grantee – Any organization that has a HOPWA grant agreement directly with HUD. Grantees may be states, cities, counties, or non-profit organizations.

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

Housing Opportunities for Person with AIDS (HOPWA) Program – The only Federal program dedicated to the housing needs of people living with HIV/AIDS. Under the HOPWA Program, HUD makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families.

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

HOPWA Subsidy Assistance Total – The unduplicated number of households receiving housing subsidies (TBRA, STRMU, Permanent Housing Placement services and Master Leasing) and/or residing in units of facilities dedicated to persons living with HIV/AIDS and their families and supported with HOPWA funds during the operating year.

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

Housing Information Services (HIS) – An activity under which HOPWA funding may be used to provide information and referral services to assist households to locate, acquire and maintain affordable housing, including HOPWA and non-HOPWA funded housing resources. This may also include fair housing counseling for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap/disability.

Housing Stability – The degree to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year.

Human Immunodeficiency Virus (HIV) – HIV is a virus that attacks the body’s immune system.

Improved Viral Load – A reduction in the load or volume of HIV present in the HOPWA eligible individual’s blood at the end of the reporting period compared to the beginning of the reporting period. Most PLWHA who are engaged in medical care have routine laboratory tests. The HOPWA eligible individual’s latest laboratory report can be used to determine viral load.

Institutional Arrangement – Any form of care in a group, or facility setting. Examples include but are not limited to a mental health support institution, a rehabilitation institution, and a senior care facility.

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

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

Master Leasing – Type of facility-based housing 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 HOPWA-eligible individuals/households. 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.

Medically Assisted Living Facilities – HOPWA facility-based housing that assists residents with most or all activities of daily living, such as meals, bathing, dressing, and toileting. Regular medical care, supervision, and rehabilitation are also often available.

Nonbinary – A gender other than singularly female or male.

Office of HIV Housing (OHH) – OHH is a department in HUD that administers the HOPWA program.

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

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

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

Permanent Facility-Based Housing (P-FBH) – A type of HOPWA facility-based housing subsidy with no length stay requirements and where the subsidy remains with the facility/unit.

Permanent Housing Placement (PHP) – A type of housing subsidy assistance used to establish the household in a new residence. Eligible costs include but are not limited to: reasonable costs for security deposits, first month's rent, utility deposits, hook-up fees (and other costs described on page). Total PHP costs related to rent cannot exceed two months value of the unit rent (e.g., security deposits, first/last month rent).

Place not meant for human habitation – Exited to a living situation such as the streets, car (vehicle), park, abandoned building.

Primary Contact – The HOPWA program staff who acts as the primary contact for day-to-day management and delivery of HOPWA program activities.

Project-Based Rent 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 Organization – 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.

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.

Provider – Any entity that provides HOPWA eligible activities to HOPWA program participants directly. A HOPWA provider could be a HOPWA grantee or HOPWA project sponsor.

Resident rent payments paid directly to private landlords – The HOPWA TBRA assisted household portion of rent paid to a private landlord in the community. This is not a type of Program Income.

Resident rent payments – The HOPWA assisted household portion of rent paid to a HOPWA grantee and/or project sponsor under the transitional or permanent facility-based housing activity, this includes Master Leasing.

Resource Identification – Resource Identification or Resource ID is different from Housing Information Services in that this activity is not provided directly to a household. Rather, this activity for HOPWA program staff to establish, coordinate, and develop housing assistance resources for HOPWA-eligible persons.

Tenant-Based Rental Assistance – A type of permanent housing subsidy/rental assistance, tenant-based, with no HUD regulatory length of stay requirements.

Secondary Contact – The HOPWA program staff person who acts as the secondary contact for the HOPWA program, in absence of the primary contact or for other aspects of the HOPWA program other than the day-to-day operation of the program.

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.

Short-Term and Transitional Facility-Based Housing – A type of facility-based housing with length of stay requirements. For short-term facility-based housing, households may stay no more than 60-days during any six-month period and occupancy is capped at no more than 50 families or individuals. For transitional facility-based housing, generally length of stay is no longer than 24 months.

Social Security Disability Income (SSDI) – The SSDI program pays benefits to a qualifying person and certain family members if the qualifying person is “insured.”

State Children’s Health Insurance Program (CHIP) – The Children’s Health Insurance Program (CHIP) is a partnership between the federal and state governments that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid.

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

Supplement Security Income (SSI) – The SSI program pays benefits to adults and children who meet our requirements for a qualifying disability and have limited income and resources.

Supportive Services (SS) – Supportive services are important tools in helping program participants to stabilize their living situations and help address care needs to person living with HIV.

System for Award Management (SAM) – All organizations applying for a Federal award must have a valid registration active at sam.gov. SAM (System for Award Management).

Tax Identification Number (TIN) – A TIN is an identification number used by the Internal Revenue Service (IRS) in the administration of tax laws.

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

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

Unique Entity Identifier (UEI) – The entities doing business with the federal government use the Unique Entity ID created in SAM.gov (see System for Award Management)

VAWA Internal Emergency Transfers – Per 24 CFR 5.2005e, an emergency transfer under the VAWA protections refers to an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process.

VAWA External Emergency Transfers – Per 24 CFR 5.2005e, an emergency transfer under the VAWA protections refers to an emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant; that is, the tenant must undergo an application process in order to reside in the new unit.

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.

ACRONYM LIST

ADAP	AIDS Drug Assistance Program
AMI	Area Median Income
APR	Annual Performance Report
ATC	Access to Care
CAPER	Consolidated Annual Performance and Evaluation Report
CCR	Central Contractor Registration
CPD	Community Planning and Development
CPMP	Consolidated Plan Management Process
EIN	Employer Identification Number
HIS	Housing Information Services
HIV	Human Immunodeficiency Virus
HMIS	Homeless Management Information System
HOPWA	Housing Opportunities for Person with AIDS
HUD	U.S. Department of Housing and Urban Development
IDIS	Integrated Disbursement and Information System
OHH	Office of HIV Housing
P-FBH	Permanent Facility-Based Housing
PHP	Permanent Housing Placement
PSH	Permanent Supportive Housing
PLWHA	Persons Living with HIV/AIDS
SAM	System for Award Management
SCHIP	State Children's Health Insurance Program
SRO	Single Room Occupancy
SS	Supportive Services
SSDI	Social Security Disability Insurance
SSI	Supplemental Security Income
ST-TFBH	Short-Term and Transitional Facility-Based Housing
STRMU	Short-Term Rent, Mortgage and Utility
TA	Technical Assistance
TBRA	Tenant-Based Rental Assistance
TIN	Taxpayer Identification Number
UEI	Unique Entity Identifier
VAWA	Violence Against Women Act
YMCA	Young Men's Christian Association
YWCA	Young Women's Christian Association

TIPS

- Get familiar with the layout of the workbooks, review each tab carefully in conjunction with the chapters included in this manual.
- Grantees may find it helpful to meet with their Project Sponsors to review reporting tabs that are applicable to each and ensure Project Sponsors receive this manual.
- There isn't a requirement to complete tabs in the workbook in a certain order – tabs may be completed based on what works best for your organization.
- Cells are restricted to entering text or numbers. Cells requiring text must only include text and cells requiring numbers must only include numbers. The cells requiring numbers can be identified because they include zeros (0).
- The HOPWA Consolidated APR/CAPER Performance Report workbook doesn't support copy-pasting between cells, however, information can be copied from the Performance Report workbook to another Excel worksheet and then pasted back into the Performance Report workbook. This might be helpful for entering duplicate contact information, for example.
- Bolded, auto-summing cells indicate data checks. Note that some indicate amounts that should match the activity household total, while others indicate amounts that may match or be greater than that activity total but cannot be less than it.
- If the formulas in the bolded, auto-summing cells get deleted – don't panic! This won't affect the processing of your report or HUD TA Provider's ability to complete data validation (as data validation occurs based on your raw data inputted). Auto-summing totals do not need to be added back in, but if you would like to add them back in for your reference, you may. Use a formula like the one shown below that includes inside the parenthesis all rows in the section you are working in (i.e., "Housing Outcomes" or "Income Levels").

<i>Income Levels for Households Served by this Activity</i>	=SUM(B12:B14)
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0