# Consolidated Annual Performance and Evaluation Report (CAPER)

Program Year 2020



Housing & Community Development Department

City of Orlando

400 South Orange Avenue

Orlando, FL 32802-4990

### **Table of Contents**

CR-05 - Goals and Outcomes	3
CR-10 - Racial and Ethnic composition of families assisted	9
CR-15 - Resources and Investments 91.520(a)	10
CR-20 - Affordable Housing 91.520(b)	16
CR-25 - Homeless and Other Special Needs	18
CR-30 - Public Housing	20
CR-35 - Other Actions	23
CR-40 - Monitoring	28
CR-45 - CDBG	29
CR-50 - HOME	30
CR-55 - HOPWA	31
CR-60 - ESG	32
CR-65 - Persons Assisted	35
CR-70 – ESG - Assistance Provided and Outcomes	38
CR-75 – Expenditures	39
Attachment: HOPWA CAPER	41
Attachment: COVID HOPWA CAPER	96
Attachment: ESG CAPER	152
Attachment: PR-26 and PR-33 Reports	166

### **CR-05 - Goals and Outcomes**

### Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a)

The 2020 Consolidated Annual Performance Evaluation Report provides a description of the activities the City of Orlando Housing and Community Development Department undertook during Program Year 2020 to address priority needs and objectives identified in the Five-Year Strategic Plan. The goals of the Action Plan were:

- 1. Develop and preserve decent, safe, and affordable rental and owner-occupied housing.
- 2. Reduce homelessness through permanent supportive housing with appropriate supportive services to ensure stabilization.
- 3. Meet the needs of persons with HIV/AIDS and their families by providing housing, healthcare, and supportive services.
- 4. Support vulnerable/at-risk populations through transitional and/or rapid re-housing.
- 5. Expand job readiness opportunities for special needs populations.
- 6. Ensure fair housing opportunities for all residents.

## Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)

Categories, priority levels, funding sources and amounts, outcomes/objectives, goal outcome indicators, units of measure, targets, actual outcomes/outputs, and percentage completed for each of the grantee's program year goals.

Goal	Category	Source / Amount	Indicator	Unit of Measure	Expected  - Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected - Program Year	Actual – Program Year	Percent Complete
Affordable Housing	Affordable Housing	CDBG: \$ / HOME: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	0	218				

Affordable Housing	Affordable Housing	CDBG: \$ / HOME: \$	Public service activities for Low/Moderate Income Housing Benefit	Households Assisted	275	12	4.36%	70	0	0.00%
Affordable Housing	Affordable Housing	CDBG: \$ / HOME: \$	Rental units constructed	Household Housing Unit	25	5	20.00%	0	5	
Affordable Housing	Affordable Housing	CDBG: \$ / HOME: \$	Rental units rehabilitated	Household Housing Unit	250	30	12.00%	394	0	0.00%
Affordable Housing	Affordable Housing	CDBG: \$ / HOME: \$	Homeowner Housing Added	Household Housing Unit	10	4	40.00%			
Affordable Housing	Affordable Housing	CDBG: \$ / HOME: \$	Homeowner Housing Rehabilitated	Household Housing Unit	110	13	11.82%	31	0	0.00%
Affordable Housing	Affordable Housing	CDBG: \$ / HOME: \$	Direct Financial Assistance to Homebuyers	Households Assisted	25	4	16.00%			
Affordable Housing	Affordable Housing	CDBG: \$ / HOME: \$	Tenant-based rental assistance / Rapid Rehousing	Households Assisted	110	0	0.00%			
Affordable Housing	Affordable Housing	CDBG: \$ / HOME: \$	Housing for Homeless added	Household Housing Unit	0	2		0	2	

HIV/AIDS Housing and Services	Affordable Housing Non-Homeless Special Needs	HOPWA: \$	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit	Households Assisted	0	0		165	0	0.00%
HIV/AIDS Housing and Services	Affordable Housing Non-Homeless Special Needs	HOPWA: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	4085	1155	28.27%	766	0	0.00%
HIV/AIDS Housing and Services	Affordable Housing Non-Homeless Special Needs	HOPWA: \$	Public service activities for Low/Moderate Income Housing Benefit	Households Assisted	460	419	91.09%	44	0	0.00%
HIV/AIDS Housing and Services	Affordable Housing Non-Homeless Special Needs	HOPWA: \$	Tenant-based rental assistance / Rapid Rehousing	Households Assisted	570	185	32.46%	152	0	0.00%
HIV/AIDS Housing and Services	Affordable Housing Non-Homeless Special Needs	HOPWA: \$	Homelessness Prevention	Persons Assisted	0	428		556	0	0.00%
HIV/AIDS Housing and Services	Affordable Housing Non-Homeless Special Needs	HOPWA: \$	Jobs created/retained	Jobs	0	0				

HIV/AIDS Housing and Services	Affordable Housing Non-Homeless Special Needs	HOPWA: \$	Housing for Homeless added	Household Housing Unit	0	0				
HIV/AIDS Housing and Services	Affordable Housing Non-Homeless Special Needs	HOPWA: \$	Housing for People with HIV/AIDS added	Household Housing Unit	0	0				
HIV/AIDS Housing and Services	Affordable Housing Non-Homeless Special Needs	HOPWA: \$	HIV/AIDS Housing Operations	Household Housing Unit	1110	162	14.59%			
HIV/AIDS Housing and Services	Affordable Housing Non-Homeless Special Needs	HOPWA: \$	Other	Other	0	0				
Homeless Programs	Homeless	ESG: \$	Tenant-based rental assistance / Rapid Rehousing	Households Assisted	120	119	99.17%	20	0	0.00%
Homeless Programs	Homeless	ESG: \$	Homeless Person Overnight Shelter	Persons Assisted	2010	636	31.64%	1950	0	0.00%
Homeless Programs	Homeless	ESG: \$	Homelessness Prevention	Persons Assisted	0	0				
Public Facilities	Non-Housing Community Development	CDBG: \$	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	39000	35994	92.29%			

Public Facilities	Non-Housing Community Development	CDBG: \$	Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit	Households Assisted	0	0		100	0	0.00%
Public Facilities	Non-Housing Community Development	CDBG: \$	Homeless Person Persons Overnight Shelter Assisted		965	190	19.69%			
Public Facilities	Non-Housing Community Development	CDBG: \$	Overnight/Emergency Shelter/Transitional Housing Beds added	Beds	0	0				
Public Facilities	Non-Housing Community Development	CDBG: \$	Buildings Demolished	Buildings	0	1				
Public Services Non- Housing	Non-Housing Community Development	CDBG: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	860	883	102.67%			
Public Services Non- Housing	Non-Housing Community Development	CDBG: \$	Homeless Person Overnight Shelter	Persons Assisted	0	80		2100	0	0.00%
Public Services Non- Housing	Non-Housing Community Development	CDBG: \$	Overnight/Emergency Shelter/Transitional Housing Beds added	Beds	0	0				

Public Services Non- Housing	Non-Housing Community Development	CDBG: \$	Homelessness Prevention	Persons Assisted	0	133		795	0	0.00%	
---------------------------------------	---	----------	----------------------------	---------------------	---	-----	--	-----	---	-------	--

Table 1 - Accomplishments - Program Year & Strategic Plan to Date

Assess how the jurisdiction's use of funds, particularly CDBG, addresses the priorities and specific objectives identified in the plan, giving special attention to the highest priority activities identified.

Strategic partnerships were maintained and created with subrecipient agencies whose commitment to Housing First prioritized repairs to low- to moderate-income homes, sheltering the homeless, increasing access to new homebuyer education, HIV health and housing, case management, identification assistance, and coordinated referrals.

### CR-10 - Racial and Ethnic composition of families assisted

Describe the families assisted (including the racial and ethnic status of families assisted). 91.520(a)

	CDBG	HOME	ESG	HOPWA
Race:				
White	347	0	814	215
Black or African American	643	0	1238	338
Asian	5	0	12	0
American Indian or American Native	8	0	14	2
Native Hawaiian or Other Pacific Islander	5	0	21	2
Total	1008	0	2099	557
Ethnicity:				
Hispanic	184	0	438	144
Not Hispanic	824	0	1664	413

Table 2 – Table of assistance to racial and ethnic populations by source of funds

### **Narrative**

The racial background is included in the table above. The racial background for ESG and HOPWA are included in the ESG CAPER and HOPWA Caper attachments.

### CR-15 - Resources and Investments 91.520(a)

### Identify the resources made available

Source of Funds	Source	Resources Made	Amount Expended
		Available	<b>During Program Year</b>
CDBG	public - federal	7,055,971	2,905,415.52
HOME	public - federal	1,361,974	1,396,546.78
HOPWA	public - federal	4,947,709	4,773,064.03
ESG	public - federal	2,711,416	1,010,813.16
Other	public - federal	0	0

Table 3 - Resources Made Available

### **Narrative**

CDBG 2020 expended funds include \$917,293.61 in prior year funds

CDBG CV-1 expended funds include \$25,335.66 in prior year funds

HOME 2020 expended funds include \$1,338,022.01 in prior year funds

HOPWA 2020 expended funds include \$3,284,713.86 in prior year funds

ESG-CV-1 expended funds include \$9,836.29 in prior year funds

### Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
			Housing, homelessness, public
Citywide	100	100	facilities and services, HIV AIDS

Table 4 – Identify the geographic distribution and location of investments

### **Narrative**

Programs are administered citywide.

### Leveraging

Explain how federal funds leveraged additional resources (private, state and local funds), including a description of how matching requirements were satisfied, as well as how any publicly owned land or property located within the jurisdiction that were used to address the needs identified in the plan.

Sub-recipients of federal funding provide the City information on other funding obtained by the organization; funding which is committed to organizational operations, programs and

expanding the capacity of the organization. These funds are additional funds applied to support the same activity, priority projects, and community needs that the Consolidated Plan identifies.

The Community Development Block Grant Program provided a total of \$2,022,742 from a variety of sources, including \$1,423,015 from local funding and \$599,727 from private funding.

HOME Investment Partnerships Program for fiscal year 20/21 had one active project, the Fairlawn Village project, a one hundred sixteen-unit affordable housing apartment community, with all units reserved for residents with less than 60% of the area medium income. Construction began in fiscal year 2020/2021, and we anticipate project completion by fiscal year 2023. To comply with the HOME match requirement, the City of Orlando will use excess match carried over from prior federal fiscal years to cover the match liability since the City did not receive State Housing Initiatives Partnership (SHIP) funds for FY20/21

The Housing Opportunities for Persons with AIDS (HOPWA) Program provided a total of \$1,400,000 from a federal government-funding source, and \$80,253.38 from resident rent payments.

Emergency Solutions Grant activities provided a total of \$637,980.56 in leveraged funds of which \$204,750.00 came from local funding and \$433,230.56 came from state funding, also exceeding the federal 100% match requirement.

No publicly owned land or property located within the jurisdiction were used to address the needs identified in the plan.

Fiscal Year Summary – HOME Match	Fiscal Year Summary – HOME Match						
1. Excess match from prior Federal fiscal year	12,319,448						
2. Match contributed during current Federal fiscal year	0						
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	12,319,448						
4. Match liability for current Federal fiscal year	0						
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	12,319,448						

Table 5 – Fiscal Year Summary - HOME Match Report

		Match	n Contribution	for the Fede	eral Fiscal Year			
Project No. or Other ID	Date of	Cash	Foregone	Appraised	Required	Site Preparation,	Bond	Total
	Contribution	(non-Federal	Taxes, Fees,	Land/Real	Infrastructure	Construction Materials,	Financing	Match
4F 20 NON	04/20/2020	sources)	Charges	Property	0	Donated labor	0	20.000
15.29 NON	01/30/2020	30,000	0	0	0	0	0	30,000
15.29 NON 1	06/25/2020	30,000	0	0	0	0	0	30,000
15.29 NON 1-17-17	01/17/2017	10,000	0	0	0	0	0	10,000
15.29 NON 1-31-18	01/31/2018	10,000	0	0	0	0	0	10,000
15.29 NON 10-30-17	10/30/2017	14,999	0	0	0	0	0	14,999
15.29 NON 12-20-18	12/20/2018	14,999	0	0	0	0	0	14,999
15.29 NON 2-7-19	02/07/2019	25,000	0	0	0	0	0	25,000
15.29 NON 2/12/18 1	02/12/2018	10,000	0	0	0	0	0	10,000
15.29 NON 2/12/18 2	02/12/2018	10,000	0	0	0	0	0	10,000
15.29 NON 2/12/18 3	02/12/2018	10,000	0	0	0	0	0	10,000
15.29 NON 3-25-19	03/25/2019	23,925	0	0	0	0	0	23,925
15.29 NON 3-30-17	03/30/2017	14,999	0	0	0	0	0	14,999
15.29 NON 4-20-17	04/20/2017	10,000	0	0	0	0	0	10,000
15.29 NON 5-11-17	05/11/2017	10,000	0	0	0	0	0	10,000
15.29 NON 5-17-17	05/17/2017	10,000	0	0	0	0	0	10,000
15.29 NON 5-30-18	05/30/2018	10,000	0	0	0	0	0	10,000
15.29 NON 5-9-19	05/09/2019	25,000	0	0	0	0	0	25,000
15.29 NON 5-9-19 1	05/09/2019	25,000	0	0	0	0	0	25,000
15.29 NON 5-9-19 2	05/09/2019	25,000	0	0	0	0	0	25,000
15.29 NON 6-18-17	06/18/2017	10,000	0	0	0	0	0	10,000
15.29 NON 6-18-18	06/18/2018	10,000	0	0	0	0	0	10,000
15.29 NON 6-20-19	06/20/2019	25,000	0	0	0	0	0	25,000
15.29 NON 6-27-18	06/27/2018	14,999	0	0	0	0	0	14,999
15.29 NON 6-28-17	06/28/2017	10,000	0	0	0	0	0	10,000
15.29 NON 8-11-16	08/11/2016	14,999	0	0	0	0	0	14,999

	Match Contribution for the Federal Fiscal Year							
Project No. or Other ID	Date of Contribution	Cash (non-Federal sources)	Foregone Taxes, Fees, Charges	Appraised Land/Real Property	Required Infrastructure	Site Preparation, Construction Materials, Donated labor	Bond Financing	Total Match
15.29 NON 8-14-18	08/14/2018	10,000	0	0	0	0	0	10,000
15.29 NON 8-6-17	08/16/2017	10,000	0	0	0	0	0	10,000
15/29 NON 8-22-17	08/22/2017	10,000	0	0	0	0	0	10,000

Table 6 – Match Contribution for the Federal Fiscal Year

### **HOME MBE/WBE report**

Program Income – Enter the program amounts for the reporting period					
Balance on hand at begin-ning of reporting period \$	Amount received during reporting period \$	Total amount expended during reporting period \$	Amount expended for TBRA \$	Balance on hand at end of reporting period \$	
1,962	0	1,962	0	0	

Table 7 – Program Income

Number

Sub-Contracts
Number

**Dollar Amount** 

Minority Business Enterprises and Women Business Enterprises – Indicate the number and dollar value of contracts for HOME projects completed during the reporting period

	Total	Minority Business Enterprises				White Non-	
		Alaskan Native or American	Asian or Pacific		Black Non- Hispanic	Hispanic	Hispanic
		Indian	Islander	'			
Contracts							
Dollar Amount	0	0	(	0	0	0	0
Number	0	0	(	0	0	0	0
Sub-Contracts				•			
Number	0	0	(	0	0	0	0
Dollar Amount	0	0		0	0	0	0
	Total	Women Busines	s Male	•			
		Enterprises					
Contracts							
Dollar Amount	0		0	0			

0

0

0

Table 8 - Minority Business and Women Business Enterprises

0

**Minority Owners of Rental Property** – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted

	Total	M	Minority Property Owners			White
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non- Hispanic	Hispanic	Non- Hispanic
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0

Table 9 – Minority Owners of Rental Property

<b>Relocation and Real Property Acquisition</b> – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition				
Parcels Acquired	0	0		
Businesses Displaced	0	0		
Nonprofit Organizations Displaced	0	0		
Households Temporarily Relocated, not Displaced	0	0		

Households	Total	Mir	Minority Property Enterprises			White
Displaced		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non- Hispanic	Hispanic	Non- Hispanic
Number	0	0	0	0	0	0
Cost	0	0	0	0	0	0

Table 10 – Relocation and Real Property Acquisition

### CR-20 - Affordable Housing 91.520(b)

Evaluation of the jurisdiction's progress in providing affordable housing, including the number and types of families served, the number of extremely low-income, low-income, moderate-income, and middle-income persons served.

	One-Year	Actual
	Goal	
Number of Homeless households to be provided affordable housing units	936	34
Number of Non-Homeless households to be provided affordable housing units	210	0
Number of Special-Needs households to be provided affordable housing units	904	0
Total	2,050	34

Table 11 - Number of Households

	One- Year Goal	Act ual
Number of households supported through Rental Assistance	171	34
Number of households supported through The Production of New Units	9	0
Number of households supported through Rehab of Existing Units	62	200
Number of households supported through Acquisition of Existing Units	0	0
Total	242	234

Table 12 – Number of Households Supported

## Discuss the difference between goals and outcomes and problems encountered in meeting these goals.

During Program Year 2020, the City used CDBG funds to rehabilitate two large multi-unit housing projects for a total of 195 rental units, two full rehabilitation projects of homeowner-occupied single-family homes, two repair projects of homeowner-occupied single-family homes, and one roof replacement of a homeowner-occupied single-family home.

The City was able to provide affordable housing to 34 individuals through our Rapid Re-housing Program using ESG funds.

There were no units of affordable housing units completed with HOME funds during Program Year 2020 but there is currently a 116-unit affordable housing development that utilized FY 2020 HOME funds and is slated to be complete by the spring of 2022. HOME funds were also used for 20-units of affordable housing that was completed in October 2021 and will be reported in the 2021 CAPER.

Although the City met the number of homes to be rehabilitated within one year, the City was not able to meet any of the other goals. The goals were set high based on needs but not realistic to the level of funding we receive on an annual basis. Furthermore, there were also unforeseen circumstances with the COVID-19 pandemic and staff shortages among many of our sub-recipients that slowed down the progress of our projects.

### Discuss how these outcomes will impact future annual action plans.

The City will continue to strive for development of new affordable housing units as well as rehabilitation of existing units to ensure long-term viability. The City is committed to use a combination of funding available to reach our goals. In addition, future annual action plans will also have goals set based on more realistic funding availability based on current trends.

Include the number of extremely low-income, low-income, and moderate-income persons served by each activity where information on income by family size is required to determine the eligibility of the activity.

Number of Households Served	CDBG Actual	HOME Actual	
Extremely Low-income	130		0
Low-income	28		0
Moderate-income	62		0
Total	220		0

Table 13 – Number of Households Served

#### **Narrative Information**

The State of Florida through their Housing Trust Fund recently decreased affordable housing resources to the City of Orlando. The City had to suspend our owner-occupied rehabilitation activities and down payment assistance until further notice but relied on CDBG funds to perform rehabilitation and repair on homeowner-occupied housing. Unfortunately, the pandemic and a staff shortage created impediments for our subrecipients to complete as many projects as we had anticipated.

The City will continue to seek projects to utilize HOME funding to support single-family and multi-family rental properties throughout the city. The City will continue to strive for development of new affordable housing units as well as rehabilitation of existing units to ensure long-term viability where possible.

### CR-25 - Homeless and Other Special Needs

Evaluate the jurisdiction's progress in meeting its specific objectives for reducing and ending homelessness through:

## Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs

The City of Orlando works closely with the Homeless Services Network (HSN), the tri-county HUD lead agency and manager of the Continuum of Care. As a system of care, we utilize the Coordinated Entry System and VI-SPDAT evidence-based assessment to prioritize individuals and families for Housing First programs. This begins with outreach initiatives through partner agencies such as Health Care Center for the Homeless (HCCH), Service and Love Together (SALT Outreach), the Salvation Army of Orlando, the Coalition for the Homeless, the Christian Service Center, First Step Staffing, Veterans Administration, Pathways to Care, Covenant House, Zebra Coalition, IDignity, Christian Service Center, Jewish Family Services (JFS Orlando), Heart of Florida United Way (211), and others.

Additionally, the Continuum of Care operates regular entry points specifically to conduct the VI-SPDAT. As religious organization, businesses, first responders, and concerned citizens meet someone experiencing homelessness, they are encouraged to refer these individuals and families to the Coordinated Entry System HUBS taking place regularly throughout our community. All data collected during outreach efforts and at the Coordinated Entry System HUBS is recording in the Homeless Management Information System (HMIS) with the primary objective to conduct the VI-SPDAT. The diversity of these outreach efforts ensures multiple points of entry into the robust front door of the social service system in the City of Orlando.

With the new information regarding racial disparity in the use of the VI-SPDAT across the country, the Continuum of Care is taking measures to evaluate the tool as well as the operating procedure to determine improvements needed to outreach, assessment, and prioritization.

### Addressing the emergency shelter and transitional housing needs of homeless persons

The City of Orlando partners with three large emergency shelters, two of which receive federal funding. The community has moved towards a Housing First model focused on Rapid Rehousing and Permanent Supportive Housing to transition those identified as a priority into the appropriate housing program. The City of Orlando, in partnership with the emergency shelters, transitional housing programs, and the Continuum of Care will continue to expand on these resources to serve the ever-growing need.

Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities,

mental health facilities, foster care and other youth facilities, and corrections programs and institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs

By prioritizing Housing First, the Continuum of Care is helping those experiencing homelessness focus on the goal of finding housing quickly and efficiently. By streamlining this process, providing universal training opportunity to case managers, and increase the intersectionality of services, we are working to ensure homelessness is brief and one-time only. Over the last year, awareness has increased and plans have been made to not only address homelessness, but mental health and substance use, both of which lead to increased length of homelessness and returns to homelessness.

Throughout COVID, the focus of the City of Orlando has been on maintaining housing for those threatened with eviction by distributing emergency rental assistance funds.

### CR-30 - Public Housing

### Actions taken to address the needs of public housing

The Orlando Housing Authority (OHA) is the only public housing agency in the City of Orlando. The OHA administers low rent public housing and the Housing Choice Voucher Program (referred to as Section 8). The mission of OHA is "to offer a choice of safe and affordable housing options and opportunities for economic independence to residents of Orlando and Orange County." OHA's fiscal year is from April 1 – March 31. For 2020-2021, OHA received the following major funding: Housing Choice Voucher (\$38,379,427), Public Housing Operating Subsidy (\$4,622,776), Public Housing Rental Income (\$3,971,064), and Capital Fund (\$3,653,306). During this period, OHA expended \$621,424 in Capital Fund Program (CFP) funds to support upgrades and improvements at its public housing sites. OHA also received \$1,865,263 in CARES Act funding to support OHA's COVID-19 response and prevention efforts.

Public Housing -The Orlando Housing Authority (OHA) operates and maintains 1,315 conventional public housing units throughout Orlando and Orange County. In November 2021, there were 1,034 occupied public housing units. The average annual gross income of all public housing households was \$17,153. The average annual gross income of elderly households was \$25,338. The average annual income of non-elderly, non-disabled households was \$23,344, while the average gross income of non-elderly disabled households was \$22,354. Elderly households comprised 36% of OHA's public housing population. Fifty-four percent of public housing households were headed by persons with disabilities (elderly and non-elderly). Seventy-five percent of public housing residents were of extremely low-income, 21% were very low-income, and 3% were low-income.

Households on the Public Housing Waiting List — As of November 3, 2021, there were 8,104 households on the public housing waiting list. Seventy-seven percent of the households were of extremely low-income, 18% very low-income, and 4% were low-income. Elderly households comprised 7% of OHA's public housing waiting list. Two-percent of public housing households were headed by persons with disabilities (elderly and non-elderly). Seventy-seven percent of public housing waiting list applicants were extremely low-income, 18% were very low-income, and 3% were low-income. The average annual income of elderly households on the waiting list is \$11,653. The average annual income of non-elderly, non-disabled households was \$14,200 while the average income of non-elderly disabled households on the waiting list was \$12,678. The public housing waiting list is open.

Section 8 Housing Choice Voucher Program - OHA administers 4,553 housing choice Section 8 vouchers including: 619 Veterans Affairs Supportive Housing (VASH) vouchers and 386Special Purpose Vouchers. The Special Purpose Vouchers include Family Unification (33), Non-Elderly Disabled (100) and SRO (100) at Maxwell Terrace, and Emergency Housing Vouchers (153). As of November 2021, there are approximately 3,464 regular vouchers leased (not including VASH, SRO, and incoming ports). Seventy-one percent of housing voucher participants were extremely low-income, 22% were very low-income, and 7% were of low-income. Elderly households

comprised 41% of all housing choice voucher participants with an average income of \$15,138. Fifty-two percent of housing voucher households were headed by persons with disabilities (elderly and non-elderly). The average earned income for all voucher participants was \$19,880. The average income of elderly Section 8 households was \$15,138. The average annual income of non-elderly, non-disabled Section 8 households was \$22,080.41, while the average income of non-elderly disabled households was \$13,557.

Section 8 Housing Choice Voucher Waiting List - As of November 2021, there were 14,611 families on the housing choice voucher waiting list. Seventy percent of applicant households were extremely low-income, 24% were of very low-income, and 6% were of low income. Four percent of households on the voucher waiting list were classified as disabled and 8% elderly (disabled and non-disabled). The average annual income of elderly families on the waiting list was \$15,600. Ninety-two percent of the Section 8 housing voucher waiting list comprised non-elderly, non-disabled households. The Section 8 waiting list is closed.

## Actions taken to encourage public housing residents to become more involved in management and participate in homeownership

The Orlando Housing Authority is working with the City of Orlando Community Reinvestment Authority (CRA) to build up to 41 homes (including 13-19 affordable) on the Carver Park HOPE IV site, east of Westmoreland Avenue in downtown Orlando. OHA will market the program to potential affordable home buyers and work with a local HUD certified counseling agency to provide pre-purchase counseling.

Resident Presidents Meetings -The Orlando Housing Authority meets with officers of resident association presidents of each site each month. This Resident President's Meeting provides a forum for officers to speak directly with the President/CEO and key staff. The President/CEO provides information on upcoming activities and hears concerns from attendees. Resident presidents also provide updates on activities and make recommendations regarding management and capital needs for their respective sites. Meetings are held virtually due to COVID-19 safety concerns.

Moving to Work (MTW) Demonstration Program - The Orlando Housing Authority is designated by the United States Department of Housing and Urban Development (HUD) as a Moving to Work (MTW) Demonstration Program agency. The MTW Program Demonstration is a 10-year program that allows housing authorities to implement flexible incentives normally not permitted to encourage self-sufficiency. The goals, objectives, and activities of the MTW Program are grounded in 3 statutory objectives established by HUD:

- 1. Reduce costs and achieve greater costs effectiveness in Federal expenditures.
- 2. Give incentives to families with children where the head of household is working, is seeking work, or is preparing for work by participating in employment support programs/training to improve self-sufficiency; and

3. Increase housing choices for low-income families.

One of the initial activities under the MTW Program was the establishment of a \$225 per month rent floor for non-elderly and non-disabled families. Participants unable to pay \$225 per month rent are referred to the MTW Resource Center where clients develop individual action plans and goals. Programs offered include self-improvement classes, childcare, and transportation (bus passes), if needed. As an MTW Demonstration Agency, OHA can implement initiatives to address urgent needs within the community such as the Transitional Housing for the Chronically Homeless activity. The Orlando Housing Authority is in the eleventh year (FY2022) of the MTW program. The OHA has submitted all plans and reports as required by the agreement.

Repositioning of Public Housing -The Orlando Housing Authority receives the bulk of its funding from the United States Department of Housing and Urban Development (HUD). HUD is directing its focus towards the repositioning of public housing by allowing housing authorities the flexibility to preserve affordable housing within their communities through four (4) repositioning strategies. OHA carefully evaluated its public housing inventory and identified six (6) sites suitable for demolition and future redevelopment: Griffin Park Apartments, Ivey Lane Homes, Lorna Doone Apartments, Lake Mann Homes, Reeves Terrace, and Murchison Terrace. These sites were selected based on age, condition, obsolescence, configuration and the OHA's inability to keep pace with capital repair needs. OHA submitted demolition applications to the HUD Special Application Center (SAC) July 2019. HUD approval is pending. If approved, the demolition of the targeted sites would occur over many years. OHA continues to provide periodic status updates to the residents of impacted sites.

<u>Sanford Housing Authority</u> - The Orlando Housing Authority continues to manage the day-to-day operations of the Sanford Housing Authority (SHA).

### Actions taken to provide assistance to troubled PHAs

OHA is recognized as a "high performer" under the Public Housing Assessment System (PHAS) scoring system. The agency is not designated as "troubled" by HUD; therefore, the City of Orlando does not need to develop a specific plan to address this issue.

### **CR-35 - Other Actions**

Actions taken to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment. 91.220 (j); 91.320 (i)

During program year 2020, City of Orlando Housing and Community Development (HCD) staff actively participated in the review of proposed amendments to the City's land use policies that would have a negative impact on affordable housing. All proposed increases to existing impact fees, building permit application and inspection fees, and requirements related to the development review process were flagged and evaluated and then submitted to the Affordable Housing Advisory Committee (AHAC) for review and recommendations. As a result, any passed ordinance or fee increasing the cost on housing production does provide options for those developing affordable housing. Options includes waivers or discounts in fees, or relaxed development requirements. In addition, the City's Intergovernmental Coordinator works closely with congressional lobbyist in educating elected officials, constitutional officers and legislative leaders on the effects proposed legislation will have on local jurisdictions efforts in the production and preservation of affordable housing.

HCD is an active member of the Nonprofit Housing Roundtable of Central Florida that is committed to strengthening inclusive affordable communities through the production and preservation of quality housing. The Roundtable consists of a collaborative alliance of diverse stakeholders, which represent development, building, financial and public sectors. The organization advocates for low- and moderate-income housing that can fit the diverse needs of our community, including transitional/permanent housing, supportive housing, rapid rehousing service, workforce housing and homeownership opportunities. A specific objective of the organization is to identify existing barriers and the modifications needed to enable more affordable housing production.

### Actions taken to address obstacles to meeting underserved needs. 91.220(k); 91.320(j)

To address the obstacles in meeting underserved needs existing in the City, the following strategies have been developed to utilize housing and community development programs. These strategies address those needs and improve the quality of life for low and moderate-income residents.

<u>Credit issues for new Homebuyers</u> - Efforts were made to screen families to determine creditworthiness prior to beginning the home buying process. Credit problems remain an obstacle for low-income families. The HCD worked with local organizations to offer free homebuyer education to low-income homebuyers. The assistance applies to first time homebuyers as well as households experiencing mortgage delinquency/default. The City no longer requires a minimum credit score in order to qualify for down payment assistance.

<u>Senior Citizen Housing</u> - Underserved needs also include the needs of the City's elderly population. The HCD continued to fund the repair and rehabilitation programs for owner-occupied housing for low-income homeowners, including seniors. Seniors whose homes are repaired will often choose to age-in-

place. In addition, beginning in October 2019, the City of Orlando joined the AARP network of Age-Friendly Communities. As a member, the City committed to conducting a community assessment to determine the City's age-friendliness, and a subsequent action plan to address those findings.

<u>The Homeless Population</u> - ESG funds were utilized to assist the Coalition for the Homeless of Central Florida, Inc., Harbor House, The Salvation Army, Family Promise and IDignity with emergency shelter operating costs and homeless prevention programs. The Homeless Services Network manages the coordinated entry system for the provision of services. In addition, 2020 Covid funding was used to target and support this vulnerable population. Collective efforts in the region were used to adapt to the ongoing crisis. Funding was used to expand medical services, sheltering operations, food, quarantining, and other ongoing services needed to address and prevent the spread of Covid-19.

<u>The Disabled Population with HIV/AIDS</u> - The HCD continued to fund supportive service housing providers through HOPWA, who address the housing needs of low-income persons with HIV/AIDS and their families. Eligible low-income persons with HIV/AIDS and their families may access short-term rent, mortgage and utility assistance, tenant-based rental assistance, permanent housing placement and facility-based housing to prevent homelessness. Additional support and special accommodations were made to this population during the 2020 COVID-19 Pandemic.

### Actions taken to reduce lead-based paint hazards. 91.220(k); 91.320(j)

The City has been actively involved through both education and testing in addressing the issue of lead-based paint in federally assisted units built prior to 1978. The City's goal is to minimize the risk of lead-based paint hazards in residential units being funded with CDBG, HOME, or HOPWA funds. During Program Year 2020, the City of Orlando continued to carry out a number of strategies to reduce and, if necessary, mitigate the risk of lead-based paint by following the HUD's Lead Safe Housing Rules (LSHR). Under the rule, firms performing renovation, repair and painting projects that disturb lead-based paint in homes, childcare facilities, and kindergartens built before 1978 must be EPA- or state-certified and must use certified renovators who follow specific work practices to prevent lead contamination.

Prior to providing federal assistance to a unit built before 1978, a lead-based paint information pamphlet from the Department of Environmental Protection (DEP) and the Department of Housing and Urban Development (HUD), along with a notification of possible lead-based paint were provided to the occupant of the unit. After notification to the occupant, the City or Subrecipient hired a lead-based paint risk assessor to identify any lead-based paint hazards and provide recommendations on acceptable options for controlling the lead. If mitigation would have been needed, an EPA or State-certified contractor with certified renovators would have been awarded the contract to mitigate in accordance with Title 24 Chapter 35 of the Code of Federal Regulations - Lead-Based Paint Poisoning Prevention in Certain Residential Structures. After mitigation, the risk assessor would re-visit the unit to conduct a post-abatement clearance, if they were not contracted for the mitigation. Notifications, disclosures, and reports of lead-based paint results were provided to occupants of the units in accordance with the Lead Based Final Rule. In addition, a recent policy was created to outline these rules for better compliance. As part of a standard agreement, the City requires that borrowers of City administered federal funds for

rental rehabilitation projects include the prohibition of the use of lead-based paint by any contractor or their assignee when engaged in painting surfaces.

### Actions taken to reduce the number of poverty-level families. 91.220(k); 91.320(j)

The City is committed to eliminating poverty through making housing more affordable, preserving the condition and availability of existing housing stock, and helping citizens build assets: human, social, financial, physical, and natural. To this end, the City and its community partners have incorporated an integrated system of services and programs to meet the various needs of individuals as they progress toward financial self-sufficiency.

In addition to supporting the initiatives of local organizations that serve low-income residents providing emergency shelter, transitional housing and social services, the City administered programs that aimed to mitigate poverty and the problems associated with it. The City through its resources and partnerships directly impacted some of poverty's primary causal factors – poor-quality housing, unaffordable housing, lack of education, unemployment, low income, and ill health. This holistic and collaborative approach has the ability to reduce the number of households at incomes below the poverty line.

Housing - A lack of affordable housing places housing cost burdens on low- to moderate-income persons, limiting their ability to pay for other goods and services, such as quality education and healthcare. The City has made it a priority to support housing initiatives and increase efforts to better leverage limited funding resources. The City's housing efforts are aimed at improving and maintaining a high standard of housing quality while also creating or maintaining affordability. The City offered a zero interest Owner-Occupied Housing Rehabilitation program, Rental Housing Rehabilitation Program and also Home Ownership Assistance, which provided down-payment and closing cost assistance to qualified households. School, Parks, Sewer, and Transportation Impact Fees were either waived or reimbursed for Certified Affordable Housing Units, resulting in lower total development costs for affordable housing development.

<u>Social Services</u> -Many sub-recipients of CDBG and ESG funds offer social service programs in the City to aid persons with incomes below the poverty level. For example, the City increases family self-sufficiency by funding agencies that provide supportive services such as job training, job placement, substance abuse treatment, case management, education, short-term mental health services and independent living skills training. In addition, they support the housing first model and other homelessness prevention services, which help promote emotional and economic independence and help create long-term change in the lives of homeless persons.

<u>Economic Development</u> – The mission is to stimulate and guide the development of a vibrant, livable city that nurtures a creative, diverse, and balanced economy for Orlando's citizens, businesses, and visitors. The Economic Development Department is comprised of nearly 200 employees encompassing five City divisions: Planning, Permitting Services, Code Enforcement, Business Development, and Downtown Development Board/Community Redevelopment Agency (DDB/CRA). The Economic Development

Department is a prompt, predictable and customer service-oriented team, creating a unified operation that delivers all City of Orlando economic development services.

### Actions taken to develop institutional structure. 91.220(k); 91.320(j)

The City provides technical assistance to lenders, not-for-profits, individuals, developers and others for the purpose of preparing applications for funding, operating programs, and providing financing for various HUD funded projects.

## Actions taken to enhance coordination between public and private housing and social service agencies. 91.220(k); 91.320(j)

To enhance coordination between public and private housing providers and private and governmental health, mental health, and social services agencies, the HCD performed the following actions during program year 2020:

- Participated on the Central Florida Foundation advisory committee to establish a Housing Trust Fund in Orlando.
- Coordinated with the Homeless Services Network of Central Florida, Inc. (HSN) A private, nonprofit organization and the lead agency for the area Continuum of Care, HSN brings together homeless service providers and other organizations to address the issues of homelessness in the community.
- Coordinated with the HOPWA Advisory Committee—The HOPWA Advisory Committee consists of representatives of Persons Living with HIV/AIDS (PLWH), HIV/AIDS service providers, and representatives of the Ryan White Planning Council.
- Attended meetings and coordinated with HCD's housing counseling partners that provide homebuyer-counseling programs and work towards the development of additional homebuyer clubs throughout the community.
- Attended meetings and coordinated with the Orange County Housing Finance Agency, which provides funding and support for affordable housing development in the tri-county area.
- Attended meetings and coordinated with the Orlando Housing Authority to address the maintenance and development of affordable housing and any other public housing needs.
- Coordinated activities with residential real estate professionals, mortgage lenders, mortgage brokers, and title companies to assist first-time homebuyers acquire their homes.
- Encouraged nonprofit organizations to apply for certification as Community Housing Development Organizations (CHDO's) under the HOME Program.
- Coordinated with the City's Affordable Housing Advisory Committee on affordable housing development issues producing a yearly report that is provided to City Council that provides recommendations on crucial policy items to support the development of affordable housing.

Identify actions taken to overcome the effects of any impediments identified in the jurisdictions analysis of impediments to fair housing choice. 91.520(a)

The City of Orlando Office of Community Affairs and Human Relations (OCA & HR) is an agent of the U.S. Department of Housing and Urban Development (HUD) and provides the following services:

- 1. Accepts, investigates, and resolves complaints of discrimination, contingent upon the applicable rules and regulations mandated by Chapter 57 of the Code of the City of Orlando and contractual agreement with HUD.
- 2. Conducts education and outreach activities for the public in order to increase citizen awareness of their rights and the remedies available to them under existing discrimination laws.
- 3. Conducts training workshops for employers, housing providers, and individuals/entities involved in the business of providing access to places of public accommodation.
- 4. Administers and enforces Title VIII, also referred to as the federal Fair Housing Act, and Chapter 57 of the Code of the City of Orlando (Chapter 57), which makes it illegal to discriminate in the sale, rental and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (includes children under the age of 18, living with parents or legal custodians, pregnant women, and people securing custody of children under the age of 18), and disability (mental or physical). Additionally, Chapter 57 provides further protection of marital status, sexual orientation, and gender identity/expression.

The OCA & HR serves a population of approximately 248,917 citizens and consistently engages in at least one educational outreach activity per month throughout Central Florida by disseminating brochures, conducting workshops, and staffing/participating at local events. Also, the OCA & HR has established partnerships with local fair housing groups, civil rights and disability organizations and housing providers. The agency provides housing counseling and information to the general public by phone, walk-ins, email, and online inquiry. Housing information is displayed in the OVA & HR and 17 City Community and Senior Centers. Housing staff investigated/resolved ten housing cases during the last fiscal period and currently has seven open housing investigations.

For the past five years the OCA&HR has partnered with several fair housing organizations to produce a Regional/Florida Fair Housing Summit that has about 18 different housing related workshops, where City elected officials attend, along with employees in the City's zoning, permitting, and planning divisions and the City's Housing and Community Development Department.

The City of Orlando has effective outreach, education and information programs designed to create a good understanding among civic leaders, educators, and other citizens of all ages to reduce the adverse effects and negative attitudes against protected classes.

### **CR-40 - Monitoring**

Describe the standards and procedures used to monitor activities carried out in furtherance of the plan and used to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements

Subrecipients are required to submit quarterly performance reports that help Housing and Community Development staff track if the agencies are on schedule to meet their budgeted goals or if there are any issues. Also, in each subrecipient agreement, there are timeline schedules for expenditures in order to ensure timeliness will be met by the City. Housing and Community Development staff have at least monthly meetings to discuss progress with meeting expenditure deadlines as well as accomplishment goals.

All new subrecipient projects as well as high-risk subrecipient projects complete desk monitoring to ensure compliance and understanding with policy and procedures. Additionally, all recurring subrecipient projects are monitored at a minimum once every three years.

We encourage all subrecipients to take affirmative steps to use small firms, minority owned firm, woman owned firms, or labor surplus area firms in its HUD financed activities by incorporating such businesses in solicitation lists whenever they are potential sources, ensuring that such businesses are solicited when identified as potential sources, dividing procurement requirements, when economically feasible, to permit maximum participation of such businesses, and requiring prime contractors, when subcontracts are left, to take affirmative steps to select such firms.

## Citizen Participation Plan 91.105(d); 91.115(d) Describe the efforts to provide citizens with reasonable notice and an opportunity to comment on performance reports.

A Public Notice was published in the Orlando Sentinel, a newspaper of general circulation in the Orlando, Orange, Osceola, Lake, and Seminole regions on Sunday, November 28, 2021. Citizens were invited to review and comment on the draft report during the review period of 11/28/2021 through 12/13/2021.

Copies of the draft CAPER were made available at the city's website, Orlando City Hall, Seminole County Library, Lake County Library, Orlando Public Library, Osceola County Library, and at the Orlando Housing Authority.

### **CR-45 - CDBG**

Specify the nature of, and reasons for, any changes in the jurisdiction's program objectives and indications of how the jurisdiction would change its programs as a result of its experiences.

The overall objectives of the Consolidated Plan and Action Plan did not change during Program Year 2020. CDBG activities continued to make a positive impact on the community providing needed public services to Orlando families and households. Goals were accomplished in providing reliable case management, housing counseling, and family stabilization.

The City also provided rehabilitation funds to Governor's Manor and Grand Avenue housing developments to replace roofs and repair a lift station respectively. In total, 195 rental homes received assistance through the rehabilitation.

The increasing need for affordable housing and permanent supportive housing for the chronically homeless remains a top Mayoral initiative especially during the pandemic. The emphasis on providing permanent supportive housing with wrap around services to the chronically homeless is one of the primary objectives of our 2016-2020 Consolidated Plan.

The City will continue to address needs identified in the Consolidated Plan with available funding resources and make adjustments in the annual Action Plans as appropriate.

Does this Jurisdiction have any open Brownfields Economic Development Initiative (BEDI) grants?

No

[BEDI grantees] Describe accomplishments and program outcomes during the last year.

### **CR-50 - HOME**

Include the results of on-site inspections of affordable rental housing assisted under the program to determine compliance with housing codes and other applicable regulations

Project	Address	# Units Inspected	<b>Inspection Issues</b>
PASF – Randall Polk	911 & 913 Randall Street and 1001 and 1009 Polk Street	4	Failed G.F.C.I. outlet and paint touch ups.

Summary of Issues: Conducted an inspection of the Randall-Polk Duplexes on October 18, 2021 and there were two minor HQS items that needed to be corrected. The units were re-inspected a few days later and both items were corrected.

## Provide an assessment of the jurisdiction's affirmative marketing actions for HOME units. 92.351(b)

The annual monitoring plan for the City of Orlando includes a review of the Affirmative Marketing Plan for all activities. This information is collected during the first phase of the annual monitoring process which is a "Desk Audit". All units monitored continued to follow the appropriate "Affirmative Marketing Plan" in place and reviewed annually. The activities provide appropriate referrals as vacancies appear and projects provide safe and affordable housing to the community's vulnerable population.

Refer to IDIS reports to describe the amount and use of program income for projects, including the number of projects and owner and tenant characteristics

Describe other actions taken to foster and maintain affordable housing. 91.220(k) (STATES ONLY: Including the coordination of LIHTC with the development of affordable housing). 91.320(j)

Additional City efforts include the ongoing projects with PASF (Parramore Asset Stabilization Fund) and Fairlawn Village (multi-family LIHTC project) to be completed and reported on in 2022. The Affordable Housing Advisory Committee met this year to review established policies, procedures, ordinance, land development regulations, and the comprehensive plan in order to recommend specific actions or initiatives to encourage and facilitate affordable housing while protecting the ability of the property to appreciate in value. This is part of our Ongoing Review process by which local government considers, before adoption any policies, procedures, ordinances, regulations, and plan provisions that may increase the cost of housing development. Recommendations were made in the following incentive strategies: Affordable Housing Inventory, Impact Fees, and Flexible Densities.

### CR-55 - HOPWA

### Identify the number of individuals assisted and the types of assistance provided

Table for report on the one-year goals for the number of households provided housing through the use of HOPWA activities for: short-term rent, mortgage, and utility assistance payments to prevent homelessness of the individual or family; tenant-based rental assistance; and units provided in housing facilities developed, leased, or operated with HOPWA funds.

Number of Households Served Through:	One-year Goal	Actual
Short-term rent, mortgage, and utility assistance payments	405	418
Tenant-based rental assistance	130	127
Units provided in transitional housing facilities developed, leased, or operated with HOPWA funds	135	139
Units provided in permanent housing facilities developed, leased, or operated with HOPWA funds	135	136
Total	805	820

Table 14 – HOPWA Number of Households Served

### Narrative

### **CR-60 - ESG**

### ESG Supplement to the CAPER in e-snaps

### **For Paperwork Reduction Act**

### 1. Recipient Information—All Recipients Complete

### **Basic Grant Information**

Recipient Name ORLANDO
Organizational DUNS Number 070343640
EIN/TIN Number 596000396
Identify the Field Office JACKSONVILLE

Identify CoC(s) in which the recipient or

subrecipient(s) will provide ESG

assistance

Orlando/Orange, Osceola, Seminole Counties CoC

### **ESG Contact Name**

Prefix Mr
First Name Oren
Middle Name J
Last Name Henry
Suffix 0

**Title** Department Director

### **ESG Contact Address**

**Street Address 1** 400 S. Orange Ave.

Street Address 2 0

City Orlando
State FL
ZIP Code -

**Phone Number** 4072462226

Extension 0

**Fax Number** 4072463055

Email Address oren.henry@cityoforlando.net

### **ESG Secondary Contact**

Prefix Ms
First Name Linda
Last Name Rhinesmith

Suffix 0

Title Housing Division Manager

**Phone Number** 4072463170

Extension 0

Email Address linda.rhinesmith@cityoforlando.net

### 2. Reporting Period—All Recipients Complete

Program Year Start Date 10/01/2020 Program Year End Date 09/30/2021

### 3a. Subrecipient Form – Complete one form for each subrecipient

Subrecipient or Contractor Name: HARBOR HOUSE OF CENTRAL FLORIDA

City: Orlando State: FL

**Zip Code:** 32868, 0748 **DUNS Number:** 063306047

Is subrecipient a victim services provider: Y

Subrecipient Organization Type: Other Non-Profit Organization

**ESG Subgrant or Contract Award Amount: 38600** 

Subrecipient or Contractor Name: COALITION FOR THE HOMELESS OF CENTRAL FLORIDA, INC

City: Orlando State: FL

**Zip Code:** 32801, 2542 **DUNS Number:** 613920354

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

**ESG Subgrant or Contract Award Amount: 38600** 

Subrecipient or Contractor Name: Family Promise of Greater Orlando

City: Orlando State: FL

**Zip Code:** 32804, 5510 **DUNS Number:** 111507187

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

**ESG Subgrant or Contract Award Amount:** 44153

### 2020 CAPER - DRAFT

Subrecipient or Contractor Name: The Southern Territorial Headquarters of The Salvation Army

City: Orlando State: FL

**Zip Code:** 32804, 6802 **DUNS Number:** 827897914

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Faith-Based Organization

**ESG Subgrant or Contract Award Amount: 38600** 

Subrecipient or Contractor Name: FL-507 Homeless Services Network of Central Florida

City: Orlando State: FL

**Zip Code:** 32811, 5663 **DUNS Number:** 159419535

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

**ESG Subgrant or Contract Award Amount: 15000** 

### **CR-65 - Persons Assisted**

### 4. Persons Served

### 4a. Complete for Homelessness Prevention Activities

Number of Persons in	Total
Households	
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 16 – Household Information for Homeless Prevention Activities

### 4b. Complete for Rapid Re-Housing Activities

Number of Persons in	Total	
Households		
Adults	14	
Children	20	
Don't Know/Refused/Other	0	
Missing Information	0	
Total	34	

Table 17 – Household Information for Rapid Re-Housing Activities

4c. Complete for Shelter

er complete for shereer			
Number of Persons in	Total		
Households			
Adults	2,548		
Children	373		
Don't Know/Refused/Other	0		
Missing Information	0		
Total	2,921		

Table 18 – Shelter Information

### 4d. Street Outreach

Number of Persons in	Total
Households	
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 19 – Household Information for Street Outreach

### 4e. Totals for all Persons Served with ESG

Number of Persons in	Total
Households	
Adults	2,562
Children	393
Don't Know/Refused/Other	0
Missing Information	0
Total	2,955

Table 20 – Household Information for Persons Served with ESG

### 5. Gender—Complete for All Activities

	Total
Male	2,112
Female	832
Transgender	8
Don't Know/Refused/Other	0
Missing Information	3
Total	2,955

Table 21 – Gender Information

### 6. Age—Complete for All Activities

	Total
Under 18	393
18-24	191
25 and over	2,371
Don't Know/Refused/Other	0
Missing Information	0
Total	2,955

Table 22 – Age Information

### 7. Special Populations Served—Complete for All Activities

### **Number of Persons in Households**

Subpopulation	Total	Total Persons Served – Prevention	Total Persons Served – RRH	Total Persons Served in Emergency Shelters
Veterans	284	0	0	284
Victims of Domestic Violence	432	0	4	428
Elderly	274	0	0	274
HIV/AIDS	55	0	0	55
Chronically Homeless	489	0	0	489

Persons with Disabilities:					
Severely Mentally III	581	0	0	581	
Chronic Substance Abuse	202	0	0	202	
Other Disability	710	0	2	708	
Total (unduplicated if possible)	1,493	0	2	1,491	

Table 23 – Special Population Served

#### **CR-70 - ESG - Assistance Provided and Outcomes**

#### 10. Shelter Utilization

Number of New Units – Rehabbed	0
Number of New Units – Conversion	0
Total Number of bed - nigths available	191,898
Total Number of bed - nights provided	152,222
Capacity Utilization	79%

Table 24 – Shelter Capacity

# 11. Project Outcomes Data measured under the performance standards developed in consultation with the CoC(s)

The City consulted with the CoC lead agency, the Homeless Services Network of Central Florida, in creating the performance standards for evaluating the proposed ESG activities. Standards were established through consultation with the Continuum of Care and Orange County covering areas such as determining client eligibility, type, duration and limits of homeless assistance and coordination among services providers. For Program Year 2020, our ESG activities were effective in:

- 1. Targeting those who need assistance the most The Salvation Army, Coalition for the Homeless, and Harbor House provide emergency shelter for people who are homeless. Harbor House provides emergency shelter for those who are victims of domestic abuse.
- 2. Reducing the number of people living on the streets or emergency shelters Family Promise provided rapid re-housing services by moving families to permanent housing.
- 3. Reducing each program participant's housing barriers or housing stability risks Coalition for the Homeless, the Salvation Army, Harbor House, Family Promise, provide case management services that include diversion, job training, budget training, life skills training, and substance abuse counseling if needed. All these services help make the transition from emergency shelter to permanent housing, independent living, and prevent individual and families from becoming homeless again.

A total of 2,921 people were provided emergency shelter and 34 people were provided rapid re-housing services during Program Year 2020.

#### **CR-75 - Expenditures**

#### 11. Expenditures

#### 11a. ESG Expenditures for Homelessness Prevention

	Dollar Amount of Expenditures in Program Year		
	2018	2019	2020
Expenditures for Rental Assistance	0	0	0
Expenditures for Housing Relocation and	0	0	0
Stabilization Services - Financial Assistance			
Expenditures for Housing Relocation &	41,478	26,724	0
Stabilization Services - Services			
Expenditures for Homeless Prevention under	0	0	0
Emergency Shelter Grants Program			
Subtotal Homelessness Prevention	41,478	26,724	0

Table 25 – ESG Expenditures for Homelessness Prevention

#### 11b. ESG Expenditures for Rapid Re-Housing

	<b>Dollar Amount of Expenditures in Program Year</b>			
	2018	2019	2020	
Expenditures for Rental Assistance	0	20,000	31,101	
Expenditures for Housing Relocation and	0	0	0	
Stabilization Services - Financial Assistance				
Expenditures for Housing Relocation &	0	0	0	
Stabilization Services - Services				
Expenditures for Homeless Assistance under	0	0	0	
Emergency Shelter Grants Program				
Subtotal Rapid Re-Housing	0	20,000	31,101	

Table 26 – ESG Expenditures for Rapid Re-Housing

#### 11c. ESG Expenditures for Emergency Shelter

	Dollar Amou	Dollar Amount of Expenditures in Program Year			
	2018	2019	2020		
Essential Services	0	0	0		
Operations	100,000	105,000	115,800		
Renovation	0	0	0		
Major Rehab	0	0	0		
Conversion	0	0	0		
Subtotal	100,000	105,000	115,800		

Table 27 – ESG Expenditures for Emergency Shelter

#### 11d. Other Grant Expenditures

	Dollar Amou	Dollar Amount of Expenditures in Program Year				
	2018	2018 2019 2020				
Street Outreach	0	0	0			
HMIS	15,000	15,000	15,000			
Administration	12,599	13,509.38	19,439			

Table 28 - Other Grant Expenditures

#### 11e. Total ESG Grant Funds

Total ESG Funds Expended	2018	2019	2020
	169,077	166,724	166,340

Table 29 - Total ESG Funds Expended

#### 11f. Match Source

	2018	2019	2020
Other Non-ESG HUD Funds	0	0	0
Other Federal Funds	0	0	0
State Government	0	0	0
Local Government	0	0	0
Private Funds	30,000	0	0
Other	110,391	151,274	157,361
Fees	0	0	0
Program Income	0	0	0
Total Match Amount	140,391	151,274	157,361

Table 30 - Other Funds Expended on Eligible ESG Activities

#### 11g. Total

Total Amount of Funds Expended on ESG Activities	2018	2019	2020
	309,468	317,998	323,701

Table 31 - Total Amount of Funds Expended on ESG Activities

#### **Attachment: HOPWA CAPER**



# Housing Opportunities for Persons With AIDS (HOPWA) Program

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

The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. Reporting is required for all HOPWA formula grantees. The public reporting burden for the collection of information is estimated to average 41 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD's requirements for reports submitted by HOPWA formula grantees are supported by 42 U.S.C. § 12911 and HUD's regulations at 24 CFR § 574.520(a). Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a

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

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

#### **Table of Contents**

#### **PART 1: Grantee Executive Summary**

- 1. Grantee Information
- 2. Project Sponsor Information
- 5. Grantee Narrative and Performance Assessment
  - a. Grantee and Community Overview
  - b. Annual Performance under the Action Plan
  - c. Barriers or Trends Overview

#### PART 2: Sources of Leveraging and Program Income

- 1. Sources of Leveraging
- 2. Program Income and Resident Rent Payments

PART 3: Accomplishment Data: Planned Goals and Actual Outputs

#### **PART 4: Summary of Performance Outcomes**

- 1. Housing Stability: Permanent Housing and Related Facilities
- 2. Prevention of Homelessness: Short-Term Housing Payments
- 3. Access to Care and Support: Housing Subsidy Assistance with Supportive Services

PART 5: Worksheet - Determining Housing Stability Outcomes
PART 6: Annual Report of Continued Use for HOPWA Facility-Based
Stewardship Units (Only)

#### **PART 7: Summary Overview of Grant Activities**

- A. Information on Individuals, Beneficiaries and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, PHP, Facility Based Units, Master Leased Units ONLY)
- B. Facility-Based Housing Assistance

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

**Record Keeping.** Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants

management oversight purposes, except for recording any names and other identifying information. In the case that HUD must review client-level data, no client names or identifying information will be retained or recorded. Information is reported in aggregate to HUD without personal identification. Do not submit client or personal information in data systems to HUD.

In connection with the development of the Department's standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and T-cell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client's case management, treatment and care, in line with the signed release of information from the client.

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

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

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

#### **Definitions**

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

	HOPWA Housing Subsidy Assistance	[1] Outputs: Number of Households
1.	Tenant-Based Rental Assistance	1
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units	
2b.	Transitional/Short-term Facilities: Received Operating Subsidies	
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year	

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

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

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

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

Facility-Based Housing Assistance: All eligible HOPWA Housing expenditures for or associated with supporting facilities including

3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year	
4.	Short-term Rent, Mortgage, and Utility Assistance	1
5.	Adjustment for duplication (subtract)	1
6.	TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)	1

community residences, SRO dwellings, short-term facilities, project-based rental units, master leased units, and other housing facilities approved by HUD.

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

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

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

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

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

**Household:** A single individual or a family composed of two or more persons for which household incomes are used to determine eligibility and for calculation of the resident rent payment. The term is used for collecting data on changes in income, changes in access to services, receipt of housing information services, and outcomes on achieving housing stability. Live-In Aides (see definition for Live-In Aide) and non-

beneficiaries (e.g. a shared housing arrangement with a roommate) who resided in the unit are not reported on in the CAPER.

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

In-kind Leveraged Resources: These are additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. The actual value of the support can be the contribution of professional services, based on customary rates for this specialized support, or actual costs contributed from other leveraged resources. In determining a rate for the contribution of volunteer time and services, use the criteria described in 2 CFR 200. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

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

**Live-In Aide:** A person who resides with the HOPWA Eligible Individual and who meets the following criteria: (1) is essential to the care and wellbeing 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 t24 CFR 5.403 and the HOPWA Grantee Oversight Resource Guide for additional reference.

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

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

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

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

**Permanent Housing Placement:** A supportive housing service that helps establish the household in the housing unit, including but not limited to

reasonable costs for security deposits not to exceed two months of rent costs.

**Program Income:** Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income at 2 CFR 200.307.

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

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

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

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

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

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

**Transgender**: Transgender is defined as a person who identifies with, or presents as, a gender that is different from the person's gender assigned at birth.

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

#### **Housing Opportunities for Person With AIDS (HOPWA)**

#### **Consolidated Annual Performance and Evaluation Report (CAPER)**

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

#### Part 1: Grantee Executive Summary

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

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

l. (	Gr	ant	tee	Int	or	ma	tio	n

HID Court North Co		0	6 11.2		
HUD Grant Number		Operating Y	ear for this report		
		<b>From (mm/o</b> 9/30/2020	<i>ld/yy)</i> 10/1/2020	To (mm/do	d/yy)
Grantee Name		1			
City of Orlando					
Business Address	400 S. Orange Avenue				
City, County, State, Zip	Orlando	FL		32802	4990
Employer Identification Number (EIN) or	596000396	1		.1	l
Tax Identification Number (TIN)					
DUN & Bradstreet Number (DUNs):	070343640		System for Award Ma	anagement (	SAM)::
			Is the grantee's SAM	status curre	ntly active?
			⊠ Yes □ No		
			If yes, provide SAM N	lumber:	
Congressional District of Grantee's Business Address	10		-		
*Congressional District of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 12,15,24				
*City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Orlando, Kissimmee,	Eustis, Sanford, Winter Park	Counties: Orange, Osco	eola, Seminole	, Lake
Organization's Website Address	•		for HOPWA Housing Su		ance Services
http://www.cityoforlando.net/housing/		in the Grantee Service	<b>Area?</b> □ Yes ⊠ No		
		If yes, explain in the na list and how this list is	rrative section what ser administered.	vices mainta	in a waiting

<sup>\*</sup> Service delivery area information only needed for program activities being directly carried out by the grantee

#### 2. Project Sponsor Information

**Project Sponsor Agency Name** 

Aspire Health Partners, Inc.

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

N/A

Parent Company Name, if applicable

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

Name and Title of Contact at Project Sponsor	Mary Jane Grant, Director				
Agency					
Email Address	Maryjane.grant@aspirehp.org				
Business Address	5151 Adanson St				
City County Clabs 71	Orlanda Oranga El 22004				
City, County, State, Zip,	Orlando, Orange, FL, 32804				
Phone Number (with area code)	407-875-3700				
There wanted (with area code)					
Employer Identification Number (EIN) or	59-2301233		Fax Nur	nber (with area	code)
Tax Identification Number (TIN)			407-8	22-5025	
DUN & Bradstreet Number (DUNs):	045613072				
Congressional District of Project Sponsor's	7				
Business Address					
Congressional District(s) of Primary Service	2, 3, 5, 6, 7, 8, 12, 15, 24				
Area(s)	2, 3, 3, 0, 7, 0, 12, 13, 24				
Arca(s)					
City(ies) and County(ies) of Primary Service	Cities: Orlando, Kissimmee, M	t. Dora, Sanford	Counti	es: Orange, Osceo	ola, Seminole, and Lake
Area(s)					
Total HOPWA contract amount for this					
Organization for the operating year					
Organization's Website Address	www.aspirehp.org				
lathannananananatitananainatian	s 🗆 No	Dana wasan awasalashi a		in aalaina lina	3
Is the sponsor a nonprofit organization?	S LI NO	Does your organization	ı mainta	in a waiting list	? □ Yes ⊠ No
Please check if yes and a faith-based organization	П	If yes, explain in the na	rrative	section how this	s list is administered.
ricuse check if yes and a faith basea organization	. 🗅	, 60, 6			
Please check if yes and a grassroots organization.					
Duningt Congress Agency Name	1	B N	· C	•	
Project Sponsor Agency Name		Parent Company Name	, іј арріі	icable	
Catholic Charities of Central Florida, Inc. d/b/a/P	athways To Care. Inc.	N/A			
The state of the s	and the same of th	· · · ·			
Name and Title of Contact at Project Sponsor	Jennifer Stephenson, Senior D	irector of Healthcare Services	S		
Agency					

Email Address	JStephenson-Crouch@cflcc.org				
Business Address	1819 N. Semoran Blvd				
City, County, State, Zip,	Orlando, Orange, FL, 32807				
Phone Number (with area code)	407-658-1818				
Employer Identification Number (EIN) or	59-1214353		Fax Num	nber (with are	a code)
Tax Identification Number (TIN)			407-82	22-5025	
DUN & Bradstreet Number (DUNs):	013577143				
Congressional District of Project Sponsor's Business Address	9				
Congressional District(s) of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 12, 15, 24				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Casselberry		Countie	es: Seminole	
Total HOPWA contract amount for this Organization for the operating year			•		
Organization's Website Address	www.cflcc.org				
Is the sponsor a nonprofit organization?	s 🗆 No	Does your organization	on maintai	n a waiting lis	st? ☐ Yes ⊠ No
Is the sponsor a nonprofit organization?   Yes  Please check if yes and a faith-based organization					st?   Yes   No  Nis list is administered.
	. 🗵				
Please check if yes and a faith-based organization	. 🗵				
Please check if yes and a faith-based organization	. 🗵		narrative s	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.	. 🗵	If yes, explain in the n	narrative s	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name	. 🗵	If yes, explain in the n Parent Company Nam	narrative s	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name  Center for Multicultural Wellness & Prevention  Name and Title of Contact at Project Sponsor	. 🗵	If yes, explain in the n Parent Company Nam	narrative s	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name  Center for Multicultural Wellness & Prevention  Name and Title of Contact at Project Sponsor Agency	Dr. Marie-Jose Francois, Execut	Parent Company Nam  NA  tive Director	narrative s	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name  Center for Multicultural Wellness & Prevention  Name and Title of Contact at Project Sponsor Agency  Email Address	Dr. Marie-Jose Francois, Execut	If yes, explain in the n Parent Company Nam NA tive Director	narrative s	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name  Center for Multicultural Wellness & Prevention  Name and Title of Contact at Project Sponsor Agency  Email Address  Business Address	Dr. Marie-Jose Francois, Execumifrancois@cmwp.org	If yes, explain in the n Parent Company Nam NA tive Director	narrative s	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name  Center for Multicultural Wellness & Prevention  Name and Title of Contact at Project Sponsor Agency  Email Address  Business Address  City, County, State, Zip,	Dr. Marie-Jose Francois, Executoris and Communication of the Communicati	Parent Company Nam  NA  tive Director	e, if applic	ection how th	is list is administered.
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name  Center for Multicultural Wellness & Prevention  Name and Title of Contact at Project Sponsor Agency  Email Address  Business Address  City, County, State, Zip,  Phone Number (with area code)	Dr. Marie-Jose Francois, Executorismifrancois@cmwp.org 641 N. Rio Grande Avenue Orlando, Orange, FL, 32805 407-648-9440	Parent Company Nam  NA  tive Director	e, if applic	cable	is list is administered.

Congressional District of Project Sponsor's

5

Business Address					
Congressional District(s) of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 12, 15, 24				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)		Cities: Orlando, Casselberry, Altamont Springs, Kissimmee, Mount Dora, Apopka, Longwood, Leesburg			ola, Seminole, and Lake
Total HOPWA contract amount for this Organization for the operating year	\$				
Organization's Website Address	www.cmwp.org				
Is the sponsor a nonprofit organization?	s 🗌 No	Does your organization	n mainta	in a waiting list	? Yes 🛛 No
Please check if yes and a faith-based organization	. 🗆	If yes, explain in the na	arrative s	section how thi	s list is administered.
Please check if yes and a grassroots organization.					
Project Sponsor Agency Name		Parent Company Name	e, if appli	icable	
Homeless Services Network of Central Florida, In	c.	NA			
Name and Title of Contact at Project Sponsor Agency	Martha Are, Executive Dire	ector			
Email Address	Martha.are@hsncfl.org				
Business Address	4065 L.B. McLeod Road #	D			
City, County, State, Zip,	Orlando, Orange, FL, 3281	1			
Phone Number (with area code)	407-893-0133				
Employer Identification Number (EIN) or	59-321382		Fax Nun	nber (with area	code)
Tax Identification Number (TIN)			407-893	3-5299	
DUN & Bradstreet Number (DUNs):	159419535	1			
Congressional District of Project Sponsor's Business Address	5				
Congressional District(s) of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 12, 15, 24				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Orlando, Casselberry, A Kissimmee, Winter Park, Wint Maitland, Apopka, St. Cloud, L	er Garden, Sanford,	Countie	es: Orange, Osceo	ola, Seminole, and Lake
Total HOPWA contract amount for this Organization for the operating year	\$		•		
Organization's Website Address	www.hsncfl.org				

Is the sponsor a nonprofit organization? 🛛 Yes 🗌 No		Does your organization maintain a waiting list? ☐ Yes ☐ No		
Please check if yes and a faith-based organization	If yes, explain in the narrative section how this list is administered.			
Please check if yes and a grassroots organization.				
Project Sponsor Agency Name		Parent Company Nam	e, if applicable	
Miracle of Love, Inc.		NA		
Name and Title of Contact at Project Sponsor Agency	Angus Bradshaw, Executive Di	rector		
Email Address	ABradshaw@miracleoflov	reinc.org		
Business Address	741 W. Colonial Dr			
City, County, State, Zip,	Orlando, Orange, FL, 32804			
Phone Number (with area code)	407-843-1760	407-467-1517		
Employer Identification Number (EIN) or	59-3455949		Fax Number (with area	code)
Tax Identification Number (TIN)			407-843-1767	
DUN & Bradstreet Number (DUNs):	961637527			
Congressional District of Project Sponsor's Business Address	5			
Congressional District(s) of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 12, 15, 24			
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Orlando, Casselberry, A Kissimmee, Winter Park, Wint Maitland, Apopka, St. Cloud, L	er Garden, Sanford,	Counties: Orange, Osceo	la, Seminole, and Lake
Total HOPWA contract amount for this Organization for the operating year	\$			
Organization's Website Address	Miracleofloveinc.org			
Is the sponsor a nonprofit organization? 🛛 Ye	s 🗌 No	Does your organizatio	n maintain a waiting list	? 🗌 Yes 🛛 No
Please check if yes and a faith-based organization	. 🗆	If yes, explain in the n	arrative section how this	s list is administered.
Please check if yes and a grassroots organization.				
Project Sponsor Agency Name		Parent Company Nam	e, if applicable	
St. Francis House of Hospitality, Inc.		n/a		
Name and Title of Contact at Project Sponsor Agency	Phillip Beiner, Executive Direc	tor		

Email Address	phillip.beiner@gmail.com				
Business Address	2221 N. Westmoreland Dr.				
City, County, State, Zip,	Orlando, Orange, FL, 32804				
Phone Number (with area code)	407-907-7056				
Employer Identification Number (EIN) or	59-3020203		Fax Numb	ber (with area	a code)
Tax Identification Number (TIN)			407-641-83	370	
DUN & Bradstreet Number (DUNs):	938370095				
Congressional District of Project Sponsor's Business Address	10				
Congressional District(s) of Primary Service Area(s)	3, 8, 24				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Orlando		Counties	: Orange	
Total HOPWA contract amount for this Organization for the operating year	\$				
	27.4				
Organization's Website Address	NA				
Is the sponsor a nonprofit organization?	es No	Does your organization	on maintain	n a waiting lis	t? Yes 🛭 No
Is the sponsor a nonprofit organization?	_	Does your organization			
	. 🖂				
Please check if yes and a faith-based organization	. 🖂				
Please check if yes and a faith-based organization	. 🖂		narrative se	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.	. 🖂	If yes, explain in the r	narrative se	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name	. 🖂	If yes, explain in the r	narrative se	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor	. 🗵	Parent Company Nam	narrative se	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor Agency	Barbara Hoosier, Executive Dia	Parent Company Nam	narrative se	ection how th	
Please check if yes and a faith-based organization  Please check if yes and a grassroots organization.  Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor Agency  Email Address	Barbara Hoosier, Executive Did	Parent Company Nam	narrative se	ection how th	
Please check if yes and a faith-based organization Please check if yes and a grassroots organization.  Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor Agency  Email Address  Business Address	Barbara Hoosier, Executive Did bhoosier_mol@hotmail.co 7067 Blair Dr.	Parent Company Nam	narrative se	ection how th	
Please check if yes and a faith-based organization Please check if yes and a grassroots organization.  Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor Agency  Email Address  Business Address  City, County, State, Zip,	Barbara Hoosier, Executive Did bhoosier_mol@hotmail.co 7067 Blair Dr. Orlando, Orange, FL, 32818 (321) 377-7696	Parent Company Nam	narrative se	ection how th	is list is administered.
Please check if yes and a faith-based organization Please check if yes and a grassroots organization.  Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor Agency  Email Address  Business Address  City, County, State, Zip,  Phone Number (with area code)	Barbara Hoosier, Executive Did bhoosier_mol@hotmail.co 7067 Blair Dr. Orlando, Orange, FL, 32818	Parent Company Nam	narrative se	able	is list is administered.

Congressional District of Project Sponsor's Business Address	10		
Congressional District(s) of Primary Service Area(s)	10		
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Orlando		Counties: Orange
Total HOPWA contract amount for this	\$		
Organization for the operating year			
Organization's Website Address	www.xtendinghands.org		
Is the sponsor a nonprofit organization?	s 🗌 No	Does your organization	n maintain a waiting list? 🗌 Yes 🛮 No
Please check if yes and a faith-based organization	. 🗆	If yes, explain in the na	rrative section how this list is administered.
Please check if yes and a grassroots organization.			

#### 5. Grantee Narrative and Performance Assessment

#### a. Grantee and Community Overview

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

The City of Orlando - Housing Opportunity for Persons with AIDS (HOPWA) Program received \$4,586,699 in HUD funding to provide housing services to individuals with HIV/AIDS living in Orange, Osceola, Seminole and Lake Counties. The services provided were in the form of Short-Term Rent, Mortgage and Utility Assistance, Tenant-Based Rental Assistance, Permanent Housing Placement, Supportive Housing Services, Facility-Based Operating Costs, and Supportive Services in the form of Case Management.

During grant year 2016 – 2017, Orange County Board of County Commissioners, Health Services Department started administrating the program, providing oversight and technical assistance to seven contracted agencies. As the administrator also for the Orlando EMA Ryan White Part A Program, Orange County was able to align the two programs in order to improve outcomes for the clients accessing these services. In May 2017, HOPWA Program transitioned into the electronic data management system currently used by the Ryan White Part A program. This arrangement allowed for common eligibility to be established and shared client information, increasing coordination between the programs, providing a more efficient and effective method for delivering services to clientele.

#### b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

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

During 2020-2021 HOPWA year, 744 unduplicated households received housing subsidy assistance under Tenant-Based Rental Assistance (TBRA), Short-Term Rent, Mortgage and Utility Assistance (STRMU), Permanent Housing Placement costs (PHP), or Transitional/Short-Term Facilities, and HOPWA funded case management services. Limited available, safe, and affordable housing in the area continues to be challenging for some clients to be placed in a house. Since transitioning to an electronic system shared by Ryan White Part A, health outcome measure are reported for HOPWA clients and reports can be generated to identify the impact of housing in the health of the clients. During 2020-2021, 88% of clients who received housing assistance, had a viral load test during the reporting period and 87% were virally suppressed. This statistic is in line with the Ryan White Part A EMA and demonstrates the impact of housing in the life of the clients. Even though the delivery of some HOPWA services were modified as a result of the COVID-19 pandemic, agencies were able to adapt and provide services via virtual platforms or face-to-face following Center for Disease Control (CDC) guidelines.

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

Over the last year, there has been significant progress in collaboration between the HOPWA and Ryan White programs in the Orlando EMSA, especially during the COVID-19 pandemic. This collaboration has simplified the way in which HOPWA clients access Ryan White services, which include: medical care, medical case management, mental health and substance abuse services, food bank access, and transportation. Increasing HOPWA client's access to these medical and support services will continue to increase housing stability and retention in care. Having a single computer system for both programs has also simplified the referral process and made it easier intake clients who are in need to of HOPWA services.

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

As previously indicated, the HOPWA program has made significant progress in improving coordination with the Ryan White program. This includes establishing a common eligibility for both programs, which reduces barriers to clients needing services from both programs. It also allows Ryan White case managers to electronically refer clients to the HOPWA program. The HOPWA program has also been working on increased coordination with the local HUD Continuum of Care agency (Homeless Services Network). These efforts are ongoing and have concentrated on referring HOPWA eligible clients directly from the Coordinated Entry System (CES) into the HOPWA program.

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

N/A

#### c. Barriers and Trends Overview

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

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

#### **COVID-19 Pandemic**

Since March 2020, HOPWA clients have been directly impacted by COVID-19. Clients have been impacted financially, sometimes requiring short-term rental assistance for longer periods of times due to the uncertainties of the pandemic. Agencies had to transition to virtual platforms and modify the way they interacted with clients and landlords in order to minimize the risk of COVID-19 infection and follow CDC guidelines. Facility-based housing had to implement specific restrictions in order to prevent the spread of COVID in shared housing arrangements. In addition, the extension of the COVID-19 waivers issued by HUD were necessary and employed to keep clients housed during this challenging grant year. Housing Case Managers often expressed that the clients felt anxious leaving their housing for any reason due to their immunocompromised system and worked with them via the virtual platforms as mentioned above.

#### **Housing Affordability**

The Orlando EMSA suffers from a lack of affordable housing. The clients who receive services typically receive anywhere from \$720 - \$1,000 a month. Housing that these clients can afford is usually in unstable neighborhoods where drugs are easily distributed. Landlords who own low income housing have become reluctant to provide the necessary repairs to the premises oftentimes leading to a high level of anxiety in clients. The level of anxiety in HIV/AIDS clients increase to the point where clients cycle into substance abuse and mental health crisis that are not easily stabilized. Since individuals with HIV/AIDS are at a greater risk of homelessness due to the high cost of medical care and rising housing costs, providing housing stability is crucial. These circumstances present a serious challenge to assisting HOPWA beneficiaries with attaining permanent housing. Our STRUM and PHP expenses are above HUD's national average due to the lack of affordable housing in the area.

#### Credit History/Criminal Justice History/Rental History

HOPWA eligible individuals with poor credit history, criminal history and rental history have difficult times finding affordable, decent and safe housing. Our HOPWA Project Sponsors work diligently to find landlords who do not require credit checks and these same landlords often charge higher rent as a result of poor credit. Many HOPWA eligible individuals cannot be transferred into other housing programs due to issues with criminal, credit history, rental history, extremely long and/or closed wait lists.

☐ HOPWA/HUD Regulations	☐ Planning	☐ Housing Availability	☐ Rent Determination and Fair Market Rents
☐ Discrimination/Confidentiality	☐ Multiple Diagnoses	☐ Eligibility	☐ Technical Assistance or Training
☐ Supportive Services	□ Credit History	☐ Rental History	☐ Criminal Justice History
□ Housing Affordability	☐ Geography/Rural Access	☑ Other, please explain further: 0	COVID-19 Pandemic

#### **Housing Availability**

All of our Project Sponsors are affected by the lack of available housing in the Orlando EMSA. In addition, there is very limited public transportation which prevents clients from following up on medical care and effective implementation of HOPWA services.

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

Data from the Florida Department of Health, Bureau of Communicable Diseases, revealed there were 518 new HIV cases in 2020; a decrease by 139 cases from 657 cases in 2019 in the EMA. Over the past five years the number of new AIDS cases decreased by 62 for a total of 200 cases in 2020. The decline in HIV testing during the COVID pandemic likely contributed to the decline in new HIV and AIDS cases. Over the past three years the number of those living with HIV/AIDS increased by 132 cases for a total of 13,389 PWH. In all three groups, the Black population was overrepresented in the percent of new HIV cases and new AIDS cases accounting for 40.5 percent and 49.0 percent respectively, while the Hispanic/Latinx population accounted for 37.1 percent of new HIV cases and 31.0 percent of new AIDS cases. The Black population increased to 39.4 percent of PWH while consistently representing around 15 percent (15.8 in 2020) of the population in the EMA. Cisgender Men were also disproportionately represented ranging from 73.5 percent of new AIDS cases to 82.0 percent of new HIV cases. In the EMA, the

percentage of females to males remained the same from 2019 to 2020; 51:49 ratio respectively. Youth (ages 13-24 years) accounted for 20.7 percent of new HIV cases, 5.0 percent of new AIDS cases and 5.0 percent of those living with HIV/AIDS. Older adults (age 50+ years) accounted for 17.6 percent of new HIV cases, 32.0 percent of new AIDS cases and 49.6 percent of PWH. MMSC exposure category accounted for 81.5 percent of all new cisgender men HIV cases, 74.1 percent of new cisgender men AIDS cases and 75.3 percent of male PWH. Heterosexual contact was reported as the mode of exposure for 92.2 percent of new cisgender women HIV cases, 96.2 percent for new cisgender women AIDS cases and 83.5 percent of cisgender women PWH. Perinatal exposure accounted for 100.0 percent of new HIV cases for those ages 0-12 years and 100.0 percent of PWH for the same age range. The decrease in the number of people living with HIV/AIDS in the area does not accurately representant the increased demand for housing services and consistently declining housing availability. Project Sponsors work with a diverse population in the area to meet the demands while leveraging funds.

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

The public can access the following websites to obtain statistical data regarding the HIV/AIDS epidemic: www.floridahealth.gov www.flhealthcharts.com www.cdc.gov http://hab.hrsa.gov/abouthab/ryanwhite.html

End of PART 1

#### PART 2: Sources of Leveraging and Program Income

#### 1. Sources of Leveraging

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

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

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
			☐ Housing Subsidy Assistance
Ryan White-Housing Assistance			☐ Other Support
		Medical Case	☐ Housing Subsidy Assistance
Ryan White-Other	\$1,400,000	Management	⊠ Other Support
			☐ Housing Subsidy Assistance
Housing Choice Voucher Program			☐ Other Support
			☐ Housing Subsidy Assistance
Low Income Housing Tax Credit			☐ Other Support
			☐ Housing Subsidy Assistance
HOME			☐ Other Support
			☐ Housing Subsidy Assistance
Continuum of Care			☐ Other Support
			☐ Housing Subsidy Assistance
Emergency Solutions Grant			☐ Other Support
		Housing	☐ Housing Subsidy Assistance
Other Public: HOPWA State	\$650,000	Assistance	☐ Other Support

		Housing	☐ Housing Subsidy Assistance
Other Public: HOPWA COVID	\$626,059	Assistance	☐ Other Support
			☐ Housing Subsidy Assistance
Other Public:			☐ Other Support
			☐ Housing Subsidy Assistance
Other Public:			☐ Other Support
			☐ Housing Subsidy Assistance
Other Public:			☐ Other Support
Private Funding			
			☐ Housing Subsidy Assistance
Grants			☐ Other Support
			☐ Housing Subsidy Assistance
In-kind Resources			☐ Other Support
			☐ Housing Subsidy Assistance
Other Private:			☐ Other Support
			☐ Housing Subsidy Assistance
Other Private:			☐ Other Support
Other Funding			
			☐ Housing Subsidy Assistance
Grantee/Project Sponsor (Agency) Cash			☐ Other Support
Resident Rent Payments by Client to Private Landlord			
TOTAL (Sum of all Rows)	\$2,676,059		

#### 2. Program Income and Resident Rent Payments

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

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

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

	Program Income and Resident Rent Payments Collected	Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	0
2.	Resident Rent Payments made directly to HOPWA Program	\$80,253.38
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	\$80,253.38

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

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

	Program Income and Resident Rent Payment Expended on HOPWA programs	Total Amount of Program Income Expended  (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	0
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non- direct housing costs	\$80,253.38
3.	Total Program Income Expended (Sum of Rows 1 and 2)	\$80,253.38

End of PART 2

#### PART 3: Accomplishment Data Planned Goal and Actual Outputs

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

#### 1. HOPWA Performance Planned Goal and Actual Outputs

		[1]	Output:	Hou	seholds	[2] Out <sub>[</sub>	out: Funding
	HOPWA Performance		PWA stance		everaged ouseholds	HOP	WA Funds
	Planned Goal and Actual	a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
	HOPWA Housing Subsidy Assistance	[1	.] Output:	Hou	seholds	[2] Out	put: Funding
1.	Tenant-Based Rental Assistance	130	127			\$1,328,870	\$1,176,450.12
2a.	Permanent Housing Facilities:  Received Operating Subsidies/Leased units (Households Served)		0				
2b.	Transitional/Short-term Facilities:  Received Operating Subsidies/Leased units (Households Served)  (Households Served)	135	139			\$1,056,938	\$676,860.80
3a.	Permanent Housing Facilities:  Capital Development Projects placed in service during the operating year  (Households Served)		0				
3b.	Transitional/Short-term Facilities:  Capital Development Projects placed in service during the operating year  (Households Served)		0				
4.	Short-Term Rent, Mortgage and Utility Assistance	275	277			\$623,696	\$431,868.69
5.	Permanent Housing Placement Services	135	136			\$352,605	\$254,403.43
6.	Adjustments for duplication (subtract)		117				
7.	Total HOPWA Housing Subsidy Assistance (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	675	562			\$3,362,109.00	\$2,539,583.04
	Housing Development (Construction and Stewardship of facility based housing)	[1]	Output: I	Housi	ng Units	[2] Out	put: Funding

8.	Facility-based units;		0			0	0
	Capital Development Projects not yet opened (Housing Units)						
9.	Stewardship Units subject to 3- or 10- year use agreements		0				
10.	Total Housing Developed						
	(Sum of Rows 8 & 9)		0			0	0
	Supportive Services	[	1] Output:	House	eholds	[2] Out	put: Funding
11a.	Supportive Services provided by project sponsors that also delivered <u>HOPWA</u> housing subsidy assistance	950	957			\$681,934	\$535,389.85
11b.	Supportive Services provided by project sponsors that only provided supportive services.		0			0	0
12.	Adjustment for duplication (subtract)		0				
13.	Total Supportive Services (Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)	950	957			\$681,934	\$535,389.85
	Housing Information Services	[1] Output: Households [2] Output: Funding		tput: Funding			
14.	Housing Information Services		0			\$35,000	\$13,300
15.	Total Housing Information Services					\$35,000	\$13,300

	Grant Administration and Other Activities	[1] Output: Households [2]		[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing				
17.	assistance resources Technical Assistance				
	(if approved in grant agreement)				
18.	Grantee Administration		¢120 F74	#117.744.D1	
	(maximum 3% of total HOPWA grant)		\$129,574	\$117,744.21	
19.	Project Sponsor Administration		¢225.240	¢210.714.00	
	(maximum 7% of portion of HOPWA grant awarded)		\$235,348	\$219,714.09	
20.	Total Grant Administration and Other Activities		\$339,591	\$337,458.30	
	Total Expended	[2] Outputs: HOPWA Funds Expended			
			Budget	Actual	
21.	Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)		\$4,418,63 4	\$3,489,525.8 6	

#### 2. Listing of Supportive Services

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

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

	Supportive Services [1] Output: Number of <u>Households</u>		[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance	0	0
2.	Alcohol and drug abuse services	0	0
3.	Case management	957	\$535,389.85
4.	Child care and other child services	0	0
5.	Education	0	0
6.	Employment assistance and training	0	0

	Health/medical/intensive care services, if approved	0	0
7.	Note: Client records must conform with 24 CFR §574.310		
8.	Legal services	0	0
9.	Life skills management (outside of case management)	0	0
10.	Meals/nutritional services	0	0
11.	Mental health services	0	0
12.	Outreach	0	0
13.	Transportation	0	0
14.	Other Activity (if approved in grant agreement). <b>Specify</b> :	0	0
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1- 14)	957	
16.	Adjustment for Duplication (subtract)	0	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	957	\$535,389.85

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

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

amount of STRMU funds expended to support direct program costs such as program operation staff.

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

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

ı	Housing Subsidy Assistance Categories (STRMU)	[1] Output: Number of <u>Households</u> Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	277	\$431,868.69
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	5	\$13,332.45
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	2	\$9,502.00
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	201	\$294,145.38
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	55	45742.78
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	14	\$5,759.00
g.	Direct program delivery costs (e.g., program operations staff time)		\$63,387.08

End of PART 3

#### Part 4: Summary of Performance Outcomes

In Column [1], report the total number of eligible households that received HOPWA housing subsidy assistance, by type.

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

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

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

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

A. Permanent Housing Subsidy Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Nu Households that ex HOPWA Program Housing Status afte	ited this ; their	[4] HOPWA Client Outcomes
			1 Emergency Shelter/Streets	1	Unstable Arrangements
			2 Temporary Housing	2	Temporarily Stable, with Reduced Risk of Homelessness
Tenant-Based	134	95	3 Private Housing	15	
Rental			4 Other HOPWA	0	Stable/Permanent Housing
Assistance			5 Other Subsidy	8	(PH)
			6 Institution	1	
			7 Jail/Prison	0	Unstable Arrangements
			8 Disconnected/Unknown	9	Unstable Arrangements
			9 Death	3	Life Event
			1 Emergency Shelter/Streets	0	Unstable Arrangements
			2 Temporary Housing	0	Temporarily Stable, with Reduced Risk of Homelessness
Permanent	0	0	3 Private Housing	0	
Supportive Housing	, and the second	Ç	4 Other HOPWA	0	Stable/Permanent Housing
Facilities/ Units			5 Other Subsidy	0	(PH)
Units			6 Institution	0	
			7 Jail/Prison	0	
			8 Disconnected/Unknown	0	Unstable Arrangements
			9 Death	0	Life Event

#### **B. Transitional Housing Assistance**

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Nu Households that ex HOPWA Program Housing Status afte	kited this n; their	[4] HOPWA Client Outcomes
			1 Emergency Shelter/Streets	7	Unstable Arrangements
Transitional/ Short-Term Housing Facilities/	139	43	2 Temporary Housing	18	Temporarily Stable with Reduced Risk of Homelessness
			3 Private Housing	14	
			4 Other HOPWA	0	Stable (Decree and the rise (DII)
Units			5 Other Subsidy	1	Stable/Permanent Housing (PH)
			6 Institution	8	
	139		7 Jail/Prison	1	Unstable Arrangements
			8 Disconnected/unknown	47	Unstable Arrangements
			9 Death	0	Life Event
B1: Total	B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months			2:	2

## Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness

#### (Short-Term Housing Subsidy Assistance)

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

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

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

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

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

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

#### Assessment of Households that Received STRMU Assistance

[1] Output: Total	[2] Assessment of Housing Status	[3] HOPWA Client Outcomes
number of		
households		

	Maintain Private Housing without subsidy				
	(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	50			
	Other Private Housing without subsidy		•		
	(e.g. client switched housing units and is now stable, not likely to seek additional support)	0	Stable/Perm	anent Housing (PH)	
	Other HOPWA Housing Subsidy Assistance	32			
	Other Housing Subsidy (PH)	6			
	Institution (e.g. residential and long-term care)	0			
	Likely that additional STRMU is needed to maintain current housing arrangements	68	Temporarily Stable, with Reduced Risk of Homelessness		
356	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	1			
	Temporary/Non-Permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	0			
	Emergency Shelter/street	0			
	Jail/Prison	0	Unstable Arrangements		
	Disconnected	120			
	Death	0	Li	fe Event	
1a. Total number of those STRMU assistance in the pryears).	124				
1b. Total number of those STRMU assistance in the tw operating years).	28				

#### Section 3. HOPWA Outcomes on Access to Care and Support

#### 1a. Total Number of Households

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

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

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

Total N	umber of	f Households	
1.		ect Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of household the following HOPWA-funded services:	olds that
	a.	Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	680
	b.	Case Management	954
	c.	Adjustment for duplication (subtraction)	671
	d.	Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)	963
2.		ect Sponsors did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of howed the following HOPWA-funded service:	useholds
	a.	HOPWA Case Management	0
	<b>b.</b>	Total Households Served by Project Sponsors without Housing Subsidy Assistance	0

#### 1b. Status of Households Accessing Care and Support

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

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

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

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
Has a housing plan for maintaining or establishing stable on-going housing	779	0	Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	813	0	Access to Support
Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	786	0	Access to Health Care
Accessed and maintained medical insurance/assistance	832	0	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	754	0	Sources of Income

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

•	MEDICAID Health Insurance Program, or
	use local program
	name

• MEDICARE Health Insurance Program,

or use local program name

- Veterans Affairs Medical Services
- AIDS Drug Assistance Program (ADAP)
- State Children's Health Insurance Program (SCHIP), or use local program name
- Ryan White-funded Medical or Dental Assistance

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

- Earned Income
- Veteran's Pension
- Unemployment Insurance
- Pension from Former Job
- Supplemental Security Income (SSI)
- Child Support
- Social Security Disability Income (SSDI)
- Alimony or other Spousal Support
- Veteran's Disability Payment
- Retirement Income from Social Security
- Worker's Compensation
- General Assistance (GA), or use local program name
- Private Disability Insurance
- Temporary Assistance for Needy Families (TANF)
- Other Income Sources

#### 1c. Households that Obtained Employment

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

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

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

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

Categories of Services Accessed	[1 For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	166	13

**End of PART 4** 

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

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

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

**Background on HOPWA Housing Stability Codes** 

**Stable Permanent Housing/Ongoing Participation** 

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

#### **Temporary Housing**

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

#### **Unstable Arrangements**

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

#### **Life Event**

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

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

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

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

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

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

#### **End of PART 5**

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

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

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

Operating Year for this report

From (mm/dd/yy) To (mm/dd/yy)

☐ Final Yr

Note: See definition of Stewardship Units.

# 1. General information

HUD Grant Number(s)		
	☐ Yr 1; ☐ Yr 2; ☐ Yr 3; ☐ Yr 4,	; □ Yr 5; □ Yr 6;
	☐ Yr 7; ☐ Yr 8; ☐ Yr 9; ☐ Yr 10	0
Grantee Name	Date Facility Began Operations (mm	/dd/yy)
2. Number of Units and Non-HOPWA	Expenditures	
2. Number of Units and Non-HOPWA	Expenditures	
2. Number of Units and Non-HOPWA  Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
	Number of Stewardship Units	
Facility Name:	Number of Stewardship Units	· · · · · · · · · · · · · · · · · · ·
Facility Name:  Total Stewardship Units	Number of Stewardship Units	· · · · · · · · · · · · · · · · · · ·
Facility Name:  Total Stewardship Units	Number of Stewardship Units	· · · · · · · · · · · · · · · · · · ·
Facility Name:  Total Stewardship Units  (subject to 3- or 10- year use periods)	Number of Stewardship Units Developed with HOPWA funds	· · · · · · · · · · · · · · · · · · ·

Site Information: Congressional District(s)	
Is the address of the project site confidential?	☐ Yes, protect information; do not list
	☐ Not confidential; information can be made available to the public
If the site is not confidential:	
Please provide the contact information, phone, email address/location, if business address is different from facility address	

**End of PART 6** 

# Part 7: Summary Overview of Grant Activities

A. Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, Facility-Based Units, Permanent Housing Placement and Master Leased Units ONLY)

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

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

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

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	562

# **Chart b. Prior Living Situation**

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

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

	Category	Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	Continuing to receive HOPWA support from the prior operating year	245
New Year	Individuals who received HOPWA Housing Subsidy Assistance support during Operating	
2.	Place not meant for human habitation  (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	24

3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	9
4.	Transitional housing for homeless persons	18
5.	Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	51
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	2
7.	Psychiatric hospital or other psychiatric facility	1
8.	Substance abuse treatment facility or detox center	7
9.	Hospital (non-psychiatric facility)	11
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	2
12.	Rented room, apartment, or house	160
13.	House you own	7
14.	Staying or living in someone else's (family and friends) room, apartment, or house	41
15.	Hotel or motel paid for without emergency shelter voucher	26
16.	Other	2
17.	Don't Know or Refused	7
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	562

# c. Homeless Individual Summary

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

Category Number of Homeless Veteran(s)	Number of Chronically Homeless
--	-----------------------------------

HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	3	23
1101 WA Housing Subsidy Assistance		

# Section 2. Beneficiaries

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

**Note:** See definition of <u>HOPWA Eligible Individual</u>

**Note:** See definition of <u>Transgender</u>.

**Note:** See definition of <u>Beneficiaries</u>.

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

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

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a)	562
2. Number of ALL other persons <b>diagnosed</b> as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	11
3. Number of ALL other persons <b>NOT diagnosed</b> as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy	207
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1, 2, & 3)	780

# b. Age and Gender

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

	HOPWA Eligible Individuals (Chart a, Row 1)					
		A.	В.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18	0	0	0	0	0
2.	18 to 30 years	49	14	3	0	66
3.	31 to 50 years	176	75	11	0	262
4.	51 years and Older	141	85	8	0	234
5.	Subtotal (Sum of Rows 1-4)	366	174	22	0	562
		All Ot	ther Beneficiaries	(Chart a, Rows 2 and	d 3)	
		A.	В.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	77	76	0	0	153
7.	18 to 30 years	10	10	0	0	20
8.	31 to 50 years	8	13	0	0	21
9.	51 years and Older	8	16	0	0	24
10.	Subtotal (Sum of Rows 6-9)	103	115	0	0	218
			Total Beneficiarie	es (Chart a, Row 4)		
11.	TOTAL (Sum of Rows 5 & 10)	552	334	22	0	780

c. Race and Ethnicity\*

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

		HOPWA Eligibl	e Individuals	All Other Beneficiaries	
	Category	[A] Race [all individuals reported in Section 2, Chart a, Row 1]	[B] Ethnicity  [Also identified as  Hispanic or  Latino]	[C] Race [total of individuals reported in Section 2, Chart a, Rows 2 & 3]	[D] Ethnicity  [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native	2	1	1	0
2.	Asian	0	0	0	0
3.	Black/African American	338	16	145	2
4.	Native Hawaiian/Other Pacific Islander	2	0	0	0
5.	White	215	127	62	54
6.	American Indian/Alaskan Native & White	0	0	0	0
7.	Asian & White	2	0	0	0
8.	Black/African American & White	1	0	6	1
9.	American Indian/Alaskan Native & Black/African American	2	1	1	0
10.	Other Multi-Racial	0	0	3	2
11.	Column Totals (Sum of Rows 1-10)	562	145	218	59

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

# Section 3. Households

## **Household Area Median Income**

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

<sup>\*</sup>Reference (data requested consistent with Form HUD-27061 Race and Ethnic Data Reporting Form)

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

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

Perc	centage of Area Median Income	Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	438
2.	31-50% of area median income (very low)	84
3.	51-80% of area median income (low)	40
4.	Total (Sum of Rows 1-3)	562

# **Part 7: Summary Overview of Grant Activities**

# **B. Facility-Based Housing Assistance**

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

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

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

# 1. Project Sponsor Agency Name (Required)

Asniva Haalth Davtneys Inc		
Aspire Health Partners, Inc.		

# 2. Capital Development

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

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

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

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

# 3a. Check one only

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

# **3b.** Type of Facility

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Aspire Health Partners, Inc.

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence			10	25	5	
c.	Project-based rental assistance units or leased units						

	Other housing facility			
d.	Specify			
	Specify:			

## 4. Households and Housing Expenditures

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

asec	by the organization.		Г
	Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs	77	\$273,287
C.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	77	\$273,287

# **Project Sponsor Agency Name (Required)**

Catholic Charities of Central Florida, Inc.	

# 2. Capital Development

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

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

Type of Development this operating year  New construction		HOPWA Funds  Expended this operating year  (if applicable)	Non-HOPWA funds Expended (if applicable)  \$	Name of Facility:  Pathways To Care  Type of Facility [Check only one box.]  Permanent housing  Short-term Shelter or Transitional housing
☐ Acc	uisition	\$	\$	☐ Supportive services only facility
□ Оре	erating	\$	\$	
a.	Purchase/lease o	of property:		Date (mm/dd/yy):
b.	Rehabilitation/Co	onstruction Dates:		Date started: Date Completed:
c.	Operation dates:			Date residents began to occupy:   Not yet occupied
d.	Date supportive	services began:		Date started:
				☐ Not yet providing services
e.	e. Number of units in the facility:		HOPWA-funded units = as needed Total Units = 40	
f.	Is a waiting list maintained for the facility?		☐ Yes ☐ No  If yes, number of participants on the list at the end of operating year	
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of	the project site confident	ial?	☐ Yes, protect information; do not publish list
				☐ No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

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

# 3b. Type of Facility

3a. Check one only

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Catholic Charities of Central Florida, Inc.

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						

c.	Project-based rental assistance units or leased units				
d.	Other housing facility  Specify: Short-term Assisted Living	22			

# 4. Households and Housing Expenditures

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

	Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs	13	\$87,528
C.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)	0	
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	13	\$87,528

# **Project Sponsor Agency Name (Required)**

Center for Multicultural Wellness and Prevention, Inc.	

# 2. Capital Development

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

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

Type of Development this operating year		HOPWA Funds  Expended this operating year  (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:  Center for Multicultural Wellness and  Prevention (Covenant Place)	
□ Nev	w construction	\$	\$	Type of Facility [Check only one box.]	
□ Reh	nabilitation	\$	\$	☐ Short-term Shelter or Transitional housing ☐ Supportive services only facility	
□ Acc	uisition	\$	\$		
□ Оре	erating	\$	\$		
a.	Purchase/lease o	of property:		Date (mm/dd/yy):	
b.	Rehabilitation/Co	onstruction Dates:		Date started: Date Completed:	
c.	Operation dates:			Date residents began to occupy:   Not yet occupied	
d.	Date supportive	services began:		Date started:  ☐ Not yet providing services	
e.	e. Number of units in the facility:			HOPWA-funded units = Total Units =	
f.	f. Is a waiting list maintained for the facility?		,	☐ Yes ☐ No  If yes, number of participants on the list at the end of operating year 0	
g.	g. What is the address of the facility (if differ		rent from business address)?		
h.	Is the address of	the project site confident	tial?	☐ Yes, protect information; do not publish list☐ No, can be made available to the public	

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

# 3a. Check one only

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

# 3b. Type of Facility

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Center for Multicultural Wellness and Prevention

Тур	e of housing facility operated by the project sponsor	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						

b.	Community residence		9	2	
c.	Project-based rental assistance units or leased units				
d.	Other housing facility  Specify:				

# 4. Households and Housing Expenditures

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

	Housing Assistance Category: Facility Based Housing	ce Category: Facility Based Housing Output: Number of Households	
a.	Leasing Costs		
b.	Operating Costs	10	\$82,795
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)	0	
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	10	\$82,795

# **Project Sponsor Agency Name (Required)**

St. Francis House of Hospitality, Inc.	

# 2. Capital Development

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

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

De	Type of velopment soperating year	HOPWA Funds  Expended this operating year  (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: St. Francis House of Hospitality
☐ Nev	w construction	\$	\$	Type of Facility [Check only one box.]
				☐ Permanent housing
☐ Reh	nabilitation	\$	\$	☐ Short-term Shelter or Transitional housing
				☐ Supportive services only facility
☐ Acq	uisition	\$	\$	
		\$	\$	
□ Оре	erating	۶	•	
		_		
a.	Purchase/lease o	of property:		Date (mm/dd/yy):
b.	Rehabilitation/Co	onstruction Dates:		Date started: Date Completed:
C.	Operation dates:	:		Date residents began to occupy:   Not yet occupied
d.	Date supportive	services began:		Date started:
				☐ Not yet providing services
e. Number of units in the facility:		in the facility:		HOPWA-funded units = Total Units =
f. Is a waiting list maintained for the facility?		naintained for the facility?		☐ Yes ☐ No If yes, number of participants on the list at the end of operating year
g.	What is the addr	ess of the facility (if differ	rent from business address)?	
h.	Is the address of	the project site confident	tial?	☐ Yes, protect information; do not publish list
				☐ No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

# 3a. Check one only

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

# 3b. Type of Facility

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units: St. Francis House of Hospitality, Inc.

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						

b.	Community residence			5
c.	Project-based rental assistance units or leased units			
d.	Other housing facility  Specify:			

# 4. Households and Housing Expenditures

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

	Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs	19	\$35,132
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)	0	
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	19	\$35,132

# 1. Project Sponsor Agency Name (Required)

X-Tending Hands, Inc.		

# 2. Capital Development

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

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

Type of Development this operating year		Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: X-Tending Hands		
□ Nev	w construction	\$	\$	Type of Facility [Check only one box.]		
☐ Reh	nabilitation	\$	\$	☐ Permanent housing		
☐ Acq	uisition	\$	\$	☐ Short-term Shelter or Transitional housing		
□ Оре	erating	\$	\$	☐ Supportive services only facility		
a.	Purchase/lease of property:			Date (mm/dd/yy):		
b.	o. Rehabilitation/Construction Dates:		Date started: Date Completed:			
C.	Operation dates:			Date residents began to occupy:   Not yet occupied		
d.	Date supportive	services began:		Date started:		
				☐ Not yet providing services		
e.	Number of units	in the facility:		HOPWA-funded units = Total Units =		
f.	f. Is a waiting list maintained for the facility?		☐ Yes ☐ No  If yes, number of participants on the list at the end of operating year 0			
g.	What is the address of the facility (if different from business address)?					
h.	Is the address of	the project site confident	ial?	☐ Yes, protect information; do not publish list☐ No, can be made available to the public☐		

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

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

Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible
--	--	----------------------------------	-----------------------

Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

# 3a. Check one only

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

# 3b. Type of Facility

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units: X-Tending Hands, Inc.

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence					5	6
c.	Project-based rental assistance units or leased units						
d.	Other housing facility  Specify:						

# 4. Households and Housing Expenditures

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

	Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs	30	\$103,742
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)	0	
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	30	\$103,742

# **Attachment: COVID HOPWA CAPER**



# Housing Opportunities for Persons With AIDS (HOPWA) Program

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

The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. Reporting is required for all HOPWA formula grantees. The public reporting burden for the collection of information is estimated to average 41 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD's requirements for reports submitted by HOPWA formula grantees are supported by 42 U.S.C. § 12911 and HUD's regulations at 24 CFR § 574.520(a). Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a

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

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

#### **Table of Contents**

#### **PART 1: Grantee Executive Summary**

- 1. Grantee Information
- 2. Project Sponsor Information
- 5. Grantee Narrative and Performance Assessment
  - a. Grantee and Community Overview
  - b. Annual Performance under the Action Plan
  - c. Barriers or Trends Overview

#### PART 2: Sources of Leveraging and Program Income

- 4. Sources of Leveraging
- 5. Program Income and Resident Rent Payments

PART 3: Accomplishment Data: Planned Goals and Actual Outputs

#### **PART 4: Summary of Performance Outcomes**

- 1. Housing Stability: Permanent Housing and Related Facilities
- 2. Prevention of Homelessness: Short-Term Housing Payments
- 3. Access to Care and Support: Housing Subsidy Assistance with Supportive Services

PART 5: Worksheet - Determining Housing Stability Outcomes PART 6: Annual Report of Continued Use for HOPWA Facility-Based Stewardship Units (Only)

# **PART 7: Summary Overview of Grant Activities**

- C. Information on Individuals, Beneficiaries and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, PHP, Facility Based Units, Master Leased Units ONLY)
- D. Facility-Based Housing Assistance

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

**Record Keeping.** Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the

right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. In the case that HUD must review client-level data, no client names or identifying information will be retained or recorded. Information is reported in aggregate to HUD without personal identification. Do not submit client or personal information in data systems to HUD.

In connection with the development of the Department's standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and T-cell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client's case management, treatment and care, in line with the signed release of information from the client.

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

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

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

#### **Definitions**

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

Subsidy Assistance in Part 3, Chart 1, Column [1b] in the following manner:

	HOPWA Housing Subsidy Assistance	[1] Outputs: Number of Households
1.	Tenant-Based Rental Assistance	1
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units	
2b.	Transitional/Short-term Facilities: Received Operating Subsidies	

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

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

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

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

За.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year	
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year	
4.	Short-term Rent, Mortgage, and Utility Assistance	1
5.	Adjustment for duplication (subtract)	1
6.	TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)	1

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

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

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

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

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

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

**Household:** A single individual or a family composed of two or more persons for which household incomes are used to determine eligibility and for calculation of the resident rent payment. The term is used for collecting

data on changes in income, changes in access to services, receipt of housing information services, and outcomes on achieving housing stability. Live-In Aides (see definition for Live-In Aide) and non-beneficiaries (e.g. a shared housing arrangement with a roommate) who resided in the unit are not reported on in the CAPER.

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

In-kind Leveraged Resources: These are additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. The actual value of the support can be the contribution of professional services, based on customary rates for this specialized support, or actual costs contributed from other leveraged resources. In determining a rate for the contribution of volunteer time and services, use the criteria described in 2 CFR 200. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

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

**Live-In Aide:** A person who resides with the HOPWA Eligible Individual and who meets the following criteria: (1) is essential to the care and wellbeing 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 t24 CFR 5.403 and the HOPWA Grantee Oversight Resource Guide for additional reference.

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

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

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

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

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

**Program Income:** Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income at 2 CFR 200.307.

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

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

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

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

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

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

**Transgender**: Transgender is defined as a person who identifies with, or presents as, a gender that is different from the person's gender assigned at hirth

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

# **Housing Opportunities for Person With AIDS (HOPWA)**

# **Consolidated Annual Performance and Evaluation Report (CAPER)**

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

# Part 1: Grantee Executive Summary

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

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

# 1. Grantee Information

HUD Grant Number		Operating Yea	r for this report				
			From (mm/dd/yy) 10/1/2020 To (mm/dd/yy) 9/30/2020				
Grantee Name							
City of Orlando							
Business Address	400 S. Orange Avenue						
City, County, State, Zip	Orlando	FL		32802	4990		
Employer Identification Number (EIN) or	596000396				•		
Tax Identification Number (TIN)							
DUN & Bradstreet Number (DUNs):	070343640		System for Award Ma	nagement (	SAM)::		
			Is the grantee's SAM	status curre	ntly active?		
			⊠ Yes □ No				
			If yes, provide SAM N	lumber:			
Congressional District of Grantee's Business Address	10						
*Congressional District of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 12,15,24						
*City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Orlando, Kissimmee, Eustis, Sanfo	rd, Winter Park	Counties: Orange, Osce	ola, Seminole	, Lake		

Organization's Website Address	Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services
http://www.cityoforlando.net/housing/	in the Grantee Service Area? ☐ Yes ☒ No
	If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.

<sup>\*</sup> Service delivery area information only needed for program activities being directly carried out by the grantee.

# 2. Project Sponsor Information

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

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

Project Sponsor Agency Name		Parent Company Nam	e, if appli	cable	
Aspire Health Partners, Inc.		N/A			
Name and Title of Contact at Project Sponsor	Mary Jane Grant, Director				
Agency					
Email Address	Maryjane.grant@aspirehp.org	,			
Lindii / tdd (CSS					
Business Address	5151 Adanson St				
City, County, State, Zip,	Orlando, Orange, FL, 32804	Į.			
Phone Number (with area code)	407-875-3700				
Employer Identification Number (EIN) or	59-2301233		Fax Num	ber (with area	code)
Tax Identification Number (TIN)			407-82	22-5025	
DUN & Bradstreet Number (DUNs):	045613072				
Congressional District of Project Sponsor's	7				
Business Address					
Congressional District(s) of Primary Service	2, 3, 5, 6, 7, 8, 12, 15, 24				
Area(s)					
City(ies) and County(ies) of Primary Service	Cities: Orlando, Kissimmee, M	t. Dora, Sanford	Countie	s: Orange, Osceo	ola, Seminole, and Lake
Area(s)					
Total HOPWA contract amount for this					
Organization for the operating year					
Organization's Website Address	www.aspirehp.org				
Organization's Website Address	www.aspirenp.org				
Is the sponsor a nonprofit organization?	s 🗆 No	Does your organization	n maintai	n a waiting list	? □ Yes ⊠ No
Please check if yes and a faith-based organization	. 🗆	If yes, explain in the n	arrative s	ection how thi	s list is administered.
Please check if yes and a grassroots organization.					
Project Sponsor Agency Name		Parent Company Nam	e, if appli	cable	
Catholic Charities of Central Florida, Inc. d/b/a/P	Pathways To Care, Inc.	N/A			

Name and Title of Contact at Project Sponsor

Email Address	JStephenson-Crouch@cflcc.org					
Business Address	1819 N. Semoran Blvd					
City, County, State, Zip,	Orlando, Orange, FL, 32807					
Phone Number (with area code)	407-658-1818					
Employer Identification Number (EIN) or	59-1214353 Fax Number (with area code)				code)	
Tax Identification Number (TIN)			407-822-5025			
DUN & Bradstreet Number (DUNs):	013577143					
Congressional District of Project Sponsor's Business Address	9					
Congressional District(s) of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 12, 15, 24					
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Casselberry	Counties: Seminole				
Total HOPWA contract amount for this Organization for the operating year						
Organization's Website Address	www.cflcc.org					
Is the sponsor a nonprofit organization?	es 🗆 No	Does your organizatio	n mainta	in a waiting list	t? □ Yes ⊠ No	
Please check if yes and a faith-based organization	n. 🗵	If yes, explain in the n	arrative	section how thi	is list is administered.	
Please check if yes and a grassroots organization	. 🗆					
Project Sponsor Agency Name		Parent Company Nam	e, if appl	icable		
Center for Multicultural Wellness & Prevention		NA				
Name and Title of Contact at Project Sponsor Agency	Dr. Marie-Jose Francois, Execut	ive Director				
Email Address	mifrancois@cmwp.org					
Business Address	641 N. Rio Grande Avenue					
City, County, State, Zip,	Orlando, Orange, FL, 32805					
Phone Number (with area code)	407-648-9440	X16				
Employer Identification Number (EIN) or	59-336879		Fax Nur	nber (with area	code)	
Tax Identification Number (TIN)			407-648	3-8879		

Jennifer Stephenson, Senior Director of Healthcare Services

DUN & Bradstreet Number (DUNs):

101284151

Congressional District of Project Sponsor's Business Address	5					
Congressional District(s) of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 12, 15, 24					
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Orlando, Casselberry, Altamont Springs, Kissimmee, Mount Dora, Apopka, Longwood, Leesburg					
Total HOPWA contract amount for this Organization for the operating year	\$					
Organization's Website Address	www.cmwp.org					
Is the sponsor a nonprofit organization?	s No	Does your organization	n maintai	n a waiting list	? Yes 🛮 No	
Please check if yes and a faith-based organization	. 🗆	If yes, explain in the na	arrative s	ection how thi	s list is administered.	
Please check if yes and a grassroots organization.						
Project Sponsor Agency Name		Parent Company Name	e, if applic	able		
Homeless Services Network of Central Florida, Ir	Inc. NA					
Name and Title of Contact at Project Sponsor Agency	Martha Are, Executive Director					
Email Address	Martha.are@hsncfl.org					
Business Address	4065 L.B. McLeod Road #D					
City, County, State, Zip,	Orlando, Orange, FL, 32811					
Phone Number (with area code)	407-893-0133					
Employer Identification Number (EIN) or	59-321382		Fax Num	ber (with area	code)	
Tax Identification Number (TIN)	407-893-5299					
DUN & Bradstreet Number (DUNs):	159419535					
Congressional District of Project Sponsor's Business Address	5					
Congressional District(s) of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 12, 15, 24					
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Orlando, Casselberry, Altamonte Springs, Kissimmee, Winter Park, Winter Garden, Sanford, Maitland, Apopka, St. Cloud, Longwood, Leesburg				ola, Seminole, and Lake	
Total HOPWA contract amount for this Organization for the operating year	\$					

Organization's Website Address	www.hsncfl.org						
Is the sponsor a nonprofit organization?	Does your organization maintain a waiting list?			? Yes No			
Please check if yes and a faith-based organization	yes and a faith-based organization.			If yes, explain in the narrative section how this list is administered.			
Please check if yes and a grassroots organization.	n. 🗆						
Project Sponsor Agency Name		Parent Company Nam	e, if appli	icable			
Miracle of Love, Inc.		NA					
Name and Title of Contact at Project Sponsor	Angus Bradshaw, Executive Di	rector					
Agency							
Email Address	ABradshaw@miracleoflov	einc.org					
Business Address	741 W. Colonial Dr						
City, County, State, Zip,	Orlando, Orange, FL, 32804						
Phone Number (with area code)	407-843-1760	407-467-1517					
Employer Identification Number (EIN) or	59-3455949	Fax Number (with area code)			i code)		
Tax Identification Number (TIN)		407-843-1767					
DUN & Bradstreet Number (DUNs):	961637527						
Congressional District of Project Sponsor's Business Address	5						
Congressional District(s) of Primary Service	2.2.5.6.7.0.42.45.24						
Area(s)	2, 3, 5, 6, 7, 8, 12, 15, 24						
City(ies) and County(ies) of Primary Service	Cities: Orlando, Casselberry, Altamonte Springs, Counties: Orange, Osceola, Seminole, and Lake				ola, Seminole, and Lake		
Area(s)	Kissimmee, Winter Park, Wint Maitland, Apopka, St. Cloud, L						
Total HOPWA contract amount for this Organization for the operating year	\$						
Organization's Website Address	Miracleofloveinc.org						
Is the sponsor a nonprofit organization? 🛛 Yes	s No	Does your organization	on mainta	in a waiting list	? Yes No		
Please check if yes and a faith-based organization	tion.   If yes, explain in the narrative section how this list is administered.			s list is administered.			
Please check if yes and a grassroots organization.							
Project Sponsor Agency Name		Parent Company Nam	e, if appli	icable			
St. Francis House of Hospitality, Inc.		n/a					

Name and Title of Contact at Project Sponsor Agency	Phillip Beiner, Executive Director					
Email Address	phillip.beiner@gmail.com					
Business Address	2221 N. Westmoreland Dr.					
City, County, State, Zip,	Orlando, Orange, FL, 32804					
Phone Number (with area code)	407-907-7056					
Employer Identification Number (EIN) or	59-3020203 Fax Number (with area code)					
Tax Identification Number (TIN)	407-641-8370					
DUN & Bradstreet Number (DUNs):	938370095					
Congressional District of Project Sponsor's Business Address	10					
Congressional District(s) of Primary Service Area(s)	3, 8, 24					
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Orlando		Counties: Orange			
Total HOPWA contract amount for this Organization for the operating year	\$					
Organization's Website Address	NA					
Is the sponsor a nonprofit organization?	s No	Does your organization	n maintain a waiting list	t? 🗌 Yes 🔀 No		
Please check if yes and a faith-based organization	n. 🛛 If yes, explain in the narrative section how this list is administered.					
Discourse to all if the second of the second						
Please check if yes and a grassroots organization.	Ц					
Please check if yes and a grassroots organization.						
Project Sponsor Agency Name		Parent Company Nam	e, if applicable			
		Parent Company Nam	e, if applicable			
Project Sponsor Agency Name	Barbara Hoosier, Executive Dire	n/a	e, if applicable			
Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor		n/a ector	e, if applicable			
Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor Agency	Barbara Hoosier, Executive Dire	n/a ector	e, if applicable			
Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor Agency  Email Address	Barbara Hoosier, Executive Dire bhoosier_mol@hotmail.com	n/a ector	e, if applicable			
Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor Agency  Email Address  Business Address	Barbara Hoosier, Executive Dire bhoosier_mol@hotmail.cor 7067 Blair Dr.	n/a ector	e, if applicable			
Project Sponsor Agency Name  X-Tending Hands, Inc.  Name and Title of Contact at Project Sponsor Agency  Email Address  Business Address  City, County, State, Zip,	Barbara Hoosier, Executive Direction bhoosier_mol@hotmail.com 7067 Blair Dr.  Orlando, Orange, FL, 32818	n/a ector	e, if applicable Fax Number (with area	a code)		

DUN & Bradstreet Number (DUNs):	788830805		
Congressional District of Project Sponsor's Business Address	10		
Congressional District(s) of Primary Service Area(s)	10		
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Orlando		Counties: Orange
Total HOPWA contract amount for this Organization for the operating year	\$		
Organization's Website Address	www.xtendinghands.org		
Is the sponsor a nonprofit organization?	s 🗌 No	Does your organization	maintain a waiting list? Tes No
Please check if yes and a faith-based organization	. 🗆	If yes, explain in the na	rrative section how this list is administered.
Please check if yes and a grassroots organization.			

# 5. Grantee Narrative and Performance Assessment

#### a. Grantee and Community Overview

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

The City of Orlando - Housing Opportunity for Persons with AIDS (HOPWA) Program received \$4,586,699 in HUD funding to provide housing services to individuals with HIV/AIDS living in Orange, Osceola, Seminole and Lake Counties. The services provided were in the form of Short-Term Rent, Mortgage and Utility Assistance, Tenant-Based Rental Assistance, Permanent Housing Placement, Supportive Housing Services, Facility-Based Operating Costs, and Supportive Services in the form of Case Management.

During grant year 2016 – 2017, Orange County Board of County Commissioners, Health Services Department started administrating the program, providing oversight and technical assistance to seven contracted agencies. As the administrator also for the Orlando EMA Ryan White Part A Program, Orange County was able to align the two programs in order to improve outcomes for the clients accessing these services. In May 2017, HOPWA Program transitioned into the electronic data management system currently used by the Ryan White Part A program. This arrangement allowed for common eligibility to be established and shared client information, increasing coordination between the programs, providing a more efficient and effective method for delivering services to clientele.

#### b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

**1. Outputs Reported.** Describe significant accomplishments or challenges in achieving the number of housing units supported and the number households assisted with HOPWA funds during this operating year compared to plans for this assistance, as approved in the Consolidated Plan/Action Plan. Describe how HOPWA funds were distributed during your operating year

#### 2020 CAPER - DRAFT

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

During 2020-2021 HOPWA year, 744 unduplicated households received housing subsidy assistance under Tenant-Based Rental Assistance (TBRA), Short-Term Rent, Mortgage and Utility Assistance (STRMU), Permanent Housing Placement costs (PHP), or Transitional/Short-Term Facilities, and HOPWA funded case management services. Limited available, safe, and affordable housing in the area continues to be challenging for some clients to be placed in a house. Since transitioning to an electronic system shared by Ryan White Part A, health outcome measure are reported for HOPWA clients and reports can be generated to identify the impact of housing in the health of the clients. During 2020-2021, 88% of clients who received housing assistance, had a viral load test during the reporting period and 87% were virally suppressed. This statistic is in line with the Ryan White Part A EMA and demonstrates the impact of housing in the life of the clients. Even though the delivery of some HOPWA services were modified as a result of the COVID-19 pandemic, agencies were able to adapt and provide services via virtual platforms or face-to-face following Center for Disease Control (CDC) guidelines.

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

Over the last year, there has been significant progress in collaboration between the HOPWA and Ryan White programs in the Orlando EMSA, especially during the COVID-19 pandemic. This collaboration has simplified the way in which HOPWA clients access Ryan White services, which include: medical care, medical case management, mental health and substance abuse services, food bank access, and transportation. Increasing HOPWA client's access to these medical and support services will continue to increase housing stability and retention in care. Having a single computer system for both programs has also simplified the referral process and made it easier intake clients who are in need to of HOPWA services.

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

As previously indicated, the HOPWA program has made significant progress in improving coordination with the Ryan White program. This includes establishing a common eligibility for both programs, which reduces barriers to clients needing services from both programs. It also allows Ryan White case managers to electronically refer clients to the HOPWA program. The HOPWA program has also been working on increased coordination with the local HUD Continuum of Care agency (Homeless Services Network). These efforts are ongoing and have concentrated on referring HOPWA eligible clients directly from the Coordinated Entry System (CES) into the HOPWA program.

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

N/A

### c. Barriers and Trends Overview

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

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

#### **COVID-19 Pandemic**

Since March 2020, HOPWA clients have been directly impacted by COVID-19. Clients have been impacted financially, sometimes requiring short-term rental assistance for longer periods of times due to the uncertainties of the pandemic. Agencies had to transition to virtual platforms and modify the way they interacted with clients and landlords in order to minimize the risk of COVID-19 infection and follow CDC guidelines. Facility-based housing had to implement specific restrictions in order to prevent the spread of COVID in shared housing arrangements. In addition, the extenstion of the COVID-19 waivers issued by HUD were necessary and employed to keep clients housed during this challenging grant year. Housing Case Managers often expressed that the clients felt anxious leaving their housing for any reason due to their immunocompromised system and worked with them via the virtual platforms as mentioned above.

### **Housing Affordability**

The Orlando EMSA suffers from a lack of affordable housing. The clients who receive services typically receive anywhere from \$720 - \$1,000 a month. Housing that these clients can afford is usually in unstable neighborhoods where drugs are easily distributed. Landlords who own low income housing have become reluctant to provide the necessary repairs to the premises oftentimes leading to a high level of anxiety in clients. The level of anxiety in HIV/AIDS clients increase to the point where clients cycle into substance abuse and mental health crisis that are not easily stabilized. Since individuals with HIV/AIDS are at a greater risk of homelessness due to the high cost of medical care and rising housing costs, providing housing stability is crucial. These circumstances present a serious challenge to assisting HOPWA beneficiaries with attaining permanent housing. Our STRUM and PHP expenses are above HUD's national average due to the lack of affordable housing in the area.

### Credit History/Criminal Justice History/Rental History

☐ HOPWA/HUD Regulations	☐ Planning	☐ Housing Availability	☐ Rent Determination and Fair Market Rents
☐ Discrimination/Confidentiality	☐ Multiple Diagnoses	☐ Eligibility	☐ Technical Assistance or Training
☐ Supportive Services	☑ Credit History	☐ Rental History	☐ Criminal Justice History
	☐ Geography/Rural Access	☑ Other, please explain further: 0	COVID-19 Pandemic

HOPWA eligible individuals with poor credit history, criminal history and rental history have difficult times finding affordable, decent and safe housing. Our HOPWA Project Sponsors work diligently to find landlords who do not require credit checks and these same landlords often charge higher rent as a result of poor credit. Many HOPWA eligible individuals cannot be transferred into other housing programs due to issues with criminal, credit history, rental history, extremely long and/or closed wait lists.

### **Housing Availability**

All of our Project Sponsors are affected by the lack of available housing in the Orlando EMSA. In addition, there is very limited public transportation which prevents clients from following up on medical care and effective implementation of HOPWA services.

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

Data from the Florida Department of Health, Bureau of Communicable Diseases, revealed there were 518 new HIV cases in 2020; a decrease by 139 cases from 657 cases in 2019 in the EMA. Over the past five years the number of new AIDS cases decreased by 62 for a total of 200 cases in 2020. The decline in HIV testing during the COVID pandemic likely contributed to the decline in new HIV and AIDS cases. Over the past three years the number of those living with HIV/AIDS increased by 132 cases for a total of 13,389 PWH. In all three groups, the Black population was overrepresented in the percent of new HIV cases

### 2020 CAPER - DRAFT

and new AIDS cases accounting for 40.5 percent and 49.0 percent respectively, while the Hispanic/Latinx population accounted for 37.1 percent of new HIV cases and 31.0 percent of new AIDS cases. The Black population increased to 39.4 percent of PWH while consistently representing around 15 percent (15.8 in 2020) of the population in the EMA. Cisgender Men were also disproportionately represented ranging from 73.5 percent of new AIDS cases to 82.0 percent of new HIV cases. In the EMA, the percentage of females to males remained the same from 2019 to 2020; 51:49 ratio respectively. Youth (ages 13-24 years) accounted for 20.7 percent of new HIV cases, 5.0 percent of new AIDS cases and 5.0 percent of those living with HIV/AIDS. Older adults (age 50+ years) accounted for 17.6 percent of new HIV cases, 32.0 percent of new AIDS cases and 49.6 percent of PWH. MMSC exposure category accounted for 81.5 percent of all new cisgender men HIV cases, 74.1 percent of new cisgender men AIDS cases and 75.3 percent of male PWH. Heterosexual contact was reported as the mode of exposure for 92.2 percent of new cisgender women HIV cases, 96.2 percent for new cisgender women AIDS cases and 83.5 percent of cisgender women PWH. Perinatal exposure accounted for 100.0 percent of new HIV cases for those ages 0-12 years and 100.0 percent of PWH for the same age range. The decrease in the number of people living with HIV/AIDS in the area does not accurately representant the increased demand for housing services and consistently declining housing availability. Project Sponsors work with a diverse population in the area to meet the demands while leveraging funds.

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

The public can access the following websites to obtain statistical data regarding the HIV/AIDS epidemic: www.floridahealth.gov www.flhealthcharts.com www.cdc.gov http://hab.hrsa.gov/abouthab/ryanwhite.html

End of PART 1

## PART 2: Sources of Leveraging and Program Income

### 3. Sources of Leveraging

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

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

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
			☐ Housing Subsidy Assistance
Ryan White-Housing Assistance			☐ Other Support
		Medical Case	☐ Housing Subsidy Assistance
Ryan White-Other	\$1,400,000	Management	☑ Other Support
			☐ Housing Subsidy Assistance
Housing Choice Voucher Program			☐ Other Support
			☐ Housing Subsidy Assistance
Low Income Housing Tax Credit			☐ Other Support
			☐ Housing Subsidy Assistance
НОМЕ			☐ Other Support
			☐ Housing Subsidy Assistance
Continuum of Care			☐ Other Support
			☐ Housing Subsidy Assistance
Emergency Solutions Grant			☐ Other Support
Other Public: HOPWA State	\$650,000	Housing Assistance	☐ Housing Subsidy Assistance

## 2020 CAPER - DRAFT

			☐ Other Support
Other Public: HOPWA COVID	\$626,059	Housing Assistance	☐ Housing Subsidy Assistance ☐ Other Support
Other Public:			☐ Housing Subsidy Assistance ☐ Other Support
Other Public:			☐ Housing Subsidy Assistance ☐ Other Support
Other Public:			☐ Housing Subsidy Assistance ☐ Other Support
Private Funding			
Grants			☐ Housing Subsidy Assistance ☐ Other Support
In-kind Resources			☐ Housing Subsidy Assistance ☐ Other Support
Other Private:			☐ Housing Subsidy Assistance ☐ Other Support
Other Private:			☐ Housing Subsidy Assistance ☐ Other Support
Other Funding			
Grantee/Project Sponsor (Agency) Cash			☐ Housing Subsidy Assistance ☐ Other Support
Resident Rent Payments by Client to Private Landlord			
TOTAL (Sum of all Rows)	\$2,676,059		

### 4. Program Income and Resident Rent Payments

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

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

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

	Program Income and Resident Rent Payments Collected	Total Amount of Program Income (for this operating year)	В.
4.	Program income (e.g. repayments)	0	
5.	Resident Rent Payments made directly to HOPWA Program	\$80,253.38	
6.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	\$80,253.38	

### Program Income and Resident Rent Payments Expended To Assist HOPWA Households

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

Prog	gram Income and Resident Rent Payment Expended on HOPWA programs	Total Amount of Program Income Expended  (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	0
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	\$80,253.38
3.	Total Program Income Expended (Sum of Rows 1 and 2)	\$80,253.38

**End of PART 2** 

## PART 3: Accomplishment Data Planned Goal and Actual Outputs

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

### 1. HOPWA Performance Planned Goal and Actual Outputs

	HOPWA Performance		Output:	Hou	seholds	[2] Output: Funding	
	Planned Goal	HOPWA Assistance			everaged ouseholds	HOPWA Funds	
	and Actual	a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
	HOPWA Housing Subsidy Assistance	[1	l] Output:	Hous	seholds	[2] Out	put: Funding
1.	Tenant-Based Rental Assistance	130	127			\$1,328,870	\$1,176,450.12
	Permanent Housing Facilities:  Received Operating Subsidies/Leased units (Households Served)		0				
	Transitional/Short-term Facilities:  Received Operating Subsidies/Leased units (Households Served)  (Households Served)	135	139			\$1,056,938	\$676,860.80
	Permanent Housing Facilities:  Capital Development Projects placed in service during the operating year  (Households Served)		0				
	Transitional/Short-term Facilities:  Capital Development Projects placed in service during the operating year  (Households Served)		0				
4.	Short-Term Rent, Mortgage and Utility Assistance	275	277			\$623,696	\$431,868.69
5.	Permanent Housing Placement Services	135	136			\$352,605	\$254,403.43
6.	Adjustments for duplication (subtract)		117				
	Total HOPWA Housing Subsidy Assistance (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	675	562			\$3,362,109.00	\$2,539,583.04
	Housing Development (Construction and Stewardship of facility based housing)	[1]	Output: I	lousi	ng Units	[2] Out	put: Funding

## 2020 CAPER - DRAFT

8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)		0			0	0
9.	Stewardship Units subject to 3- or 10- year use agreements		0				
10.	Total Housing Developed						
	(Sum of Rows 8 & 9)		0			0	0
	Supportive Services	[	1] Output:	Hous	eholds	[2] Out	put: Funding
11a.	Supportive Services provided by project sponsors that also delivered <u>HOPWA</u> housing subsidy assistance	950	957			\$681,934	\$535,389.85
	Supportive Services provided by project sponsors that only provided supportive services.		0			0	0
12.	Adjustment for duplication (subtract)		0				
13.	Total Supportive Services (Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)	950	957			\$681,934	\$535,389.85
	Housing Information Services	[1] Output: Households		seholds	[2] Ou	tput: Funding	
14.	Housing Information Services		0			\$35,000	\$13,300
15.	Total Housing Information Services					\$35,000	\$13,300

	Grant Administration and Other Activities	[1] Output: Households	[2] Out	put: Funding
16.	Resource Identification to establish, coordinate and develop housing			
17.	Technical Assistance			
	(if approved in grant agreement)			
18.	Grantee Administration		\$129,574	\$117,744.21
	(maximum 3% of total HOPWA grant)		Ç129,374	\$117,744.21
19.	Project Sponsor Administration		\$235,348	\$219,714.09
	(maximum 7% of portion of HOPWA grant awarded)		Ψ233,3 10	Ψ213,711.03
20.	Total Grant Administration and Other Activities		\$339,591	\$337,458.30
			[2] Outunt	LIODWA Francis
	Total Expended			:: HOPWA Funds pended
			Budget	Actual
21.	Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)		\$4,418,63 и	\$3,489,525.8 6

## 2. Listing of Supportive Services

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

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

13.

	Supportive Services [1] Output: Number of <u>Households</u>		[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance	0	0
2.	Alcohol and drug abuse services	0	0
3.	Case management	957	\$535,389.85
4.	Child care and other child services	0	0
5.	Education	0	0
6.	Employment assistance and training	0	0

	1		,
	Health/medical/intensive care services, if approved	0	0
7.	Note: Client records must conform with 24 CFR §574.310		
8.	Legal services	0	0
9.	Life skills management (outside of case management)	0	0
10.	Meals/nutritional services	0	0
11.	Mental health services	0	0
12.	Outreach	0	0
13.	Transportation	0	0
14.	Other Activity (if approved in grant agreement). <b>Specify</b> :	0	0
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1- 14)	957	
16.	Adjustment for Duplication (subtract)	0	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	957	\$535,389.85

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

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

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

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

ı	Housing Subsidy Assistance Categories (STRMU)	[1] Output: Number of <u>Households</u> Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	277	\$431,868.69
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	5	\$13,332.45
C.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	2	\$9,502.00
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	201	\$294,145.38
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	55	45742.78
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	14	\$5,759.00
g.	Direct program delivery costs (e.g., program operations staff time)		\$63,387.08

**End of PART 3** 

## Part 4: Summary of Performance Outcomes

In Column [1], report the total number of eligible households that received HOPWA housing subsidy assistance, by type.

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

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

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

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

A. Permanent Housing Subsidy Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Nu Households that ex HOPWA Program Housing Status afte	[4] HOPWA Client Outcomes	
			1 Emergency Shelter/Streets	1	Unstable Arrangements
			2 Temporary Housing	2	Temporarily Stable, with Reduced Risk of Homelessness
Tenant-Based	134	95	3 Private Housing	15	
Rental			4 Other HOPWA	0	Stable/Permanent Housing
Assistance			5 Other Subsidy	8	(PH)
			6 Institution	1	
			7 Jail/Prison	0	- Unstable Arrangements
			8 Disconnected/Unknown	9	- Unstable Arrangements
			9 Death	3	Life Event
			1 Emergency Shelter/Streets	0	Unstable Arrangements
			2 Temporary Housing	0	Temporarily Stable, with Reduced Risk of Homelessness
Permanent	0	0	3 Private Housing	0	
Supportive Housing	G	v	4 Other HOPWA	0	Stable/Permanent Housing
Facilities/			5 Other Subsidy	0	(PH)
Units			6 Institution	0	
			7 Jail/Prison	0	
			8 Disconnected/Unknown	0	Unstable Arrangements
			9 Death	0	Life Event

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Nu Households that ex HOPWA Program Housing Status afte	kited this n; their	[4] HOPWA Client Outcomes
			1 Emergency Shelter/Streets	7	Unstable Arrangements
Transitional/			2 Temporary Housing	18	Temporarily Stable with Reduced Risk of Homelessness
Short-Term		43	3 Private Housing	14	
Housing Facilities/			4 Other HOPWA	0	Stable/Dermanent Housing (DII)
Units			5 Other Subsidy	1	Stable/Permanent Housing (PH)
	139		6 Institution	8	
	133		7 Jail/Prison	1	Unstable Arrangements
			8 Disconnected/unknown	47	Onstable Arrangements
			9 Death	0	Life Event
B1: Total	B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months			22	2

## Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness

### (Short-Term Housing Subsidy Assistance)

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

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

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

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

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

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

### Assessment of Households that Received STRMU Assistance

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPW <i>A</i>	Client Outcomes
	Maintain Private Housing without subsidy			
	(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	50		
	Other Private Housing without subsidy			
	(e.g. client switched housing units and is now stable, not likely to seek additional support)	0	Stable/Permanent Housing (Pl	
	Other HOPWA Housing Subsidy Assistance	32		
	Other Housing Subsidy (PH)	6	=	
	Institution (e.g. residential and long-term care)	0		
	Likely that additional STRMU is needed to maintain current housing arrangements	68		
356	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	1	Temporarily Stable, with Reduced Risk of Homelessness	
	Temporary/Non-Permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	0		
	Emergency Shelter/street	0		
	Jail/Prison	0	Unstable	e Arrangements
	Disconnected	120		
	Death	0	Li	fe Event
1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).			124	
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).			28	

### Section 3. HOPWA Outcomes on Access to Care and Support

### 1a. Total Number of Households

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

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

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

Total N	lumber o	f Households			
3.	3. For Project Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:				
	a.	Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	680		
	b.	Case Management	954		
	c.	Adjustment for duplication (subtraction)	671		
	d.	Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)	963		
4.	<ol> <li>For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:</li> </ol>				
	a.	HOPWA Case Management	0		
	b.	Total Households Served by Project Sponsors without Housing Subsidy Assistance	0		

### 1b. Status of Households Accessing Care and Support

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

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

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

Categories of Services Accessed	provided HOPWA housing subsidy assistance, identify	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
Has a housing plan for maintaining or establishing stable ongoing housing	779	0	Support for Stable Housing
Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	813	0	Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	786	0	Access to Health Care
4. Accessed and maintained medical insurance/assistance	832	0	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	754	0	Sources of Income

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

•	MEDICAID Health Insurance Program,
	or use local program
	name

- Veterans Affairs Medical Services
- AIDS Drug Assistance Program (ADAP)
- MEDICARE Health Insurance Program, or use local program name
- State Children's Health Insurance Program (SCHIP), or use local program name
- Ryan White-funded Medical or Dental Assistance

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

- Earned Income
- Veteran's Pension
- Unemployment Insurance
- Pension from Former Job
- Supplemental Security Income (SSI)
- Child Support
- Social Security Disability Income (SSDI)
- Alimony or other Spousal Support
- Veteran's Disability Payment
- Retirement Income from Social Security
- Worker's Compensation

- General Assistance (GA), or use local program name
- Private Disability Insurance
- Temporary Assistance for Needy Families (TANF)
- Other Income Sources

## 1c. Households that Obtained Employment

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

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

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

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

Categories of Services Accessed	[1 For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	166	13

**End of PART 4** 

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

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

Stable Housing	Temporary Housing	Unstable	Life Event
		Arrangements	
(# of households	(2)		(9)
remaining in program		(1+7+8)	
plus 3+4+5+6)			
Stable/Permanent Housing	Temporarily Stable, with Reduced Risk of Homelessness	Unstable Arrangements	Life Events
		1	
	remaining in program plus 3+4+5+6)  Stable/Permanent	remaining in program plus 3+4+5+6)  Stable/Permanent  Temporarily Stable, with Reduced Risk of	(# of households remaining in program plus 3+4+5+6)  (1+7+8)  (1+7+8)  (1+7+8)

**Background on HOPWA Housing Stability Codes** 

**Stable Permanent Housing/Ongoing Participation** 

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

### **Temporary Housing**

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

#### **Unstable Arrangements**

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

### Life Event

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

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

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

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

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

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

**End of PART 5** 

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

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

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

Note: See definition of Stewardship Units.

Is the address of the project site confidential?

### 1. General information

HUD Grant Number(s)		From (mm/dd/yy) To (mm/dd/yy)
		□ Yr1; □ Yr2; □ Yr3; □ Yr4; □ Yr5; □ Yr6;
		□ Yr 7; □ Yr 8; □ Yr 9; □ Yr 10
Grantee Name		Date Facility Began Operations (mm/dd/yy)
2. Number of Units and Non-HOPWA Ex	penditures	
Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units		
(subject to 3- or 10- year use periods)		
3. Details of Project Site		
Project Sites: Name of HOPWA-funded project		
Site Information: Project Zip Code(s)		_
Site Information: Congressional District(s)		

 $\square$  Yes, protect information; do not list

 $\square$  Not confidential; information can be made available to the public

Operating Year for this report

## 2020 CAPER - DRAFT

If the site is not confidential:
Please provide the contact information, phone,
email address/location, if business address is
different from facility address
·

End of PART 6

### Part 7: Summary Overview of Grant Activities

A. Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, Facility-Based Units, Permanent Housing Placement and Master Leased Units ONLY)

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

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

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

sidy Assistance Total	Individuals Served with Housing Subsidy Assistance
qualified their household to receive HOPWA housing subsidy  562	Number of individuals with HIV/AIDS who qualified their hou assistance.
qualified their household to receive HOPWA housing subsidy  56	, ,

## **Chart b. Prior Living Situation**

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

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

	Category	Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	Continuing to receive HOPWA support from the prior operating year	245
New	Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year	
2.	Place not meant for human habitation  (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	24

3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	9
4.	Transitional housing for homeless persons	18
5.	Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	51
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	2
7.	Psychiatric hospital or other psychiatric facility	1
8.	Substance abuse treatment facility or detox center	7
9.	Hospital (non-psychiatric facility)	11
10.	Foster care home or foster care group home	0
11.	Jail, prison or juvenile detention facility	2
12.	Rented room, apartment, or house	160
13.	House you own	7
14.	Staying or living in someone else's (family and friends) room, apartment, or house	41
15.	Hotel or motel paid for without emergency shelter voucher	26
16.	Other	2
17.	Don't Know or Refused	7
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	562

## c. Homeless Individual Summary

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

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	3	23

#### Section 2. Beneficiaries

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

Note: See definition of HOPWA Eligible Individual

**Note:** See definition of <u>Transgender</u>.

**Note:** See definition of <u>Beneficiaries</u>.

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

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

Individuals and Families Served with HOPWA Housing Subsidy Assistance	<b>Total Number</b>
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a)	562
2. Number of ALL other persons <b>diagnosed</b> as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	11
3. Number of ALL other persons <b>NOT diagnosed</b> as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy	207
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1, 2, & 3)	780

## b. Age and Gender

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

	HOPWA Eligible Individuals (Chart a, Row 1)					
		A.	В.	C.	D.	E.
	-	Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18	0	0	0	0	0
2.	18 to 30 years	49	14	3	0	66
3.	31 to 50 years	176	75	11	0	262
4.	51 years and Older	141	85	8	0	234
5.	Subtotal (Sum of Rows 1-4)	366	174	22	0	562
	<u> </u>	All Ot	her Beneficiaries	(Chart a, Rows 2 and 3	3)	
		A.	В.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	77	76	0	0	153
7.	18 to 30 years	10	10	0	0	20
8.	31 to 50 years	8	13	0	0	21
9.	51 years and Older	8	16	0	0	24
10.	Subtotal (Sum of Rows 6-9)	103	115	0	0	218
	Total Beneficiaries (Chart a, Row 4)					
11.	TOTAL (Sum of Rows 5 & 10)	552	334	22	0	780
Das	Race and Ethnicity*					

c. Race and Ethnicity\*

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

Category		HOPWA Eligik	HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a, Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a, Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]	
1.	American Indian/Alaskan Native	2	1	1	0	
2.	Asian	0	0	0	0	
3.	Black/African American	338	16	145	2	
4.	Native Hawaiian/Other Pacific Islander	2	0	0	0	
5.	White	215	127	62	54	
6.	American Indian/Alaskan Native & White	0	0	0	0	
7.	Asian & White	2	0	0	0	
8.	Black/African American & White	1	0	6	1	
9.	American Indian/Alaskan Native & Black/African American	2	1	1	0	
10.	Other Multi-Racial	0	0	3	2	
11.	Column Totals (Sum of Rows 1-10)	562	145	218	59	

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

### Section 3. Households

<sup>\*</sup>Reference (data requested consistent with Form HUD-27061 Race and Ethnic Data Reporting Form)

#### **Household Area Median Income**

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

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

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

Per	centage of Area Median Income	Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	438
2.	31-50% of area median income (very low)	84
3.	51-80% of area median income (low)	40
4.	Total (Sum of Rows 1-3)	562

### Part 7: Summary Overview of Grant Activities

### **B.** Facility-Based Housing Assistance

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

<u>Mith HOPWA funds.</u> If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

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

### 1. Project Sponsor Agency Name (Required)

Aspire Health Partners, Inc.

### 2. Capital Development

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

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

De	Type of velopment s operating year	HOPWA Funds  Expended this operating year  (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
□ Ne	w construction	\$	\$	Type of Facility [Check only one box.]
☐ Rel	nabilitation	\$	\$	☐ Short-term Shelter or Transitional housing ☐ Supportive services only facility
☐ Acc	quisition	\$	\$	
□ Ор	erating	\$	\$	
a.	a. Purchase/lease of property:			Date (mm/dd/yy):
b.	b. Rehabilitation/Construction Dates:			Date started: Date Completed:
C.	c. Operation dates:			Date residents began to occupy:  Not yet occupied
d.	Date supportive	services began:		Date started:  ☐ Not yet providing services
e.	. Number of units in the facility:			HOPWA-funded units = Total Units =
f.	Is a waiting list maintained for the facility?		Y	☐ Yes ☐ No If yes, number of participants on the list at the end of operating year
g.	g. What is the address of the facility (if different from business address)?		ent from business address)?	
h.	Is the address of	the project site confidenti	al?	<ul> <li>☐ Yes, protect information; do not publish list</li> <li>☐ No, can be made available to the public</li> </ul>

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

### 3a. Check one only

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

### 3b. Type of Facility

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Aspire Health Partners, Inc.

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence			10	25	5	
c.	Project-based rental assistance units or leased units						
d.	Other housing facility  Specify:						

## 4. Households and Housing Expenditures

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

leased by the organization.

	Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs	77	\$273,287
C.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	77	\$273,287

## **Project Sponsor Agency Name (Required)**

Catholic Charities of Central Florida, Inc.	

## 2. Capital Development

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

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

Type of Development this operating year		Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Pathways To Care
□ Nev	w construction	\$	\$	Type of Facility [Check only one box.]
				☐ Permanent housing
□ Reh	nabilitation	\$	\$	☐ Short-term Shelter or Transitional housing
				☐ Supportive services only facility
☐ Acc	juisition	\$	\$	
		\$	\$	
⊔ Оре	erating	7	•	
a.	Purchase/lease c	of property:		Date (mm/dd/yy):
b.	Rehabilitation/Co	onstruction Dates:		Date started: Date Completed:
C.	Operation dates:	:		Date residents began to occupy:   Not yet occupied
d.	Date supportive	services began:		Date started:
			☐ Not yet providing services	
e.	Number of units in the facility:		HOPWA-funded units = as needed Total Units = 40	
f.	Is a waiting list maintained for the facility?		☐ Yes ☐ No If yes, number of participants on the list at the end of operating year	
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?		☐ Yes, protect information; do not publish list	

	$\square$ No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

### 3a. Check one only

Permanent Supportive Housing Facility/Units	

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

### **3b.** Type of Facility

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Catholic Charities of Central Florida, Inc.

Type of housing facility operated	Total Number of <u>Units</u> in use during the Operating Year
by the project sponsor	Categorized by the Number of Bedrooms per Units

		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						
c.	Project-based rental assistance units or leased units						
d.	Other housing facility  Specify: Short-term Assisted Living	22					

### 4. Households and Housing Expenditures

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

	Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor	
a.	Leasing Costs			
b.	Operating Costs	13	\$87,528	
c.	Project-Based Rental Assistance (PBRA) or other leased units			
d.	Other Activity (if approved in grant agreement) Specify:			
e.	Adjustment to eliminate duplication (subtract)	0		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	13	\$87,528	

### **Project Sponsor Agency Name (Required)**

Center for Multicultural Wellness and Prevention, Inc.

## 2. Capital Development

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

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

Type of Development this operating year		HOPWA Funds  Expended this operating year  (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:  Center for Multicultural Wellness and  Prevention (Covenant Place)	
☐ New construction		\$	\$	Type of Facility [Check only one box.]	
				☐ Permanent housing	
☐ Reh	nabilitation	\$	\$	☐ Short-term Shelter or Transitional housing	
				☐ Supportive services only facility	
☐ Acq	uisition	\$	\$		
□ Оре	erating	\$	\$		
a.	Purchase/lease c	of property:		Date (mm/dd/yy):	
b. Rehabilitation/C		onstruction Dates:		Date started: Date Completed:	
c. Operation dates:				Date residents began to occupy:	
				☐ Not yet occupied	
d.	Date supportive	ate supportive services began:			
				☐ Not yet providing services	
e.	Number of units	umber of units in the facility:		HOPWA-funded units = Total Units =	
f. Is a waiting list m		a waiting list maintained for the facility?		☐ Yes ☐ No If yes, number of participants on the list at the end of operating year 0	
g. What is the addre		at is the address of the facility (if different from business address)?			
h.	Is the address of	the project site confident	tial?	☐ Yes, protect information; do not publish list	
				☐ No, can be made available to the public	

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

### 3a. Check one only

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

### 3b. Type of Facility

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

## Name of Project Sponsor/Agency Operating the Facility/Leased Units: Center for Multicultural Wellness and Prevention

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence			9	2		

c.	Project-based rental assistance units or leased units			
d.	Other housing facility  Specify:			

## 4. Households and Housing Expenditures

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

	Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs	10	\$82,795
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)	0	
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	10	\$82,795

# **Project Sponsor Agency Name (Required)**

St. Francis House of Hospitality, Inc.	

# 2. Capital Development

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

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

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

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

# 3a. Check one only

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

# 3b. Type of Facility

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units: St. Francis House of Hospitality, Inc.

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						5

c.	Project-based rental assistance units or leased units			
d.	Other housing facility  Specify:			

## 4. Households and Housing Expenditures

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

	Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs	19	\$35,132
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)	0	
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	19	\$35,132

# 1. Project Sponsor Agency Name (Required)

X-Tending Hands, Inc.		

# 2. Capital Development

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

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

Type of Development this operating year		HOPWA Funds  Expended this operating year  (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: X-Tending Hands		
□ Nev	w construction	\$	\$	Type of Facility [Check only one box.]		
				☐ Permanent housing		
□ Reh	nabilitation	\$	\$	☐ Short-term Shelter or Transitional housing		
				☐ Supportive services only facility		
☐ Acc	uisition	\$	\$			
□Оре	erating	\$	\$			
a.	Purchase/lease o	of property:		Date (mm/dd/yy):		
b.	Rehabilitation/Co	onstruction Dates:		Date started: Date Completed:		
C.	Operation dates:	:		Date residents began to occupy:  Not yet occupied		
d.	Date supportive	services began:		Date started:		
				☐ Not yet providing services		
e.	e. Number of units in the facility:			HOPWA-funded units = Total Units =		
f.	Is a waiting list maintained for the facility?		☐ Yes ☐ No If yes, number of participants on the list at the end of operating year 0			
g.	What is the address of the facility (if different from business address)?					
h.	Is the address of	the project site confident	tial?	☐ Yes, protect information; do not publish list		
				☐ No, can be made available to the public		

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy- Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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

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

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

# 3a. Check one only

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

# 3b. Type of Facility

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

Name of Project Sponsor/Agency Operating the Facility/Leased Units: X-Tending Hands, Inc.

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence					5	6

c.	Project-based rental assistance units or leased units			
d.	Other housing facility  Specify:			

# 4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		gory: Facility Based Housing Output: Number of Households	
a.	Leasing Costs		
b.	Operating Costs	30	\$103,742
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)	0	
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	30	\$103,742

# **Attachment: ESG CAPER**

11/22/21, 10:21 AM

Sage: Reports: HUD ESG CAPER



HUD ESG CAPER

Grant: ESG: Orlando - FL - Report Type: CAPER

### Report Date Range

10/1/2020 to 9/30/2021

### Contact Information

First Name	Carla
Middle Name	
Last Name	Cox
Suffix	
Title	
Street Address 1	400 S Orange Ave
Street Address 2	PO Box 4099
City	Orlando
State	Florida
ZIP Code	32801
E-mail Address	carla.cox@cityoforlando.net
Phone Number	(407)246-4492
Extension	
Fax Number	

## Project types carried out during the program year

Components	Projects	Total Persons Reported	Total Households Reported
Emergency Shelter	5	3291	2901
Day Shelter	0	0	0
Transitional Housing	0	0	0
Total Emergency Shelter Component	5	3291	2901
Total Street Outreach	0	0	0
Total PH - Rapid Re-Housing	1	34	10
Total Homelessness Prevention	0	0	0

### Grant Information

Emergency Shelter Rehab/Conversion	
Did you create additional shelter beds/units through an ESG-funded rehab project	No
Did you create additional shelter beds/units through an ESG-funded conversion project	No
Data Participation Information	
Are there any funded projects, except HMIS or Admin, which are not listed on the Project. Links and Uploads form? This includes projects in the HMIS and from VSP	No
How many of the VSP projects have a HUD approved plan and are using a template rather than a comparable database report uploaded?	0

### Project Outcomes

- no data -

### Financial Information

-no data -



# **CAPER Aggregator**

Uses data only from CAPER's submitted to HUD. Aggregates data from multiple CAPER's by selected criteria (project type and/or specific question).

If you attempt to pull an entire CAPER, especially aggregating over many ESGs, you may have to wait several minutes for the result. If you receive a server error after waiting several minutes, you should reduce the number of questions and try again.

#### 1 Data entered in Sage today will be added to the Aggregator overnight.

"Year" means the year of the start date for the submission.

Report criteria		
Year Recipient - ESG Grant (1 selected)	2020 <b>▼</b> Search this list:	Selected: ESG: Orlando - FL
TIP: Hold down the CTRL key on the keyboard and click with the mouse in order to select more than one Recipient - ESG Grant.	ESG: Orlando - FL	
CAPER Project Type TIP: Hold down the CTRL key on the keyboard and click with the mouse in order to select more than one choice.	(all) Day Shelter Emergency Shelter Homelessness Prevention PH - Rapid Re-Housing Street Outreach Transitional Housing - archived - Coordinated Assessment	

Grant List	
Jurisdiction	Typ

Jurisdiction	Туре	Start Date	End Date		
ESG: Orlando - El	CAPER	10/1/2020	9/30/2021		

Services Only

## Q05a: Report Validations Table

Total Number of Persons Served	3325
Number of Adults (Age 18 or Over)	2701
Number of Children (Under Age 18)	623
Number of Persons with Unknown Age	1
Number of Leavers	2923
Number of Adult Leavers	2394
Number of Adult and Head of Household Leavers	2640
Number of Stayers	402
Number of Adult Stayers	307
Number of Veterans	250
Number of Chronically Homeless Persons	473
Number of Youth Under Age 25	246
Number of Parenting Youth Under Age 25 with Children	51
Number of Adult Heads of Household	2648
Number of Child and Unknown-Age Heads of Household	263
Heads of Households and Adult Stayers in the Project 365 Days or More	4

# Q06a: Data Quality: Personally Identifying Information (PII)

	Client Doesn't Know/Refused	Information Missing	Data Issues	Total	% of Error Rate
Name	0	1	0	1	0.03 %
Social Security Number	46	525	4	575	17.29 %
Date of Birth	0	1	0	1	0.03 %
Race	12	295	0	307	9.23 %
Ethnicity	3	293	0	296	8.90 %
Gender	0	28	0	28	0.84 %
Overall Score				665	20.00 %

## Q06b: Data Quality: Universal Data Elements

	Error Count	% of Error Rate
Veteran Status	275	10.18 %
Project Start Date	0	0.00 %
Relationship to Head of Household	367	11.04 %
Client Location	0	0.00 %
Disabling Condition	187	5.62 %

### Q06c: Data Quality: Income and Housing Data Quality

	Error Count	% of
		Error Rate
Destination	425	14.54 %
Income and Sources at Start	676	23.22 %
Income and Sources at Annual Assessment	2	50.00 %
Income and Sources at Exit	575	21.78 %

## Q06d: Data Quality: Chronic Homelessness

	Count of Total Records	Missing Time in Institution	Missing Time in Housing	Approximate Date Started DK/R/missing	Number of Times DK/R/missing	Number of Months DK/R/missing	% of Records Unable to Calculate
ES, SH, Street Outreach	2683	0	0	643	639	646	0.25
TH	0	0	0	0	0	0	-
PH (All)	14	0	1	0	0	0	0.07
Total	2697	0	0	0	0	0	0.24

# Q06e: Data Quality: Timeliness Number of Project Number of Project

	Start Records	Number of Project Exit Records
0 days	2712	2469
1-3 Days	153	186
4-6 Days	61	62
7-10 Days	28	34
11+ Days	53	172

# Q06f: Data Quality: Inactive Records: Street Outreach & Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	4	4	100.00 %
Bed Night (All Clients in ES - NBN)	4	4	100.00 %

Transgender

Client Doesn't Know/Client Refused

Trans Female (MTF or Male to Female) &
Trans Male (FTM or Female to Male) &

Q07a: Num	ber of Pe	ersons Served			Total	Without Children	With Adu	n Children and	With Only Children	,	Unknown Household Type
Adults					2701	2473	228		0		0
Children					623	0	362		261		0
		w/ Client Refused			0	0	0		0		0
Data Not	Collected				1	0	0		0		1
Total		1. 14. 10.20			3325	2473	590		261		1
housing	& RRH – ti	he total persons serv	ed who move	d into	18	0	18		0		0
Q08a: Hous	seholds S	Served			Total	Without		ith Children and	With On		Unknown Household
					1000	Children	Ac	dults	Children	1	Туре
Total Hou					2911	2466	18	35	259		1
For PSH 8 housing	& RRH – ti	he total households s	served who m	oved into	6	0	6		0		0
Q08b: Poin		Count of Households									
	Total	Without Children	With Childr	en and Adults	With C	Only Children	Unknowr	Household Type			
January	386	317	50		19		0				
April	343	271	37		35		0				
July	371	302	42		27		0				
October	351	301	35		15		0				
		All Persons Contacted	ES, or S	entact – NOT sta SH	aying on	the Streets,	ES, or SH	tact - WAS staying	on Streets,	determin	stact – Worker unable to ne
Once		0	0				0			0	
2-5 Times		0	0				0			0	
6-9 Times		0	0				0			0	
10+ Time:		0	0				0			0	
Total Pers Contacted		0	0				0			0	
Q09b: Num	nber of Pe	All Persons Contacted	First cor ES, or Si	ntact - NOT sta	ying on 1	the Streets,	First cont ES, or SH	act - WAS staying o	on Streets,	First con determin	tact – Worker unable to e
Once		0	0				0			0	
2-5 Conta	icts	0	0				0			0	
6-9 Conta	icts	0	0				0			0	
10+ Conta		0	0				0			0	
Total Pers Engaged	sons	0	0				0			0	
Rate of Engagem	ent	0	0				0			0	
Q10a: Geno	der of Adu	ults	Total	Without Child	lren V	With Children a	and Adults	Unknown House	hold Type		
Male			1840	1801	3	39		0			
Female			825	641	1	184		0			
No Single	Gender		2	2	(	)		0			
Questioni	na		0	0	(	)		0			

5

228

27

22

2701 2473

0

0

1	5	С

### Q10b: Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	313	172	141	0
Female	310	190	120	0
No Single Gender	0	0	0	0
Questioning	0	0	0	0
Transgender	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	0	0	0	0
Total	623	362	261	0
Trans Female (MTF or Male to Female)	-	17.		
Trans Male (FTM or Female to Male)	-	-	2	2

## Q10c: Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
No Single Gender	0	0	0	0	0
Questioning	0	0	0	0	0
Transgender	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	1	0	0	0	1
Trans Female (MTF or Male to Female) 🥾	-	3-67	#(	-	
Trans Male (FTM or Female to Male) &	-		8		

# Q10d: Gender by Age Ranges

	Total	Under Age 18	Age 18- 24	Age 25- 61	Age 62 and over	Client Doesn't Know/ Client Refused	Data Not Collected
Male	2153	313	113	1520	207	0	0
Female	1135	310	106	670	49	0	0
No Single Gender	2	0	1	1	0	0	0
Questioning	0	0		0	0	0	0
Transgender	7	0	3	2	2	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0
Data Not Collected	27	0	1	26	0	0	0
Total	3325	623	224	2219	258	1	1
Trans Female (MTF or Male to Female)	-	2	2	4	¥	2	2
Trans Male (FTM or Female to Male) &	+	e	-	4	-	*	-

## Q11: Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	265	0	133	132	0
5 - 12	264	0	158	106	0
13 - 17	94	0	71	23	0
18 - 24	224	187	37	0	0
25 - 34	629	534	95	0	0
35 - 44	607	540	67	0	0
45 - 54	571	547	24	0	0
55 - 61	412	407	5	0	0
62+	258	258	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	1	0	0	0	1
Total	3325	2473	590	261	1

#### Q12a: Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	1192	1030	138	24	0
Black, African American, or African	1655	1141	410	104	0
Asian or Asian American	20	16	0	4	0
American Indian, Alaska Native, or Indigenous	23	21	2	0	0
Native Hawaiian or Pacific Islander	25	23	2	0	0
Multiple Races	99	60	35	4	0
Client Doesn't Know/Client Refused	16	11	0	4	1
Data Not Collected	295	171	3	121	0
Total	3325	2473	590	261	1

### Q12b: Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latin(a)(o)(x)	2404	1850	439	114	1
Hispanic/Latin(a)(o)(x)	625	449	151	25	0
Client Doesn't Know/Client Refused	3	2	0	1	0
Data Not Collected	293	172	0	121	0
Total	3325	2473	590	261	1

#### Q13a1: Physical and Mental Health Conditions at Entry

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults &	With Only Children	Unknown Household Type
Mental Health Disorder	566	509	35	22		0	0
Alcohol Use Disorder	45	45	0	0		0	0
Drug Use Disorder	38	37	1	0		0	0
Both Alcohol Use and Drug Use Disorders	86	86	0	0		0	0
Chronic Health Condition	243	212	20	11		0	0
HIV/AIDS	53	51	2	0		0	0
Developmental Disability	74	45	5	23		1	0
Physical Disability	445	417	22	6		0	0

© The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

# Q13b1: Physical and Mental Health Conditions at Exit

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults &	With Only Children	Unknown Household Type
Mental Health Disorder	531	486	29	16		0	0
Alcohol Use Disorder	46	46	0	0		0	0
Drug Use Disorder	37	37	0	0		0	0
Both Alcohol Use and Drug Use Disorders	87	87	0	0		0	0
Chronic Health Condition	228	204	13	11		0	0
HIV/AIDS	51	49	2	0		0	0
Developmental Disability	64	44	3	17		0	0
Physical Disability	413	391	19	3		0	0

C. The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

#### Q13c1: Physical and Mental Health Conditions for Stayers

	Total Persons	Without Children	Adults in HH with Children & Adults	Children in HH with Children & Adults	With Children and Adults &	With Only Children	Unknown Household Type
Mental Health Disorder	67	53	9	5		0	0
Alcohol Use Disorder	5	5	0	0		0	0
Drug Use Disorder	8	7	1	0		0	0
Both Alcohol Use and Drug Use Disorders	7	7	0	0		0	0
Chronic Health Condition	34	28	5	1		0	0
HIV/AIDS	5	5	0	0		0	0
Developmental Disability	15	6	2	6		1	0
Physical Disability	56	48	6	2		0	0

C. The "With Children and Adults" column is retired as of 10/1/2019 and replaced with the columns "Adults in HH with Children & Adults" and "Children in HH with Children & Adults".

## Q14a: Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	816	532	93	191	0
No	1779	1644	134	1	0
Client Doesn't Know/Client Refused	25	25	0	0	0
Data Not Collected	344	272	4	67	1
Total	2964	2473	231	259	1

# Q14b: Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	501	281	32	188	0
No	297	233	61	3	0
Client Doesn't Know/Client Refused	3	3	0	0	0
Data Not Collected	15	15	0	0	0
Total	816	532	93	191	0

#### Q15: Living Situation

15: Living Situation					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	231	211	20	0	0
Transitional housing for homeless persons (including homeless youth)	19	18	1	0	0
Place not meant for habitation	1502	1403	99	0	0
Safe Haven	1	1	0	0	0
Host Home (non-crisis)	1	1	0	0	0
nterim Housing &	82%	928	2	2	-
Subtotal	1754	1634	120	0	0
sychiatric hospital or other psychiatric facility	24	24	0	0	0
substance abuse treatment facility or detox center	16	16	0	0	0
Hospital or other residential non-psychiatric medical facility	37	35	2	0	0
ail, prison or juvenile detention facility	15	14	1	0	0
oster care home or foster care group home	2	2	0	0	0
ong-term care facility or nursing home	0	0	0	0	0
esidential project or halfway house with no homeless criteria	1	1	0	0	0
Subtotal	95	92	3	0	0
Permanent housing (other than RRH) for formerly homeless persons	2	2	0	0	0
Owned by client, no ongoing housing subsidy	2	2	0	0	0
Owned by client, with ongoing housing subsidy	1	1	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	1	1	0	0	0
Rental by client, no ongoing housing subsidy	32	26	6	0	0
Rental by client, with VASH subsidy	1	1	0	0	0
tental by client with GPD TIP subsidy	1	1	0	0	0
Rental by client, with other housing subsidy	0	0	0	0	0
lotel or motel paid for without emergency shelter voucher	178	126	52	0	0
staying or living in a friend's room, apartment or house	96	71	25	0	0
taying or living in a family member's room, apartment or house	69	52	17	0	0
lient Doesn't Know/Client Refused	33	33	0	0	0
Pata Not Collected	699	431	8	259	1
Subtotal	1115	747	108	259	1
Total	2964	2473	231	259	1

Interim housing is retired as of 10/1/2019.

## Q16: Cash Income - Ranges

•	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No income	1261	0	741
\$1 - \$150	22	0	22
\$151 - \$250	26	0	27
\$251 - \$500	120	1	104
\$501 - \$1000	414	0	452
\$1,001 - \$1,500	129	0	247
\$1,501 - \$2,000	86	0	178
\$2,001+	67	0	115
Client Doesn't Know/Client Refused	22	0	20
Data Not Collected	554	0	488
Number of Adult Stayers Not Yet Required to Have an Annual Assessment	0	304	0
Number of Adult Stayers Without Required Annual Assessment	0	2	0
Total Adults	2701	307	2394

#### Q17: Cash Income - Sources

	Income at Start	Assessment for Stayers	Income at Exit for Leavers
Earned Income	324	0	636
Unemployment Insurance	51	0	48
SSI	288	1	268
SSDI	176	0	177
VA Service-Connected Disability Compensation	33	0	35
VA Non-Service Connected Disability Pension	12	0	11
Private Disability Insurance	1	0	1
Worker's Compensation	2	0	3
TANF or Equivalent	29	0	32
General Assistance	2	0	5
Retirement (Social Security)	31	0	35
Pension from Former Job	10	0	9
Child Support	20	0	15
Alimony (Spousal Support)	0	0	0
Other Source	34	0	44
Adults with Income Information at Start and Annual Assessment/Exit	0	1	2

## Q19b: Disabling Conditions and Income for Adults at Exit

	AO: Adult with Disabling Condition	AO: Adult without Disabling Condition	AO: Total Adults	AO: % with Disabling Condition by Source	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: % with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: % with Disabling Condition by Source
Earned Income	195	375	570	0.34	10	46	56	0.18	0	0	0	-
Supplemental Security Income (SSI)	201	34	235	0.86	18	11	29	0.62	0	0	0	
Social Security Disability Insurance (SSDI)	150	11	161	0.93	7	1	8	0.88	0	0	0	-
VA Service- Connected Disability Compensation	32	2	34	0.94	2	0	2	1.00	D	0	0	5 <del></del>
Private Disability Insurance	1	0	1	1.00	0	0	0	-	0	0	0	-
Worker's Compensation	1	1	2	0.50	1	0	1	1.00	0	0	0	-
Temporary Assistance for Needy Families (TANF)	1	5	6	0.17	6	20	26	0.23	0	0	0	-
Retirement Income from Social Security	14	18	33	0.43	0	0	0	-	0	0	0	Tu .
Pension or retirement ncome from a former job	4	4	8	0.50	0	1	1	0.00	0	0	0	=
Child Support	0	0	0	ш.	4	10	14	0.28	0	0	0	-
Other source	45	40	85	0.53	4	12	16	0.25	0	0	0	-
lo Sources	277	380	657	0.42	10	42	52	0.19	0	0	0	-
Induplicated Fotal Adults	825	836	1661		50	120	170		0	0	0	

### Q20a: Type of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutritional Assistance Program	878	1	836
WIC	16	0	14
TANF Child Care Services	7	0	7
TANF Transportation Services	4	0	3
Other TANF-Funded Services	5	0	4
Other Source	9	0	9

### Q21: Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
Medicaid	833	1	755
Medicare	187	1	183
State Children's Health Insurance Program	19	0	18
VA Medical Services	99	0	92
Employer Provided Health Insurance	17	0	15
Health Insurance Through COBRA	4	0	4
Private Pay Health Insurance	65	0	63
State Health Insurance for Adults	120	0	114
Indian Health Services Program	5	0	4
Other	62	0	38
No Health Insurance	1264	0	1049
Client Doesn't Know/Client Refused	11	0	10
Data Not Collected	820	5	755
Number of Stayers Not Yet Required to Have an Annual Assessment	0	396	Ö
1 Source of Health Insurance	1100	0	972
More than 1 Source of Health Insurance	134	1	140

# Q22a2: Length of Participation - ESG Projects

	Total	Leavers	Stayers
0 to 7 days	787	715	72
8 to 14 days	388	339	49
15 to 21 days	290	252	38
22 to 30 days	280	269	11
31 to 60 days	563	526	37
61 to 90 days	347	279	68
91 to 180 days	416	324	92
181 to 365 days	214	184	30
366 to 730 days (1-2 Yrs)	39	34	5
731 to 1,095 days (2-3 Yrs)	1	1	0
1,096 to 1,460 days (3-4 Yrs)	0	0	0
1,461 to 1,825 days (4-5 Yrs)	0	0	0
More than 1,825 days (> 5 Yrs)	0	0	0
Data Not Collected	0	0	0
Total	3325	2923	402

## Q22c: Length of Time between Project Start Date and Housing Move-in Date (post 10/1/2018)

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	9	0	8	1	0
8 to 14 days	10	0	10	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	19	0	18	1	0
Average length of time to housing	6.00	-	7.00	1.00	-
Persons who were exited without move-in	9	0	9	0	0
Total persons	28	0	27	1	0

# Q22c: RRH Length of Time between Project Start Date and Housing Move-in Date (pre 10/1/2018) Total Without Children With Children and Adults With Only Children Unknown Household Ty

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	050	(2)	32		(T)
8 to 14 days	-	0.00	(9)	9	-
15 to 21 days	-	(4)	(3)	a	
22 to 30 days	-	-	(A)	-	-
31 to 60 days	-	151	(C)		.5
61 to 180 days	2	-	-	9	(2)
181 to 365 days	-	141	181	=	(5)
366 to 730 days (1-2 Yrs)		121	-	¥	(2)
Total (persons moved into housing)		1970	Rel	*	1.87
Average length of time to housing		198	(2)	v ·	-
Persons who were exited without move-in		D#II	. • .	8	(8)
Total persons	120		029	U.	2

# Q22d: Length of Participation by Household Type

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	787	650	44	92	1
8 to 14 days	388	320	43	25	0
15 to 21 days	290	225	39	26	0
22 to 30 days	280	229	35	16	0
31 to 60 days	563	463	65	35	0
61 to 90 days	347	214	98	35	0
91 to 180 days	416	268	119	29	0
181 to 365 days	214	95	116	3	0
366 to 730 days (1-2 Yrs)	39	8	31	0	0
731 to 1,095 days (2-3 Yrs)	1	1	0	0	0
1,096 to 1,460 days (3-4 Yrs)	0	0	0	0	0
1,461 to 1,825 days (4-5 Yrs)	0	0	0	0	0
More than 1,825 days (> 5 Yrs)	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	3325	2473	590	261	1

Data not collected

Total persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	324	251	73	0	0
8 to 14 days	108	87	21	0	0
15 to 21 days	85	64	21	0	0
22 to 30 days	91	61	30	0	0
31 to 60 days	189	137	52	0	0
61 to 180 days	351	260	91	0	0
181 to 365 days	210	179	31	0	0
366 to 730 days (1-2 Yrs)	233	204	29	0	0
731 days or more	420	391	29	0	0
Total (persons moved into housing)	2011	1634	377	0	0
Not yet moved into housing	15	0	15	0	0

198

590

1299 839

3325 2473

261

261

### Q23c: Exit Destination - All persons

23c: Exit Destination - All persons					
	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Typ
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	8	4	4	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	477	390	65	22	0
Rental by client, with VASH housing subsidy	12	12	0	0	0
Rental by client, with GPD TIP housing subsidy	2	2	0	0	0
Rental by client, with other ongoing housing subsidy	63	37	10	16	0
Permanent housing (other than RRH) for formerly homeless persons	15	12	3	0	0
Staying or living with family, permanent tenure	226	154	68	4	0
Staying or living with friends, permanent tenure	57	48	8	1	0
Rental by client, with RRH or equivalent subsidy	231	118	110	3	0
Rental by client, with HCV voucher (tenant or project based)	1	1	0	0	0
Rental by client in a public housing unit	9	3	6	0	0
Subtotal	1101	781	274	46	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	288	213	48	27	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	32	17	13	2	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	109	50	28	31	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	83	49	28	6	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	184	174	10	0	0
Safe Haven	9	3	1	5	0
Hotel or motel paid for without emergency shelter voucher	73	32	32	9	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	778	538	160	80	0
Foster care home or group foster care home	1	0	1	0	0
Psychiatric hospital or other psychiatric facility	18	17	1	0	0
Substance abuse treatment facility or detox center	17	17	0	0	0
Hospital or other residential non-psychiatric medical facility	16	16	0	0	0
Jail, prison, or juvenile detention facility	38	35	3	0	0
Long-term care facility or nursing home	3	3	0	0	0
Subtotal	93	88	5	0	0
Residential project or halfway house with no homeless criteria	1	1	0	0	0
Deceased	4	2	2	0	0
Other	521	488	14	19	0
Client Doesn't Know/Client Refused	25	17	0	8	0
Data Not Collected (no exit interview completed)	400	301	8	90	1
Subtotal	951	809	24	117	1
Total	2923	2216	463	243	1
Total persons exiting to positive housing destinations	1101	781	274	46	0
Total persons whose destinations excluded them from the calculation	24	21	3	0	0

### Q24: Homelessness Prevention Housing Assessment at Exit

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Able to maintain the housing they had at project start–Without a subsidy	0	0	0	0	0
Able to maintain the housing they had at project start–With the subsidy they had at project start	0	0	0	0	0
Able to maintain the housing they had at project start—With an on-going subsidy acquired since project start	0	0	0	0	0
Able to maintain the housing they had at project start–Only with financial assistance other than a subsidy	0	0	0	0	0
Moved to new housing unit-With on-going subsidy	0	0	0	0	0
Moved to new housing unit-Without an on-going subsidy	0	0	0	0	0
Moved in with family/friends on a temporary basis	0	0	0	0	0
Moved in with family/friends on a permanent basis	0	0	0	0	0
Moved to a transitional or temporary housing facility or program	0	0	0	0	0
Client became homeless – moving to a shelter or other place unfit for human habitation	0	0	0	0	0
Client went to jail/prison	0	0	0	0	0
Client died	0	0	0	0	0
Client doesn't know/Client refused	0	0	0	0	0
Data not collected (no exit interview completed)	0	0	0	0	0
Total	0	0	0	0	0

## Q25a: Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	63	63	0	0
Non-Chronically Homeless Veteran	187	182	5	0
Not a Veteran	2176	1955	221	0
Client Doesn't Know/Client Refused	5	5	0	0
Data Not Collected	534	268	6	1
Total	2965	2473	232	1

# Q26b: Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	473	433	40	0	0
Not Chronically Homeless	1665	1195	470	0	0
Client Doesn't Know/Client Refused	3	3	0	0	0
Data Not Collected	1184	842	80	261	1
Total	3325	2473	590	261	1

# Attachment: PR-26 and PR-33 Reports



2.27.4.4.4.4.2.2.4.5.4.2.2.2.2.2.2.2.2.2.2.2	
PART I: SUMMARY OF CDBG RESOURCES	2 505 222 70
01 UNEXPENDED CDBG FUNDS AT END OF PREVIOUS PROGRAM YEAR	2,505,222.78
02 ENTITLEMENT GRANT	2,314,877.00
03 SURPLUS URBAN RENEWAL	0.00
04 SECTION 108 GUARANTEED LOAN FUNDS	0.00 0.00
05 CURRENT YEAR PROGRAM INCOME	0.00
05a CURRENT YEAR SECTION 108 PROGRAM INCOME (FOR SI TYPE)	0.00
06 FUNDS RETURNED TO THE LINE-OF-CREDIT	
06a FUNDS RETURNED TO THE LOCAL CDBG ACCOUNT 07 ADJUSTMENT TO COMPUTE TOTAL AVAILABLE	0.00
08 TOTAL AVAILABLE (SUM, LINES 01-07)	4,820,099,78
PART II: SUMMARY OF CDBG EXPENDITURES	4,620,099.76
09 DISBURSEMENTS OTHER THAN SECTION 108 REPAYMENTS AND PLANNING/ADMINISTRATION	1,277,107.54
10 ADJUSTMENT TO COMPUTE TOTAL AMOUNT SUBJECT TO LOW/MOD BENEFIT	421,318.90
11 AMOUNT SUBJECT TO LOW/MOD BENEFIT (LINE 99 + LINE 10)	1,698,426.44
12 DISBURSED IN IDIS FOR PLANNING/ADMINISTRATION	462,975.00
13 DISBURSED IN IDIS FOR SECTION 108 REPAYMENTS	0.00
14 ADJUSTMENT TO COMPUTE TOTAL EXPENDITURES	0.00
15 TOTAL EXPENDITURES (SUM, LINES 11-14)	2,161,401.44
16 UNEXPENDED BALANCE (LINE 08 - LINE 15)	2,658,698.34
PART III: LOWMOD BENEFIT THIS REPORTING PERIOD	-,,
17 EXPENDED FOR LOW/MOD HOUSING IN SPECIAL AREAS	0.00
18 EXPENDED FOR LOW/MOD MULTI-UNIT HOUSING	0.00
19 DISBURSED FOR OTHER LOW/MOD ACTIVITIES	691,506.97
20 ADJUSTMENT TO COMPUTE TOTAL LOW/MOD CREDIT	1,006,919.47
21 TOTAL LOW/MOD CREDIT (SUM, LINES 17-20)	1,698,426.44
22 PERCENT LOW/MOD CREDIT (LINE 21/LINE 11)	100.00%
LOW/MOD BENEFIT FOR MULTI-YEAR CERTIFICATIONS	
23 PROGRAM YEARS(PY) COVERED IN CERTIFICATION	PY: 2019 PY: 2020 PY: 2021
24 CUMULATIVE NET EXPENDITURES SUBJECT TO LOW/MOD BENEFIT CALCULATION	3,698,591.98
25 CUMULATIVE EXPENDITURES BENEFITING LOW/MOD PERSONS	3,698,291.98
26 PERCENT BENEFIT TO LOW/MOD PERSONS (LINE 25/LINE 24)	99.99%
PART IV: PUBLIC SERVICE (PS) CAP CALCULATIONS	
27 DISBURSED IN IDIS FOR PUBLIC SERVICES	344,344.36
28 PS UNLIQUIDATED OBLIGATIONS AT END OF CURRENT PROGRAM YEAR	0.00
29 PS UNLIQUIDATED OBLIGATIONS AT END OF PREVIOUS PROGRAM YEAR	0.00
30 ADJUSTMENT TO COMPUTE TOTAL PS OBLIGATIONS	0.00
31 TOTAL PS OBLIGATIONS (LINE 27 + LINE 28 - LINE 29 + LINE 30)	344,344.36
32 ENTITLEMENT GRANT	2,314,877.00
33 PRIOR YEAR PROGRAM INCOME	5,291.32
34 ADJUSTMENT TO COMPUTE TOTAL SUBJECT TO PS CAP	0.00
35 TOTAL SUBJECT TO PS CAP (SUM, LINES 32-34)	2,320,168.32
36 PERCENT FUNDS OBLIGATED FOR PS ACTIVITIES (LINE 31/LINE 35)	14.84%
PART V: PLANNING AND ADMINISTRATION (PA) CAP	462.075.00
37 DISBURSED IN IDIS FOR PLANNING/ADMINISTRATION 38 DA LINU GUIDATED OR ICCATIONS AT END OF CURRENT PROCESSAM YEAR	462,975.00
38 PA UNLIQUIDATED OBLIGATIONS AT END OF CURRENT PROGRAM YEAR	0.00
39 PA UNLIQUIDATED OBLIGATIONS AT END OF PREVIOUS PROGRAM YEAR 40 ADJUSTMENT TO COMPUTE TOTAL PA OBLIGATIONS	0.00 0.00
41 TOTAL PA OBLIGATIONS (LINE 37 + LINE 38 - LINE 39 +LINE 40)	462,975.00
42 ENTITLEMENT GRANT	2,314,877.00
43 CURRENT YEAR PROGRAM INCOME	2,314,877.00
44 ADJUSTMENT TO COMPUTE TOTAL SUBJECT TO PA CAP	0.00
	0.00
	2 314 877 00
45 TOTAL SUBJECT TO PA CAP (SUM, LINES 42-44) 46 PERCENT FUNDS OBLIGATED FOR PA ACTIVITIES (LINE 41/LINE 45)	2,314,877.00 20,00%

# LINE 17 DETAIL: ACTIVITIES TO CONSIDER IN DETERMINING THE AMOUNT TO ENTER ON LINE 17 Report returned no data.

## LINE 18 DETAIL: ACTIVITIES TO CONSIDER IN DETERMINING THE AMOUNT TO ENTER ON LINE 18

Plan Year	IDIS Project	IDIS	Activity	Activity Name	Matrix Code	National Objective	Drawn Amount
2019	6	2091		The Village of Orlando - Clear Lake 2018	14B	LMH	\$47,518.10
2019	6	2154		Grand Avenue Economic Development - Maxwell Terrace	14B	LMH	\$137,082.47
2020	8	2267		Grand Avenue Economic Development - Maxwell Terrace (Lift Station)	14B	LMH	\$401,000.00
					14B	Matrix Code	\$585,600.57
Total						-	\$585,600,57

### LINE 19 DETAIL: ACTIVITIES INCLUDED IN THE COMPUTATION OF LINE 19

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2019	6	2199	6419195	1212 W. Jefferson St - Acquisition	01	LMH	\$400.00
					01	Matrix Code	\$400.00
2019	7	2150	6419195	Habitat for Humanity	03E	LMC	\$47,745.00
					03E	Matrix Code	\$47,745.00
2019	7	2151	6501508	Mercy Drive Safety Improvements	03K	LMA	\$86.50
2019	7	2151	6537807	Mercy Drive Safety Improvements	03K	LMA	\$79,436.72
2019	7	2151	6549613	Mercy Drive Safety Improvements	03K	LMA	\$40,361.46
					озк	Matrix Code	\$119,884.68
2019	5	2141	6419195	Family Promise - Case Management & Homeless Services 2019	03T	LMC	\$8,798.32
2019	5	2142	6419195	Catholic Charities - Case Management/Housing Services 2019	03T	LMC	\$8,701.20
2019	5	2144	6419195	Coalition for the Homeless - Shelter and Services 2019	03T	LMC	\$3,728.56
2019	5	2145	6419195	Grand Avenue Economic Development - Case Management Services 2019	03T	LMC	\$4,015.05
2019	5	2146	6419195	Harbor House - Case Management/Shelter Services 2019	03T	LMC	\$6,464.09
2020	7	2210	6478773	Coalition for the Homeless - Shelter and Services 2020	03T	LMC	\$24,001.78
2020	7	2210	6490921	Coalition for the Homeless - Shelter and Services 2020	03T	LMC	\$5,277.38
2020	7	2210	6501508	Coalition for the Homeless - Shelter and Services 2020	03T	LMC	\$8,153.11
2020	7	2210	6524997	Coalition for the Homeless - Shelter and Services 2020	03T	LMC	\$3,975.21
2020	7	2210	6537807	Coalition for the Homeless - Shelter and Services 2020	03T	LMC	\$7,269.79
2020	7	2210	6549613	Coalition for the Homeless - Shelter and Services 2020	03T	LMC	\$4,416.50
2020	7	2211	6478773	Family Promise - Case Management and Homeless Services 2020	03T	LMC	\$25,744.95
2020	7	2211	6490921	Family Promise - Case Management and Homeless Services 2020	03T	LMC	\$4,821.54
2020	7	2211	6501508	Family Promise - Case Management and Homeless Services 2020	03T	LMC	\$4,909.79
2020	7	2211	6524997	Family Promise - Case Management and Homeless Services 2020	03T	LMC	\$7,106.79
2020	7	2211	6549613	Family Promise - Case Management and Homeless Services 2020	03T	LMC	\$5,042.95
2020	7	2212	6478773	Grand Avenue Economic Development - Case Management Services 2020	03T	LMC	\$12,616.60
2020	7	2212	6501508	Grand Avenue Economic Development - Case Management Services 2020	03T	LMC	\$3,246.45
2020	7	2212	6513805	Grand Avenue Economic Development - Case Management Services 2020	03T	LMC	\$7,694.32
2020	7	2212	6524997	Grand Avenue Economic Development - Case Management Services 2020	03T	LMC	\$3,248.47
2020	7	2212	6537807	Grand Avenue Economic Development - Case Management Services 2020	03T	LMC	\$3,426.29
2020	7	2212	6549613	Grand Avenue Economic Development - Case Management Services 2020	03T	LMC	\$2,746.61
2020	7	2213	6478773	Harbor House - Case Management/Shelter Services 2020	03T	LMC	\$9,996.64
2020	7	2213	6524997	Harbor House - Case Management/Shelter Services 2020	03T	LMC	\$7,256.05
2020	7	2213	6549613	Harbor House - Case Management/Shelter Services 2020	03T	LMC	\$8,939.40
2020	7	2216	6478773	United Way - Homeless Assistance and Housing Services 2020	03T	LMC	\$11,202.03
2020	7	2216	6490921	United Way - Homeless Assistance and Housing Services 2020	03T	LMC	\$2,176.07
2020	7	2216	6501508	United Way - Homeless Assistance and Housing Services 2020	03T	LMC	\$3,436.23
2020	7	2216	6513805	United Way - Homeless Assistance and Housing Services 2020	03T	LMC	\$2,431.48
2020	7	2216	6524997	United Way - Homeless Assistance and Housing Services 2020	03T	LMC	\$2,431.48
2020	7	2216	6537807	United Way - Homeless Assistance and Housing Services 2020	03T	LMC	\$2,791.58
2020	7	2216	6549613	United Way - Homeless Assistance and Housing Services 2020	03T	LMC	\$6,661.13
					03Т	Matrix Code	\$222,727.84
2020	7	2214	6478773	IDignity 2020	05C	LMC	\$12,844.73
2020	7	2214	6490921	IDignity 2020	05C	LMC	\$4,153.07
2020	7	2214	6513805	IDignity 2020	05C	LMC	\$5,987.44
2020	7	2214	6524997	IDignity 2020	05C	LMC	\$7,704.58
2020	7	2214	6549613	IDignity 2020	05C	LMC	\$3,743.49
					05C	Matrix Code	\$34,433.31
2020	7	2215	6478773	Jewish Family Services - Family Stabilization 2020	050	LMC	\$11,862.74
2020	7	2215	6513805	Jewish Family Services - Family Stabilization 2020	050	LMC	\$3,066.57
2020	7	2215	6524997	Jewish Family Services - Family Stabilization 2020	050	LMC	\$5,227.67
2020	7	2215	6537807	Jewish Family Services - Family Stabilization 2020	050	LMC	\$3,068.62
2020	7	2215	6549613	Jewish Family Services - Family Stabilization 2020	050	LMC	\$2,248.61
					050	Matrix Code	\$25,474.21
2020	8	2217	6490921	HANDS - Housing Counseling 2020	05U	LMC	\$24,825.00
-020	5		3130321	Thinks Troubing couldeling come	030		\$21,023.00



Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2020	8	2217	6513805	HANDS - Housing Counseling 2020	05U	LMC	\$10,762.50
2020	8	2217	6524997	HANDS - Housing Counseling 2020	05U	LMC	\$9,075.00
2020	8	2217	6537807	HANDS - Housing Counseling 2020	05U	LMC	\$13,275.00
2020	8	2217	6549613	HANDS - Housing Counseling 2020	05U	LMC	\$3,771.50
					05U	Matrix Code	\$61,709.00
2019	6	2197	6451634	Housing Rehab - 520 N Tampa Ave (Thompson)	14A	LMH	\$18.50
2019	6	2200	6419195	Rebuilding Together #202001 - 5428 Wood Crossing Street	14A	LMH	\$8,356.00
2019	6	2201	6419195	Rebuilding Together #202002 - 2150 Aaron Ave	14A	LMH	\$8,296.00
2019	6	2204	6419195	Rebuilding Together #202003 - 4271 Schank Ct	14A	LMH	\$13,306.00
2019	6	2205	6419195	Rebuilding Together #202004 - 1910 Aaron Ave	14A	LMH	\$17,106.00
2020	8	2234	6467482	Housing Rehab - 2762 Willie Mays Pkwy (Hollis)	14A	LMH	\$496.30
2020	8	2234	6524997	Housing Rehab - 2762 Willie Mays Pkwy (Hollis)	14A	LMH	\$60,527.00
2020	8	2268	6478773	Housing Rehab - 4266 Prince Hall Blvd (Marshall)	14A	LMH	\$339.70
2020	8	2268	6524997	Housing Rehab - 4266 Prince Hall Blvd (Marshall)	14A	LMH	\$27,135.00
2020	8	2268	6549613	Housing Rehab - 4266 Prince Hall Blvd (Marshall)	14A	LMH	\$35,704.25
2020	8	2297	6537807	306 Foundation - 4271 Schank Court (Clermont)	14A	LMH	\$7,848.18
					14A	Matrix Code	\$179,132.93
Total						_	\$691,506.97

### LINE 27 DETAIL: ACTIVITIES INCLUDED IN THE COMPUTATION OF LINE 27

Year	IDIS Project	IDIS Activity	Voucher Number	prevent, prepare for, and respon to Coronaviru	d Activity Name	Grant Number	Fund Type	Matrix Code	National Objective	Drawn Amount
2019	5	2141	6419195	No	Family Promise - Case Management & Homeless Services 2019	B19MC120015	EN	03T	LMC	\$7,456,78
	5	2141	6419195	No	Family Promise - Case Management & Homeless Services 2019	B19MC120015	PI	03T	LMC	\$1,341.54
	5	2142	6419195	No	Catholic Charities - Case Management/Housing Services 2019	B19MC120015	EN	03T	LMC	\$8,701.20
777	5	2144	6419195	No	Coalition for the Homeless - Shelter and Services 2019	B19MC120015	EN	03T	LMC	\$3,728.56
	5	2145	6419195	No	Grand Avenue Economic Development - Case Management Services 2019	B19MC120015	EN	03T	LMC	\$4,015.05
2019	5	2146	6419195	No	Harbor House - Case Management/Shelter Services 2019	B19MC120015	EN	03T	LMC	\$6,464.09
2020	7	2210	6478773	No	Coalition for the Homeless - Shelter and Services 2020	B20MC120015	EN	03T	LMC	\$24,001.78
	7	2210	6490921	No	Coalition for the Homeless - Shelter and Services 2020	B20MC120015	EN	03T	LMC	\$5,277.38
	7	2210	6501508	No	Coalition for the Homeless - Shelter and Services 2020	B20MC120015	EN	03T	LMC	\$8,153,11
	7	2210	6524997	No	Coalition for the Homeless - Shelter and Services 2020	B20MC120015	EN	03T	LMC	\$3,975.21
	7	2210	6537807	No	Coalition for the Homeless - Shelter and Services 2020	B20MC120015	EN	03T	LMC	\$7,269.79
	7	2210	6549613	No	Coalition for the Homeless - Shelter and Services 2020	B20MC120015	EN	03T	LMC	\$4,416.50
	7	2211	6478773	No	Family Promise - Case Management and Homeless Services 2020	B20MC120015	EN	03T	LMC	\$25,744.95
	7	2211	6490921	No	Family Promise - Case Management and Homeless Services 2020	B20MC120015	EN	03T	LMC	\$4,821.54
	7	2211	6501508	No	Family Promise - Case Management and Homeless Services 2020	B20MC120015	EN	03T	LMC	\$4,909.79
	7	2211	6524997	No	Family Promise - Case Management and Homeless Services 2020	B20MC120015	EN	03T	LMC	\$7,106.79
	7	2211	6549613	No	Family Promise - Case Management and Homeless Services 2020	B20MC120015	EN	03T	LMC	\$5,042.95
	7	2212	6478773	No	Grand Avenue Economic Development - Case Management Services	B20MC120015	EN	03T	LMC	
					2020				=:-	\$12,616.60
2020	7	2212	6501508	No	Grand Avenue Economic Development - Case Management Services 2020	B20MC120015	EN	03T	LMC	\$3,246.45
2020	7	2212	6513805	No	Grand Avenue Economic Development - Case Management Services 2020	B20MC120015	EN	03T	LMC	\$7,694.32
2020	7	2212	6524997	No	Grand Avenue Economic Development - Case Management Services 2020	B20MC120015	EN	03T	LMC	\$3,248.47
2020	7	2212	6537807	No	Grand Avenue Economic Development - Case Management Services 2020	B20MC120015	EN	03T	LMC	\$3,426.29
2020	7	2212	6549613	No	Grand Avenue Economic Development - Case Management Services 2020	B20MC120015	EN	03T	LMC	\$2,746.61
2020	7	2213	6478773	No	Harbor House - Case Management/Shelter Services 2020	B20MC120015	EN	03T	LMC	\$9,996.64
2020	7	2213	6524997	No	Harbor House - Case Management/Shelter Services 2020	B20MC120015	EN	03T	LMC	\$7,256.05
2020	7	2213	6549613	No	Harbor House - Case Management/Shelter Services 2020	B20MC120015	EN	03T	LMC	\$8,939.40
2020	7	2216	6478773	No	United Way - Homeless Assistance and Housing Services 2020	B20MC120015	EN	03T	LMC	\$11,202.03
2020	7	2216	6490921	No	United Way - Homeless Assistance and Housing Services 2020	B20MC120015	EN	03T	LMC	\$2,176.07
2020	7	2216	6501508	No	United Way - Homeless Assistance and Housing Services 2020	B20MC120015	EN	03T	LMC	\$3,436.23
	7	2216	6513805	No	United Way - Homeless Assistance and Housing Services 2020	B20MC120015	EN	03T	LMC	\$2,431.48
2020	7	2216	6524997	No	United Way - Homeless Assistance and Housing Services 2020	B20MC120015	EN	03T	LMC	\$2,431.48
	7	2216	6537807	No	United Way - Homeless Assistance and Housing Services 2020	B20MC120015	EN	03T	LMC	\$2,791.58
	7	2216	6549613	No	United Way - Homeless Assistance and Housing Services 2020	B20MC120015	EN	03T	LMC	\$6,661.13
	6				The state of the s			03T	Matrix Code	\$222,727.84
2020	7	2214	6478773	No	IDignity 2020	B20MC120015	EN	05C	LMC	\$12,844.73
	7	2214	6490921	No	IDignity 2020	B20MC120015	EN	05C	LMC	\$4,153.07
	7	2214	6513805	No	IDignity 2020	B20MC120015	EN	05C	LMC	\$5,987.44
	7	2214	6524997	No	IDignity 2020	B20MC120015	EN	05C	LMC	\$7,704.58



Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity to prevent, prepare for and respond to Coronavir	or, ond Activity Name	Grant Number	Fund Type	Matrix Code	National Objective	Description & security
2020	7	2214	6549613	No	IDignity 2020	B20MC120015	EN	05C	LMC	S3,743.49
2020	,	2214	0249013	140	Idigility 2020	D201010120013	LIN	05C	Matrix Code	
2020	-	2215	6478773	No	And the Family Condess. Family Stabilization 2020	B20MC120015	EN	050	LMC	\$34,433.31
2020	/				Jewish Family Services - Family Stabilization 2020					\$11,862.74
2020	7	2215	6513805	No	Jewish Family Services - Family Stabilization 2020	B20MC120015	EN	050	LMC	\$3,066.57
2020	7	2215	6524997	No	Jewish Family Services - Family Stabilization 2020	B20MC120015	EN	050	LMC	\$5,227.67
2020	7	2215	6537807	No	Jewish Family Services - Family Stabilization 2020	B20MC120015	EN	050	LMC	\$3,068.62
2020	7	2215	6549613	No	Jewish Family Services - Family Stabilization 2020	B20MC120015	EN	050	LMC	\$2,248.61
								050	Matrix Code	\$25,474.21
2020	8	2217	6490921	No	HANDS - Housing Counseling 2020	B20MC120015	EN	05U	LMC	\$24,825.00
2020	8	2217	6513805	No	HANDS - Housing Counseling 2020	B20MC120015	EN	05U	LMC	\$10,762.50
2020	8	2217	6524997	No	HANDS - Housing Counseling 2020	B20MC120015	EN	05U	LMC	\$9,075.00
2020	8	2217	6537807	No	HANDS - Housing Counseling 2020	B20MC120015	EN	05U	LMC	\$13,275.00
2020	8	2217	6549613	No	HANDS - Housing Counseling 2020	B20MC120015	EN	05U	LMC	\$3,771.50
								05U	Matrix Code	\$61,709.00
				No	Activity to prevent, prepare for, and respond to Coronavirus				_	\$344,344.36
Total									-	\$344 344 36

## LINE 37 DETAIL: ACTIVITIES INCLUDED IN THE COMPUTATION OF LINE 37

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2020	10	2218	6470057	2020 CDBG Administration	21A		\$190,951.08
2020	10	2218	6478773	2020 CDBG Administration	21A		\$45,156.38
2020	10	2218	6490921	2020 CDBG Administration	21A		\$50,828.98
2020	10	2218	6501508	2020 CDBG Administration	21A		\$52,236.49
2020	10	2218	6513805	2020 CDBG Administration	21A		\$76,686.32
2020	10	2218	6524997	2020 CDBG Administration	21A		\$42,774.64
2020	10	2218	6537807	2020 CDBG Administration	21A		\$4,341.11
					21A	Matrix Code	\$462,975.00
Total						_	\$462,975.00



Office of Community Planning and Development
U.S. Department of Housing and Urban Development
Integrated Disbursement and Information System
PR26 - CDBG-CV Financial Summary Report
ORLANDO , FL

DATE: 11-08-21 TIME: 15:06 PAGE: 2

LINE 10 DETAIL: ACTIVITIES TO CONSIDER IN DETERMINING THE AMOUNT TO ENTER ON LINE 10

Report returned no data.

### LINE 11 DETAIL: ACTIVITIES TO CONSIDER IN DETERMINING THE AMOUNT TO ENTER ON LINE 11

Report returned no data.

# LINE 12 DETAIL: ACTIVITIES INCLUDED IN THE COMPUTATION OF LINE 12

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2020	1	2224	6490921	CV-Grace Medical Home	05M	LMC	\$30,972.09
			6513805	CV-Grace Medical Home	05M	LMC	\$37,078.51
			6524997	CV-Grace Medical Home	05M	LMC	\$67,815.91
			6549613	CV-Grace Medical Home	05M	LMC	\$40,437.60
			6561890	CV-Grace Medical Home	05M	LMC	\$70,954.88
		2225	6490921	CV-West Lakes Partnerships	05W	LMC	\$14,284.76
			6513805	CV-West Lakes Partnerships	05W	LMC	\$14,182.66
			6524997	CV-West Lakes Partnerships	05W	LMC	\$12,485.66
			6537807	CV-West Lakes Partnerships	05W	LMC	\$15,500.00
			6549613	CV-West Lakes Partnerships	05W	LMC	\$8,573.00
			6561890	CV-West Lakes Partnerships	05W	LMC	\$31,624.17
		2226	6478773	CV-Primrose Center	05M	LMC	\$21,219.48
			6490921	CV-Primrose Center	05M	LMC	\$9,940.95
			6501508	CV-Primrose Center	05M	LMC	\$12,161.23
			6513805	CV-Primrose Center	05M	LMC	\$9,940.95
			6549613	CV-Primrose Center	05M	LMC	\$49,099.43
			6561890	CV-Primrose Center	05M	LMC	\$40,218.31
		2227	6549613	CV-Homeless Services Network	03T	LMC	\$16,553.94
			6561890	CV-Homeless Services Network	03T	LMC	\$10,072.87
		2275	6537807	CV-United Against Poverty	03T	LMC	\$36,688.67
			6549613	CV-United Against Poverty	03T	LMC	\$20,142.48
			6561890	CV-United Against Poverty	03T	LMC	\$15,419.66
		2276	6561890	CV-Lighthouse Central Florida	05B	LMC	\$11,844.05
		2277	6549613	CV-IDignity	05C	LMC	\$12,280.19
			6561890	CV-IDignity	05C	LMC	\$10,147.32
		2278	6561890	CV-Coalition for the Homeless	03T	LMC	\$15,476.61
		2279	6537807	CV-First Step Staffing	03T	LMC	\$1,812.55
			6549613	CV-First Step Staffing	03T	LMC	\$3,229.50
			6561890	CV-First Step Staffing	03T	LMC	\$2,838.44
Total							\$642,995.87

# LINE 16 DETAIL: ACTIVITIES INCLUDED IN THE COMPUTATION OF LINE 16

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2020	1	2224	6490921	CV-Grace Medical Home	05M	LMC	\$30,972.09
			6513805	CV-Grace Medical Home	05M	LMC	\$37,078.51
			6524997	CV-Grace Medical Home	05M	LMC	\$67,815.91
			6549613	CV-Grace Medical Home	05M	LMC	\$40,437.60
			6561890	CV-Grace Medical Home	05M	LMC	\$70,954.88
		2225	6490921	CV-West Lakes Partnerships	05W	LMC	\$14,284.76
			6513805	CV-West Lakes Partnerships	05W	LMC	\$14,182.66
			6524997	CV-West Lakes Partnerships	05W	LMC	\$12,485.66
			6537807	CV-West Lakes Partnerships	05W	LMC	\$15,500.00
			6549613	CV-West Lakes Partnerships	05W	LMC	\$8,573.00
			6561890	CV-West Lakes Partnerships	05W	LMC	\$31,624.17
		2226	6478773	CV-Primrose Center	05M	LMC	\$21,219.48
			6490921	CV-Primrose Center	05M	LMC	\$9,940.95
			6501508	CV-Primrose Center	05M	LMC	\$12,161.23
			6513805	CV-Primrose Center	05M	LMC	\$9,940.95



Total

Office of Community Planning and Development
U.S. Department of Housing and Urban Development
Integrated Disbursement and Information System
PR26 - CDBG-CV Financial Summary Report
ORLANDO , FL

DATE: 11-08-21 TIME: 15:06 PAGE: 3

\$642,995.87

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2020	1	2226	6549613	CV-Primrose Center	05M	LMC	\$49,099.43
			6561890	CV-Primrose Center	05M	LMC	\$40,218.31
		2227	6549613	CV-Homeless Services Network	03T	LMC	\$16,553.94
			6561890	CV-Homeless Services Network	03T	LMC	\$10,072.87
		2275	6537807	CV-United Against Poverty	03T	LMC	\$36,688.67
			6549613	CV-United Against Poverty	03T	LMC	\$20,142.48
			6561890	CV-United Against Poverty	03T	LMC	\$15,419.66
		2276	6561890	CV-Lighthouse Central Florida	05B	LMC	\$11,844.05
		2277	6549613	CV-IDignity	05C	LMC	\$12,280.19
			6561890	CV-IDignity	05C	LMC	\$10,147.32
		2278	6561890	CV-Coalition for the Homeless	03T	LMC	\$15,476.61
		2279	6537807	CV-First Step Staffing	03T	LMC	\$1,812.55
			6549613	CV-First Step Staffing	03T	LMC	\$3,229.50
			6561890	CV-First Step Staffing	03T	LMC	\$2,838.44

# LINE 19 DETAIL: ACTIVITIES INCLUDED IN THE COMPUTATION OF LINE 19

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2019	1	2207	6410926	2019 CDBG-CV Administration	21A		\$11,887.84
			6419195	2019 CDBG-CV Administration	21A		\$10,992.20
			6430282	2019 CDBG-CV Administration	21A		\$2,455.62
			6451634	2019 CDBG-CV Administration	21A		\$886.41
			6456003	2019 CDBG-CV Administration	21A		\$1,909.13
			6467482	2019 CDBG-CV Administration	21A		\$1,564.19
			6478773	2019 CDBG-CV Administration	21A		\$1,529.04
			6490921	2019 CDBG-CV Administration	21A		\$1,123.89
			6501508	2019 CDBG-CV Administration	21A		\$4,586.09
			6513805	2019 CDBG-CV Administration	21A		\$4,682.08
			6524997	2019 CDBG-CV Administration	21A		\$8,115.78
			6537807	2019 CDBG-CV Administration	21A		\$4,975.19
			6549613	2019 CDBG-CV Administration	21A		\$5,579.38
Total						28	\$60,286.84



PART I: SUMMARY OF CDBG-CV RESOURCES	
01 CDBG-CV GRANT	4,741,094.00
02 FUNDS RETURNED TO THE LINE-OF-CREDIT	0.00
03 FUNDS RETURNED TO THE LOCAL CDBG ACCOUNT	0.00
04 TOTAL AVAILABLE (SUM, LINES 01-03)	4,741,094.00
PART II: SUMMARY OF CDBG-CV EXPENDITURES	
05 DISBURSEMENTS OTHER THAN SECTION 108 REPAYMENTS AND PLANNING/ADMINISTRATION	642,995.87
06 DISBURSED IN IDIS FOR PLANNING/ADMINISTRATION	60,286.84
07 DISBURSED IN IDIS FOR SECTION 108 REPAYMENTS	0.00
08 TOTAL EXPENDITURES (SUM, LINES 05 - 07)	703,282.71
09 UNEXPENDED BALANCE (LINE 04 - LINE8 )	4,037,811.29
PART III: LOWMOD BENEFIT FOR THE CDBG-CV GRANT	
10 EXPENDED FOR LOW/MOD HOUSING IN SPECIAL AREAS	0.00
11 EXPENDED FOR LOW/MOD MULTI-UNIT HOUSING	0.00
12 DISBURSED FOR OTHER LOW/MOD ACTIVITIES	642,995.87
13 TOTAL LOW/MOD CREDIT (SUM, LINES 10 - 12)	642,995.87
14 AMOUNT SUBJECT TO LOW/MOD BENEFIT (LINE 05)	642,995.87
15 PERCENT LOW/MOD CREDIT (LINE 13/LINE 14)	100.00%
PART IV: PUBLIC SERVICE (PS) CALCULATIONS	
16 DISBURSED IN IDIS FOR PUBLIC SERVICES	642,995.87
17 CDBG-CV GRANT	4,741,094.00
18 PERCENT OF FUNDS DISBURSED FOR PS ACTIVITIES (LINE 16/LINE 17)	13.56%
PART V: PLANNING AND ADMINISTRATION (PA) CAP	
19 DISBURSED IN IDIS FOR PLANNING/ADMINISTRATION	60,286.84
20 CDBG-CV GRANT	4,741,094.00
21 PERCENT OF FUNDS DISBURSED FOR PA ACTIVITIES (LINE 19/LINE 20)	1.27%

IDIS - PR33	(	. Department of Housing and Urb Office of Community Planning and Itegrated Disbursement and Infor Home Matching Liability R	Development mation System	DATE: TIME: PAGE:	11-15-21 10:40 2
2015	12.5%	\$954,774.31	\$721,692.71	\$90,21	1.58
2016	12.5%	\$228,972.48	\$72,337.86	\$9,04	2.23
2017	12.5%	\$1,503,221.28	\$1,341,124.39	\$167,64	0.54
2018	12.5%	\$167,135.01	\$88,899.33	\$11,11	2.41
2019	12.5%	\$1,067,122.86	\$971,742.70	\$121,46	7.83
2020	0.0%	\$1,435,480.02	\$0.00	\$	0.00