

City of Fresno  
CONSOLIDATED ANNUAL  
PERFORMANCE EVALUATION REPORT

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Program Year 2016 (July 1, 2016-June 30, 2017)

City of Fresno  
Development and Resource Management/  
Housing and Community Development Division  
2600 Fresno Street  
Fresno, CA 93721  
(559) 621-8300

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

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

This could be an overview that includes major initiatives and highlights that were proposed and executed throughout the program year.

#### ***Executive Summary***

The Consolidated Annual Performance and Evaluation Report (CAPER) serves to meet the performance reporting requirements of the U.S. Department of Housing and Urban Development (HUD) as set forth with the Consolidated Plan Regulations at 24 CFR 91.520. The performance report, due to HUD 90 days after the close of the City's program year on June 30, is due by September 30 of each year and describes the activities undertaken by the City of Fresno during the Program Year (PY) 2016, beginning July 1, 2016 and ending June 30, 2017, using the following federal funds:

- Community Development Block Grant (CDBG),
- Emergency Solutions Grant (ESG),
- Home Investment Partnership (HOME), and
- Housing Opportunities for Persons with HIV/AIDS (HOPWA).

These grants fund community development efforts to improve housing, economic, and social conditions and opportunities for low-income and moderate-income residents of the city. The City funded and administered projects to address the four main goals of the 2015-2019 Consolidated Plan. The City also supported its goals and strategies through administrative actions, including providing support to neighborhood groups and non-profits, planning and coordination of local resources and with other organizations such as the Fresno-Madera Continuum of Care, and through certifications of consistency. The City did not hinder the implementation of any part of the Action Plan or Consolidated Plan through action or willful inaction.

On September 1, 2017, a Public Review Draft of the report was properly noticed and made available for a fifteen day review period. The Draft CAPER was made available at Fresno City Hall, 2600 Fresno Street, Room 2133 (City Clerk's Office) and Room 3070 (Housing Division); as well as at the Downtown Branch of the Fresno County Public Library and online at [www.fresno.gov/housing](http://www.fresno.gov/housing). The public comment period was through September 18, 2017 and is included in the attachments.

(PENDING) The Housing and Community Development Commission (HCDC) conducted a workshop and considered public comments made during the workshop. The public hearing was held by the Fresno City Council on September 21, 2017, at 2:25 p.m., at Fresno City Hall. The Fresno City Council was presented with the Draft PY 2016 CAPER for consideration and the public comments, and approved the draft following the September 22, 2017 public hearing.

Please see the CR-05 Goals and Outcomes attachment.

**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 |
|-------------------------------------------------|--------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------|------------------|---------------------------|-------------------------|------------------|-------------------------|-----------------------|------------------|
| Community Services                              | Non-Homeless Special Needs Non-Housing Community Development | CDBG: \$                       | Public service activities other than Low/Moderate Income Housing Benefit | Persons Assisted | 3000                      | 64346                   | 2,144.87%        | 1579                    | 2212                  | 140.09%          |
| Homelessness and the Prevention of Homelessness | Homeless                                                     | CDBG: \$ / HOPWA: \$ / ESG: \$ | Public service activities other than Low/Moderate Income Housing Benefit | Persons Assisted | 250                       | 1116                    | 446.40%          |                         |                       |                  |

|                                                 |                                                              |                                |                                                                                             |                        |      |      |         |       |      |         |
|-------------------------------------------------|--------------------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------|------------------------|------|------|---------|-------|------|---------|
| Homelessness and the Prevention of Homelessness | Homeless                                                     | CDBG: \$ / HOPWA: \$ / ESG: \$ | Homeless Person Overnight Shelter                                                           | Persons Assisted       | 250  | 535  | 214.00% | 97    | 535  | 551.55% |
| Public Facilities and Public Improvements       | Non-Homeless Special Needs Non-Housing Community Development | CDBG: \$                       | Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit | Persons Assisted       | 1250 | 4330 | 346.40% | 26265 | 400  | 1.52%   |
| Safe and Affordable Housing                     | Affordable Housing                                           | CDBG: \$ / HOME: \$            | Rental units constructed                                                                    | Household Housing Unit | 75   | 89   | 118.67% | 7     | 11   | 157.14% |
| Safe and Affordable Housing                     | Affordable Housing                                           | CDBG: \$ / HOME: \$            | Rental units rehabilitated                                                                  | Household Housing Unit | 75   | 0    | 0.00%   |       |      |         |
| Safe and Affordable Housing                     | Affordable Housing                                           | CDBG: \$ / HOME: \$            | Homeowner Housing Added                                                                     | Household Housing Unit | 0    | 11   |         | 2     | 11   | 550.00% |
| Safe and Affordable Housing                     | Affordable Housing                                           | CDBG: \$ / HOME: \$            | Homeowner Housing Rehabilitated                                                             | Household Housing Unit | 50   | 109  | 218.00% | 53    | 70   | 132.08% |
| Safe and Affordable Housing                     | Affordable Housing                                           | CDBG: \$ / HOME: \$            | Tenant-based rental assistance / Rapid Rehousing                                            | Households Assisted    | 20   | 188  | 940.00% | 20    | 105  | 525.00% |
| Safe and Affordable Housing                     | Affordable Housing                                           | CDBG: \$ / HOME: \$            | Housing Code Enforcement/Foreclosed Property Care                                           | Household Housing Unit | 500  | 3124 | 624.80% | 500   | 3124 | 624.80% |

**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.**

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

Program Year 2016 (PY 2016) was the second year of the City's 2015-2019 Consolidated Plan. Table 1 and Table 2 summarize the City's accomplishments by the goals outlined in PY 2016 Annual Action Plan and the 2015-2019 Consolidated Plan. Nearly all of the City's entitlement programs are progressing and effectively addressing the stated goals in the action plan as well the five-year goals established in the Consolidated Plan. The following information is provided as additional clarification of the information in Table 1 and 2 or as an explanation of exceptions.

### **Goal 1: Safe and Affordable Housing**

Rehabilitation, Minor Repair and Paint Programs: A significant amount of rehabilitation work was completed during PY 2016, including:

- Senior Paint Program: Annual Goal=18 homes. Sixteen (16) projects were completed, with one (1) project pending completion at the end of PY 2016.
- Code Distressed Property Program: Annual Goal=6 units. Six (6) projects were under way and pending completion at the end of PY 2016.
- Rehabilitation Programs (CDBG, TADPP & TARP): Annual Goal=8 units. Completed 6 PY 2016 funded projects and four (4) projects were under way and pending completion at the end of PY16. Also, 36 PY 2015 funded projects were completed.

Two (2) PY 2015 HOME-funded single-family affordable housing units (Lotus and Effie) and 11 HOME funded scattered site affordable housing units (Fulton West) were completed. Additionally, one (1) scattered site, new construction project (Lowell Neighborhood) and one (1) rehabilitation project (Calaveras) were started and are expected to be completed in PY 2017.

The City financed (7) mortgage loans through the State's CalHome first-time homebuyer program. These numbers are not reported in Table 1 and Table 2.

The City's Neighborhood Revitalization Teams (NRT) worked to build capacity in areas with high concentrations of substandard housing. The NRT arrested blight by remedying 3,124 housing code cases in nine (9) targeted neighborhoods. The goal was 500.

Rental units rehabilitated and constructed: The goal for each is 75, however, the Consolidated Plan reflects a combined goal of 150 with no distinction between the two. For the purpose of the tables above, the distinction was made splitting the goals in half to reflect 75 each.

**Goal 2: Homelessness:** The HOPWA program assisted 57 individuals with prior year HOPWA funds. The Homeless Information Management System (HMIS) reported that 535 persons were sheltered overnight and a total of 1,116 individuals were assisted by ESG subrecipients.

**Goal 3: Community Services:** The City's served 2,212 persons (youth, seniors) through a combination of subrecipient and direct program delivery.

**Goal 4: Facilities and Public Improvements:** Annual goal attainment is counted upon "project completion" by June 30, 2017. While several facilities and public improvement projects have completed construction as of September 1, they are not reflected in tables above. Although the City did not meet its goal for project completion, over \$3 million in CDBG budgeted project activity was under way at year end. Of this amount, over \$2 million in CDBG funds has been expended as projects were approaching completion.

## 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)

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

|                                           | CDBG | HOME | ESG | HOPWA |
|-------------------------------------------|------|------|-----|-------|
| <b>Race:</b>                              |      |      |     |       |
| White                                     | 480  | 89   | 430 | 51    |
| Black or African American                 | 376  | 20   | 179 | 6     |
| Asian                                     | 84   | 56   | 9   | 0     |
| American Indian or American Native        | 26   | 0    | 18  | 0     |
| Native Hawaiian or Other Pacific Islander | 7    | 0    | 4   | 0     |
| <b>Total</b>                              | 973  | 165  | 640 | 57    |
| <b>Ethnicity:</b>                         |      |      |     |       |
| Hispanic                                  | 679  | 80   | 346 | 30    |
| Not Hispanic                              | 956  | 85   | 305 | 27    |

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

### Narrative

CDBG Racial and Ethnic Status: In addition to the 973 accounted for in the above table, 659 persons assisted through CDBG activities self-identified as Multi-Racial and 268 CDBG assisted persons declined to provide racial status information (973+659+268=1,900). 265 of these 1,900 CDBG assisted persons declined to provide ethnic status information (679+956+265=1,900).

ESG Racial and Ethnic Status: 12 persons assisted through the ESG activities self-identified as Multi-racial. 9 ESG assisted persons declined to provide racial status information (640+12+9=661), and 10 ESG assisted persons declined to provide ethnic status information (346+305+10=661).

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

### Identify the resources made available

| Source of Funds | Source | Resources Made Available | Amount Expended During Program Year |
|-----------------|--------|--------------------------|-------------------------------------|
| CDBG            | CDBG   | 6,580,331                | 6,756,656                           |
| HOME            | HOME   | 2,392,795                | 1,265,204                           |
| HOPWA           | HOPWA  | 387,290                  | 117,060                             |
| ESG             | ESG    | 565,293                  | 637,503                             |
| Other           | Other  | 2,040,000                | 335,744                             |

Table 3 - Resources Made Available

### Narrative

Note: 2016 expenditure totals include amounts associated with entitlement funding from PY 2016 and prior years. The "Other" expenditures included \$335,774 in CaLHome first-time homebuyer program activity.

### Identify the geographic distribution and location of investments

| Target Area          | Planned Percentage of Allocation | Actual Percentage of Allocation | Narrative Description |
|----------------------|----------------------------------|---------------------------------|-----------------------|
| Citywide             |                                  |                                 | See Below Note        |
| Low/Mod Income Areas |                                  |                                 | See Below Note        |

Table 4 – Identify the geographic distribution and location of investments

### Narrative

The Consolidated Plan did not identify any targeted areas. Instead, the City will spread resources throughout the City, with the understanding that most funding will go toward the improvement of predominantly low and moderate income residential areas. Some of these neighborhoods include but are not limited to Lowell, Yokomi, Kirk, Jefferson, El Dorado Park, Herndon Town, Highway City, Manchester and Pinedale.

## 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.**

The Housing and Community Development Division's New Construction and Substantial Rehabilitation Program is highly successful in leveraging HOME funds through use of Low Income Housing Tax Credit equity, bank loans, bonds, and other public and private sources. In addition to federal funds, the City of Fresno maintains tax exempt bond authority to finance multi-family affordable rental housing.

During the program year, the Division leveraged \$403,858 in private funds with \$580,263 in HOME funds through the Habitat for Humanity B Street and Amador Street Single-Family Housing Project. Also during the program year, the Fancher Creek Senior Housing Project was selected to receive approximately \$1.4 million in HOME funds which will be leveraged with approximately \$9 million in State Infill Infrastructure Grant funds and approximately \$5 million in tax credit equity. The City is expected to enter into a HOME Agreement for this project during program year 2017.

| Fiscal Year Summary – HOME Match                                               |           |
|--------------------------------------------------------------------------------|-----------|
| 1. Excess match from prior Federal fiscal year                                 | 6,111,594 |
| 2. Match contributed during current Federal fiscal year                        | 289       |
| 3. Total match available for current Federal fiscal year (Line 1 plus Line 2)  | 6,111,883 |
| 4. Match liability for current Federal fiscal year                             | 0         |
| 5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4) | 6,111,883 |

**Table 5 – Fiscal Year Summary - HOME Match Report**

| 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 |
| 0000                                           | 06/30/2017           | 0                          | 289                           | 0                            | 0                       | 0                                                       | 0              | 0           |

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 beginning of reporting period<br>\$              | Amount received during reporting period<br>\$ | Total amount expended during reporting period<br>\$ | Amount expended for TBRA<br>\$ | Balance on hand at end of reporting period<br>\$ |
| 0                                                                   | 606,665                                       | 16,930                                              | 0                              | 589,735                                          |

Table 7 – Program Income

| 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-Hispanic |
|                                                                                                                                                                          |       | Alaskan Native or American Indian | Asian or Pacific Islander | Black Non-Hispanic | Hispanic |                    |
| 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 Business Enterprises        | Male                      |                    |          |                    |
| Contracts                                                                                                                                                                |       |                                   |                           |                    |          |                    |
| Dollar Amount                                                                                                                                                            | 0     | 0                                 | 0                         |                    |          |                    |
| Number                                                                                                                                                                   | 0     | 0                                 | 0                         |                    |          |                    |
| Sub-Contracts                                                                                                                                                            |       |                                   |                           |                    |          |                    |
| Number                                                                                                                                                                   | 0     | 0                                 | 0                         |                    |          |                    |
| Dollar Amount                                                                                                                                                            | 0     | 0                                 | 0                         |                    |          |                    |

**Table 8 - Minority Business and Women Business Enterprises**

| <b>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</b> |              |                                          |                                  |                           |                 |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------|----------------------------------|---------------------------|-----------------|---------------------------|
|                                                                                                                                                                                | <b>Total</b> | <b>Minority Property Owners</b>          |                                  |                           |                 | <b>White Non-Hispanic</b> |
|                                                                                                                                                                                |              | <b>Alaskan Native or American Indian</b> | <b>Asian or Pacific Islander</b> | <b>Black Non-Hispanic</b> | <b>Hispanic</b> |                           |
| 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 Displaced                                                                                                                                                                     | Total | Minority Property Enterprises     |                           |                    |          | White Non-Hispanic |
|                                                                                                                                                                                          |       | Alaskan Native or American Indian | Asian or Pacific Islander | Black Non-Hispanic | 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 Goal | Actual     |
|----------------------------------------------------------------------------|---------------|------------|
| Number of Homeless households to be provided affordable housing units      | 20            | 105        |
| Number of Non-Homeless households to be provided affordable housing units  | 9             | 21         |
| Number of Special-Needs households to be provided affordable housing units | 47            | 28         |
| <b>Total</b>                                                               | <b>76</b>     | <b>154</b> |

Table 11 – Number of Households

|                                                                      | One-Year Goal | Actual     |
|----------------------------------------------------------------------|---------------|------------|
| Number of households supported through Rental Assistance             | 67            | 133        |
| Number of households supported through The Production of New Units   | 9             | 0          |
| Number of households supported through Rehab of Existing Units       | 0             | 16         |
| Number of households supported through Acquisition of Existing Units | 0             | 5          |
| <b>Total</b>                                                         | <b>76</b>     | <b>154</b> |

Table 12 – Number of Households Supported

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

As indicated in Tables 12 and 13, the City met or exceeded nearly all of its annual goals. While the special needs TBRA production was less than projected, it was more than offset by HOME TBRA production.

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

Substantial progress was made towards the 5-year Consolidated Plan goals. However, the City will reevaluate the HOPWA goals to determine if inter-category adjustments are warranted.

**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.**

| <b>Number of Households Served</b> | <b>CDBG Actual</b> | <b>HOME Actual</b> |
|------------------------------------|--------------------|--------------------|
| Extremely Low-income               | 0                  | 9                  |
| Low-income                         | 0                  | 22                 |
| Moderate-income                    | 0                  | 25                 |
| <b>Total</b>                       | <b>0</b>           | <b>56</b>          |

**Table 13 – Number of Households Served**

## **CR-25 - Homeless and Other Special Needs 91.220(d, e); 91.320(d, e); 91.520(c)**

**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 continues to participate with a group of community members and the Fresno-Madera Continuum of Care to collectively confront mental health and homelessness system issues. Recognizing that coordination and adequately leveraging resources, these *Community Conversations* assisted in the creation of a physical entry point for those in need in 2015. The Multi-agency Access Program (MAP) Point at the Poverello House (Pov) was opened with the goal of providing “the right care, the first time” and currently serves as a physical location for Fresno’s coordinated entry system serving those in need. The *Coordinated Entry System* utilizes a standard intake and assessment tool and links vulnerable individuals needing assistance to a multitude of social services, including mental health, substance abuse treatment, and housing. During PY 2016 the MAP Point has been expanded to include additional locations that continue to target under-served populations with critical access needs through an integrated screening process which connects individuals facing mental health, substance use disorder, physical health, or housing challenges to supportive services.

In addition to the development of physical locations, street outreach efforts for unsheltered persons have also been improved. Several supportive services agencies work to coordinate a street outreach team (Homeless Engagement Resource Outreach (HERO) Team) for several hours each week. The outreach team is tasked with locating new and existing individuals who are then be navigated through the existing coordinated entry system. Since 2015, the focus was to make contact with homeless individuals, build relationships, conduct assessments and assist with documentation needed to access available services.

Service agencies and volunteers organize on a nearly annual basis to conduct a “Point-in-Time Count.” The City continues to support this effort.

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

Project Unite: A collaborative effort among several services agencies, Project Unite addresses emergency shelter and transitional housing needs of homeless persons

through WestCare, CA, the Poverello House, and Turning Point. Through Turning Point's Bridge Point program, there are 30 beds available for emergency shelter to those homeless individuals who are awaiting placement in permanent housing.

Marjaree Mason Center: The Marjaree Mason Center operates three confidentially located Safe Houses for victims of domestic violence.

Fresno Economic Opportunities Commission: PY 2016 ESG funds were also provided to the agency for thier homeless youth program.

Veteran Housing Resources: Through the Continuum of Care, the City continues to support the HUD-VA Supportive Housing (VASH) Program.

**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**

Permanent needs of homeless persons are addressed through the following activities funded with Emergency Solutions Grant funds; a portion of the subrecipient contracts listed below address these efforts.

The City of Fresno contracted subrecipients provided Emergency Shelter, Rapid Re-housing and Homeless Prevention Services per HUD 24 CFR 576 guidelines. The focus of "shelter first" to provide adequate and proper shelter for those identified as homeless was undertaken using ESG funding through local programs such as Project Unite, Sanctuary Transition for Homeless Youth, and homeless due to fleeing domestic violence.

PY 2016 Contracted subrecipients include:

- WestCare, CA – Project Unite (Joint effort with Poverello House and Turning Point)
- Fresno Economic Opportunity Commission – Sanctuary Transition for Homeless Youth
- Marjaree Mason Center – Homeless due to fleeing domestic violence

Through Fresno Madera Continuum of Care service agencies utilize the Coordinated

Access System in addition to the Homeless Management Information System, and have embraced the “housing-first” model identified as a national best practice for helping homeless persons make the transition to permanent housing and independent living. Service agencies continue to improve upon standard their standard intake and assessment process and identify both short and long-term goals through several local and national initiatives.

**Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again**

The City nor the Fresno-Madera Continuum of Care (Continuum) has a formal homeless discharge coordination policy in place, however, work with the Continuum's consultant is under way to assess a potential policy. During PY 2016 the City, through participation on the Continuum Executive Board, continued to support and coordinate with a number of community organizations and governmental agencies that actively engage in planning and implementing discharge plans and protocols that address the needs of individuals at risk of becoming homeless after receiving services. These individuals include youth getting out of foster care, homeless individuals who are frequent users of health care or mental health services, and individuals leaving county correctional facilities who have special needs and need assistance with transitioning to mainstream society. Members of the Continuum work together to coordinate their efforts and build a community of agencies that provides supportive and preventative services to these individuals at high risk of homelessness after release.

## **CR-30 - Public Housing 91.220(h); 91.320(j)**

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

The City works closely with the Fresno Housing Authority, a key partner in the City's efforts to address safe and affordable housing. The Housing Authority is considered well managed by HUD and does not have the 'troubled' designation.

During the program year, the City met with Housing Authority staff regarding several complex topics, including a three-year update to the 10-Year Plan to End Homelessness, tenant-based rental assistance, homeless management information system data, the Point-In-Time Count, proactive preservation of housing stock, rental inspections and coordination of efforts in dealing with problem property owners.

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

The City's Development and Resource Management Department staff continues to partner with the Fresno Housing Authority to coordinate services and program delivery for families of low-and moderate-income. Both agencies are involved with the collaborative efforts such as the Fresno Madera Continuum of Care and *Community Conversations*, and the expansion of the *MAP Point Program*.

### **Actions taken to provide assistance to troubled PHAs**

The Fresno Housing Authority is not considered troubled.

## **CR-35 - Other Actions 91.220(j)-(k); 91.320(i)-(j)**

**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)**

In late 2015 the City adopted an extensively updated Development Code replacing a 50 year old ordinance. The new Development Code provides incentives for affordable housing including density bonuses and parking reductions. In early 2016, the City brought every parcel into compliance with the General Plan land use map by rezoning the entire city. This provides land use entitlements to allow for higher density and more affordable development by right without requiring a Conditional Use Permits. Additionally, the City Council adopted a series of impact fee waiver programs for affordable housing and commercial investments in neighborhoods with high concentrations of low income households. The combination of land use policy and incentive programs allows for development of affordable housing to occur without barriers.

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

As part of the Consolidated Plan, the City identified several obstacles to meeting needs that are particularly difficult to meet in the City of Fresno. Below are some of the identified obstacles and actions the City is taking to overcome the obstacles:

The City of Fresno leverages all available resources for the production and preservation of affordable and special needs housing. Most new affordable housing developments are highly leveraged with low income housing tax credit equity.

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

All of the City's federally-funded housing programs are required to comply with the lead paint requirements of 24 CFR Part 35. All Housing Division rehabilitation technicians are licensed by the State of California as lead hazard inspector/assessors.

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

Activities undertaken by the City utilizing CDBG, HOME, ESG, HOPWA, CalHome and City General Funds (homeless street outreach) are all efforts to reduce poverty and improve the quality of life for residents. Programs that directly reduce poverty include economic development and tenant-based rental assistance. The City of Fresno's ESG

and HOPWA funds provide direct assistance to homeless individuals or those at risk of becoming homeless. City projects and programs that indirectly affect poverty include owner-occupied rehabilitation, targeted area rehabilitation, new construction and major rehabilitation of existing units. In addition, CDBG funds are used for senior hot meals, after school programs, and other types of service activities.

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

The City's Department of Development and Resource Management (DARM) is the lead agency in the administration of the Consolidated Plan. Throughout the year, DARM coordinated with other City departments, community development agencies and non-profits serving the community to best serve the needs of its residents. These organizations include the local Continuum of Care and the Fresno Housing Authority.

DARM engages the community in an effort to build new partnerships with local non-profits, faith-based groups, for-profits, and other governmental institutions. Efforts include neighborhood meetings, meetings with local businesses and community based organizations, and special events.

City staff also strengthens existing relationships with non-profits through monitoring and technical assistance. The Department's monitoring efforts are described in more detail below:

- Work with private, public, and non-profit housing developers to expand the supply and availability of affordable housing.
- Participate on the Fresno Continuum of Care Committee to address homelessness.
- Implementation of the 2015-2023 Housing Element.
- Development of the Southwest Fresno Specific Plan
- Work with affordable housing developers to ensure that developments include community facilities in order to provide resident services (computer labs, job application training, senior services, meals, etc.).
- Work with participants in the establishment of goals and objectives of the Consolidated Plan to ensure measurable progress is being made.
- Continued to implement the State-funded CalHome Program for those first-time homebuyers seeking mortgage assistance.

On July 7, 2017 State of California certified the City's updated 2015-2023 Housing Element. This process included several meetings with housing stakeholders. In addition to nine community workshops held in public schools and the Center for New Americans in October and November of 2015, the first public draft of the Housing

Element (January 2016) was presented to the Housing and Community Development Commission, Disability Advisory Commission, Airport Land Use Commission, Planning Commission and City Council during January and February of 2016. Also during this time, the Council District Plan Implementation Committees and Design Review Committees reviewed the document twice. Both the first Public Draft (January 2016) and the Revised Draft (March 2016) were released broadly to the public through newspaper notices, emails to a list of over 500 stakeholders and community workshop participants, posting on the City's website, and dissemination through the Fresno libraries. The Housing Element outlines the land use policies for future affordable housing within the city limits.

The Public Draft of the Southwest Fresno Specific Plan (SWFSP) was made available to the public on May 12, 2017 for a 30-day comment period extending from May 17 – June 16, 2017. Discussions about the draft plan, called Community Conversations, were held on June 3, June 8 and June 12, 2017. Both the workshop and the Community Conversations were noticed in English and Spanish in the Fresno Bee, bilingual flyers (see attached) were mailed to key stakeholders and at community institutions such as community centers and churches, and radio announcements were made on a Spanish speaking radio station (Radio Bilingue) and in Hmong on Hmong Radio. The draft plan was also posted on the city's website and made available at city hall and the local library branch.

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

The City of Fresno updated its Analysis of Impediments to Fair Housing Choice Report (AI) in May, 2016. The updated AI identified four (4) primary impediments and local fair housing issues. For more detailed information, a copy of the AI can be obtained from the City's Department of Development and Resource Management, at 2600 Fresno Street, Fresno California or at [www.Fresno.gov/housing](http://www.Fresno.gov/housing)

The City of Fresno is an active, dues paying member of the Fresno Madera Continuum of Care (FMCOC). The Housing Division manager is a voting member of the FMCOC Executive Committee. Both the housing manager and the ESG/HOPWA project manager regularly participate in FMCOC general meetings and events.

**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 Fresno updated its Analysis of Impediments to Fair Housing Choice Report (AI) in May, 2016, the end of PY 2015. The updated AI identified four (4) primary impediments and local fair housing issues. For more detailed information, a copy of the AI can be obtained from the City's Department of Development and Resource Management, at 2600 Fresno Street, Fresno California or at [www.Fresno.gov](http://www.Fresno.gov).

### **Private Sector Impediments:**

**#1:** Black and Hispanic home purchase loan applicants have been denied home purchase loans at a higher rate than white or non-Hispanic residents.

**#2:** Failure to make reasonable modification or accommodation.

**#3:** Relatively low levels of private investment in racial/ethnic minority neighborhoods and areas with comparatively high poverty rates.

**#4:** Low use of available fair housing resources/infrastructure.

### **Public Sector Impediments:**

**#1:** Persistence of concentrated areas of poverty with disproportionate shares of racial/ethnic minorities.

**#2:** Concentration of assisted housing in concentrated areas of poverty with relatively high concentrations of racial/ethnic minority residents.

**#3:** Need to promote active public participation and involvement on issues impacting city residents.

**#4:** Lack of use of the state fair housing system.

The AI identified actions to be taken in order to address and alleviate the identified impediments. The City's efforts to carry them out is summarized below:

### **Private Sector Impediment #1**

Private Sector Impediment #1. Black and Hispanic home purchase loan applicants have been denied home purchase loans at a higher rate than white or non-Hispanic residents. Proposed Actions:- Convene a panel of banks and advocacy organizations, such as the Greenlining Coalition, to develop recommendations on how to promote lending in areas with relatively high concentrations of racial/ethnic minority residents. Action will be documented with the record and recommendation of panel meetings. The

Fair Housing Council of Central California ("FHCCC") is an operating member of the National Fair Housing Alliance ("NFHA") and the National Community Reinvestment Coalition ("NCRC"). In May and April of 2017 the FHCCC worked with the NFHA and the NCRC to facilitate meetings with banks and other lenders to review their obligations to the Community Re-Investment Act. Obligations discussed for Fresno and the San Joaquin Valley included: home lending to people of color and low and moderate income; lending to small businesses and minority business enterprises; community development lending and investments, branches and services, and; philanthropy.- Promote credit and personal finance education among area high school students, focusing on the effective use of consumer debt and methods to build and maintain good credit. Action will be measured by the number of credit counseling classes held in city high schools and civic organizations, and the number of participating schools, students, and local organizations.

## **Private Sector Impediment #2.**

Private Sector Impediment #2. Failure to make reasonable modification or accommodation. Proposed Actions:- Action 2.1: Conduct outreach and education to area landlords, in partnership with local and state organizations such as the California Apartment Association, relating to reasonable accommodation requirements under the Fair Housing Act, Americans with Disabilities Act, the California Fair Employment and Housing Act, and other related legislation. Measurable Objective 2.1: Number of outreach and education sessions offered, number of participating organizations, and number of participating landlords/property managers. The FHCCC held the annual Central Valley Fair Housing Conference on April 28, 2017. This education session was attended by 110 people and offered training on federal and state Fair Housing laws and covered topics such as discrimination, rental policies and accessibility. Organizations that partnered with the FHCCC to present the training included the California Department of Fair Housing and Employment, the law firm of Elder & Spencer LLP, and the HUD Office of Fair Housing and Equal Opportunity. Outreach for conference participants began in January and entailed the development of a targeted mailing list followed by e-mail and 1,300 traditional mailers sent primarily to those involved in the housing such as landlords and property managers. - Action 2.2: Include information relating to reasonable accommodation, and fair housing more generally, among licensing materials for new landlords. Measurable Objective 2.2: The development and inclusion of new materials to be included in licensing documents. The Fresno City Council adopted the Rental Housing Improvement Act ("the Act") on February 9, 2017 and it became effective on March 13, 2017. The Act is codified in Article 16 of Chapter 10 of the Fresno Municipal code and requires all residential rental properties to be registered and updated whenever a change of ownership or contact information occurs. The intent of the Act is to safeguard and preserve the housing stock of decent, safe and

sanitary residential rental units within the city and to protect person residing in them by providing for a regular and comprehensive system of inspection and, through such inspections, identify and require the correction of substandard conditions. The purpose of the Article is to identify substandard housing violations through an effective pro-active and re-active inspection program to ensure rental housing units in the city meet minimum health and safety standards required by the State of California and are safe to occupy, and provide: (1) adequate resources to effectively and timely remedy violations; and (2) to greatly reduce substandard housing in the city. - Action 2.3: Conduct accessibility audits among newly constructed multifamily housing units in partnership with the Fair Housing Council of Central California. Measurable Objective 2.3: The number of audit tests conducted and the results of those tests.- Action 2.4: Promote the provision of disabled-accessible units and housing for persons with mental and physical disabilities (Housing Element: Housing Plan Policy H- 5-d). Measurable Objective 2.4: Efforts and policies to promote the provision of disabled accessible units.- Action 2.5: Accommodate persons with disabilities who seek reasonable waiver or modification of land use controls and/or development standards pursuant to procedures and criteria set forth in the Development Code (Housing Element: Housing Plan Policy H-5-t). Measurable Objective 2.5: Record of permitted accommodations of land-use controls and/or development standards.

### **Private Sector Impediment #3.**

Private Sector Impediment #3. Relatively low levels of private investment in racial/ethnic minority neighborhoods and areas with comparatively high poverty rates. Proposed Actions:- Action 3.1: Consider funding, matching funds, training programs and Section 3 opportunities for small business loan investment and to prepare small businesses for loans. Measurable Objective 3.1: The amount of funding dedicated to investment in small business and Section 3 training opportunities, and the amount of private sector investment supported or facilitated by those public investments.All HOME-funded development and substantial rehabilitation projects are required to comply with Section 3 requirements. The Housing Authority of the City of Fresno maintains a list of eligible individuals by qualifications and interest. There were no new hires as a result of HOME-funded projects during PY 2016.

### **Private Sector Impediment #4**

Private Sector Impediment #4. Low use of available fair housing resources/infrastructure.Proposed Actions:- Action 4.1: Include a web page on the city website detailing the rights and responsibilities of city residents under federal and state fair housing law, and hyperlinks to a variety of fair housing resources, including complaint forms for HUD and the California Department of Fair Employment and

Housing. Measurable Objective 4.1: The inclusion of the web-link and number of visits and the click-through rate of visitors who access any of the links included on the web page. City of Fresno's housing resources page is:

<https://www.fresno.gov/darm/housing-community-development/housing-services/> In PY16 there were 1,077 external visits (946 unique) to the page. Per the City's

webmaster, click rates are not an available analytic.- Action 4.2: Use CDBG to fund specific Fair Housing education and outreach in areas of concentration. Measurable Objective 4.2: The amount of CDBG funding dedicated to Fair Housing outreach and education, the number of training sessions, and the number of participants in those training sessions. \$40,000 of CDBG funds were dedicated to Fair Housing outreach and education. FHCCC reached approximately 40,000 people through radio and television broadcasts alone. The FHCCC held one training session in the City of Fresno: the 21st Annual Central Valley Fair Housing Conference held April 28, 2017. 110 people were in attendance. Six guest speakers discussed: federal and state Fair Housing laws, national origin and religious discrimination, Fair Housing compliance and affordable housing, housing discrimination and rental policies, disparate impact claims, slumlords, accessibility and reasonable accommodation and modification. Outreach funds contributed to 273 new case of housing discrimination and 29 housing discrimination referrals for administrative and injunctive relief. - Action 4.3: Through continuing contract with the Fair Housing Council of Central California, provide fair housing services that include advertising fair housing laws and complaint procedures in multiple languages through literature displays at City and County offices and through local non-profit groups (Housing Element: Housing Plan Program 25). Measurable Objective 4.3: Continuing contract with the Fair Housing Council and a record of marketing efforts to promote broader awareness of fair housing laws and complaint procedures. The FHCCC maintains a website at [www.fhc-cc.org](http://www.fhc-cc.org) that explains fair housing rights and provides resources for people. The FHCCC also logs fair housing decisions and news to the site. During the program year, the FHCCC aired 12 one hour radio programs on KFCF Fresno, FM 88.1 which were also live streamed at [KFCF.org](http://KFCF.org) on the third Thursday of every month. The radio program is entitled, "Fair Housing: It's the Law," and episodes are archived at [www.fhc-cc.org](http://www.fhc-cc.org). All broadcasts begin with a preamble regarding housing and lending rights under the Fair Housing Act and state laws. Each airing is estimated to reach between 2,500 and 4,000 people. The FHCCC aired and live streamed a Fair Housing basics television broadcast in Hmong and English on Hmong TV-USA. The show was hosted by Paula Yang and aired several times during the month of May. Hmong TV-USA has an average of 10,000 viewers around California, Merced, Minnesota, Wisconsin and over the internet. FHCCC has printed Fair Housing materials to promote awareness of fair housing laws and complaint procedures. The materials are available in English, Spanish, Hmong, Lao, Khmer, Vietnamese, Arabic and Cantonese and are available at the FHCCC and at displays in

City and County office and through local non-profit groups.

## **Public Sector Impediment #1**

Public Sector Impediment #1. Persistence of concentrated areas of poverty with disproportionate shares of racial/ethnic minorities. Proposed Actions:- Action 1.1: Expanding upon Private Sector Action 3.1 above, identify methods by which CDBG funding may be used to promote investment and leverage lending in areas of the city with high poverty and high concentrations of racial/ethnic minority residents in 2000 and 2010-2014. Measurable Objective 1.1: The amount of lending that is generated, facilitated, or supported by funding in areas with high concentrations of poverty and racial/ethnic minority residents.- Action 1.2: Expand or reallocate CDBG funding for infrastructural improvements, public works projects, and housing rehabilitation/preservation, focusing on areas of poverty and high concentrations of minority residents. Measurable Objective 1.2: The amount of new or additional CDBG funding designated for improvements to infrastructure, public works projects, and housing rehabilitation/preservation in areas of poverty and high concentrations of minority residents. Substantial Amendment 2017-02 for \$1,054,879 put additional funds into housing rehabilitation, lead paint abatement, existing public work and park infrastructure projects in CDBG areas.- Action 1.3: Pursue the creation of enhanced infrastructure financing districts (EIFD) in distressed areas around the city center, with the goal of securing additional redevelopment funding for those areas. Measurable Objective 1.3: The designation of EIFDs and the amount of funding allocated for redevelopment of existing housing units as affordable housing.- Action 1.4: Advocate and facilitate the conservation and rehabilitation of substandard residential properties by homeowners and landlords (Housing Element: Housing Plan Policy H-4-b). Measurable Objective 1.4: Policies and actions designed to facilitate conservation and rehabilitation of substandard housing.- Action 1.5: Continue to facilitate access to rehabilitation programs that provide financial and technical assistance to low- and moderate-income households for the repair and rehabilitation of existing housing with substandard conditions (Housing Element: Housing Plan Policy H-4-e). Measurable Objective 1.5: Policies and actions designed to facilitate access to rehabilitation programs. The City's Community Revitalization Division has utilized its Neighborhood Revitalization Teams to take a neighborhood-by-neighborhood approach in qualifying areas to identify property owners that could benefit from our rehabilitation programs. This systematic, parcel-by-parcel approach has helped cultivate owners that would benefit most from our programs. Additionally, the Neighborhood Revitalization Teams also identify properties that contribute to blight in the area and have established a partnership with Habitat for Humanity Fresno County and the Fresno Rescue Mission to assist in the removal of blight when owners are unable to do so as a result of the cost of removal or physical limitations.

## **Public Sector Impediment #2**

Public Sector Impediment #2. Concentration of assisted housing in concentrated areas of poverty with relatively high concentrations of racial/ethnic minority residents.

Proposed Actions:- Action 2.1: Open a dialogue with affordable housing developers to identify barriers to entry for construction outside of areas in which affordable units are currently concentrated. Measurable Objective 2. 1. 1: The record of dialogue between the City and affordable housing developers. Measurable Objective 2. 7.2: Identify resources to bridge the gap for developers of affordable housing units who face barriers to entry in neighborhoods with relatively low concentrations of affordable housing. There is an open dialogue between limited affordable housing developers and the City, specifically the Mayor's Office. City pursues use of general funds to further advance projects not addressed with HOME development.- Action 2.2: Encourage the Fresno Housing Authority to provide mobility counseling to voucher recipients. Measurable Objective 2.2: The number of voucher recipients who have been provided mobility counseling. During PY15 the Fresno Housing Authority employed a mobility counselor for voucher recipients. The number of voucher recipients who have been provided mobility counseling is [X].- Action 2.3: Actively pursue funding to assist in the development, preservation, and rehabilitation of any existing housing type with a particular emphasis on the development of mixed-income neighborhoods (Housing Element: Housing Plan Program 5). Measurable Objective 2.3: Policies and actions designed to secure funding for development, preservation, and rehabilitation of housing with an emphasis on developing mixed-income neighborhoods.- Action 2.4: Ensure that all development applications are considered, reviewed, and approved without prejudice to the proposed residents (Housing Element: Housing Plan Policy H-5-e). Measurable Objective 2.4: Efforts and policies designed to ensure equitable processing of development applications.

## **Public Sector Impediment #3**

Public Sector Impediment #3. Need to promote active public participation and involvement on issues impacting city residents. Proposed Actions:- Establish an initiative, in partnership with local organizations and advocacy groups, to identify ways to promote public participation in housing and community development planning. Such organizations may include Stone Soup, the Center for New Americans, and the school districts, among others. Train agencies on City resources so they can hold additional public input sessions. City has enhanced public outreach to include no, and low-cost outreach that includes a diverse e-mail distribution list, publications (translated when applicable) in various papers and radio stations, and increase social media outreach. The Housing and Community Development Commission has representatives from the unified school district, and other community representatives. The Housing and

Community Development Division conducted community workshops in various locations during PY16. Stone Soup has been engaged with the City's housing and community development planning and is proposed to receive CDBG funding in the 17-18 Annual Action Plan. The City's Neighborhood Revitalization Team works to build capacity in low-income CDBG neighborhoods, landlord and tenant workshops are designed to train individuals and groups on City resources. The Fresno Unified School District also participates in the process and is trained through Community Coordinators who are assigned to the same neighborhoods and educate about school district resources.- Create a "meeting in a box" that will allow agencies to hold meetings at different times and locations and provide feedback to City. Action will be documented through the development of meeting materials and logistics.- Through continuing contract with the Fair Housing Council of Central California (FHCCC) and collaboration with the State Department of Fair Employment and Housing, disseminate fair housing information through city events, workshops, and local media (Housing Element: Housing Plan Program 25). Action will be documented through continued contract with the FHCCC and a record of marketing and public outreach efforts. The FHCCC maintains a website at [www.fhc-cc.org](http://www.fhc-cc.org) that explains fair housing rights and provides resources for people. The FHCCC also logs fair housing decisions and news to the site. During the program year, the FHCCC aired 12 one hour radio programs on KFCF Fresno, FM 88.1 which were also live streamed at [KFCF.org](http://KFCF.org) on the third Thursday of every month. The radio program is entitled, "Fair Housing: It's the Law," and episodes are archived at [www.fhc-cc.org](http://www.fhc-cc.org). Subject matter for radio program ranges from immigration versus national origin discrimination to slumlords and blighted neighborhoods. Every broadcast begins with a preamble regarding housing and lending rights under the Fair Housing Act and state laws. Each airing is estimated to reach between 2,500 and 4,000 people. The FHCCC aired and live streamed a Fair Housing basics television broadcast in Hmong and English on Hmong TV-USA. The show was hosted by Paula Yang and aired several times during the month of May. Hmong TV-USA has an average of 10,000 viewers around California, Merced, Minnesota, Wisconsin and over the internet. FHCCC has printed Fair Housing materials to promote awareness of fair housing laws and complaint procedures. The materials are available in English, Spanish, Hmong, Lao, Khmer, Vietnamese, Arabic and Cantonese and are available at the FHCCC and at displays in City and County office and through local non-profit groups.

#### **Public Sector Impediment #4**

Public Sector Impediment #4. Lack of use of the state fair housing system. Proposed Actions:- Include a web page on the city website detailing the rights and responsibilities of city residents under federal and state fair housing law, and hyperlinks to a variety of fair housing resources, including complaint forms for HUD and the California Department of Fair Employment and Housing. Action will be measured by inclusion of

the web-link and number of visits and the click-through rate of visitors who access any of the links included on the web page. The City of Fresno's housing resources page is: <https://www.fresno.gov/darm/housing-community-development/housing-services/> PY16 had a total of 1,077 external visits (946 unique) to the page. Per the City's webmaster, click rates not available.- Include data-sharing provisions in future contracts with the Fair Housing Council to receive fair housing complaints and testing data. Action will be measured by the revision of contracts with the Fair Housing Council for the purposes of receiving and managing fair housing data. The revised PY16 contract with the Fair Housing Council includes a Scope of Work section and a Scope of Work exhibit that were not part of earlier contracts. The Scope of Work exhibit includes, "Actions from updated Analysis of Impediments to Fair Housing Choice," and requirement for reporting activities quarterly to City staff including data on claims, basis of discrimination and demographics of claimants. Documents received from FHCCC have included Fair Housing complaint data and testing data. - Open a dialogue with the Fair Housing Council. The purposes of this dialogue would be to share the results of the current AI study and to identify ways in which the city can collaborate with the Council on addressing the impediments included in the study. Actions include revision of the City's contract to include areas of collaboration between the two on addressing impediments identified in the study. PY16 contract includes scope of work in which City and the FHCCC are both to work on the Analysis of Impediments actions.- Through continuing contract with the Fair Housing Council of Central California, provide fair housing services that include advertising fair housing laws and complaint procedures in multiple languages through literature displays at City and County offices and through local non-profit groups (Housing Element: Housing Plan Program 25). Action will be documented through continued contractual relationships with the Fair Housing Council and a record of marketing efforts to promote broader awareness of fair housing laws and complaint procedures. The FHCCC maintains a website at [www.fhc-cc.org](http://www.fhc-cc.org) that explains fair housing rights and provides resources for people. The FHCCC also logs fair housing decisions and news to the site. During PY16, FHCCC aired 12 one hour radio programs on KFCF Fresno, FM 88.1 which were also live streamed at [KFCF.org](http://KFCF.org) on the third Thursday of every month. The radio program is entitled, "Fair Housing: It's the Law," and episodes are archived at [www.fhc-cc.org](http://www.fhc-cc.org). Every broadcast begins with a preamble regarding housing and lending rights under the Fair Housing Act and state laws. Each airing is estimated to reach between 2,500 and 4,000 people. The FHCCC aired and live streamed a Fair Housing basics television broadcast in Hmong and English on Hmong TV-USA. The show was hosted by Paula Yang and aired several times during the month of May. Hmong TV-USA has an average of 10,000 viewers around California, Merced, Minnesota, Wisconsin and over the internet. FHCCC has printed Fair Housing materials to promote awareness of fair housing laws and complaint procedures. Materials are available in English, Spanish, Hmong, Lao, Khmer,

Vietnamese, Arabic and Cantonese and are available at the FHCCC and at displays in City and County offices and through local non-profit groups.

## **CR-40 - Monitoring 91.220 and 91.230**

**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**

The City's Department of Development and Resource Management (DARM) is the lead agency for monitoring compliance for the CDBG, HOME, HOPWA and ESG Programs. The Department has established procedures for monitoring of programs and has recently added a compliance staffing component. These procedures mandate compliance and timely implementation of the projects by all subrecipients. City staff will rely on HUD monitoring handbooks, guidelines, and technical assistance publications to ensure funded programs are in compliance with all applicable rules and regulations.

The City's monitoring ranges from screening applicants for income eligibility, accounting procedures, to on-site inspections for funded agencies. The City reviews these reports on a regular basis and provides technical assistance where needed to assure compliance.

### **Minority Business Outreach:**

The City of Fresno has established standards and procedures through Ordinance 2000-248, as amended, establishing its Disadvantaged Business Enterprise (DBE) Program in accordance with the regulations of the U.S Department of Transportation (49 CFR Parts 23 and 26, U.S. Department of Housing and Urban Development (2 CFR Part 200), and US Environmental Protection Agency (40 CFR Part 33). It is the policy and commitment of the City of Fresno to ensure that DBEs as defined in Part 26, Part 23, Part 200 and Part 33 have an equal opportunity to receive and participate in DOT, HUD and EPA-assisted contracts. It is also the City's policy to:

- Ensure nondiscrimination in the award and administration of DOT, HUD and EPA-assisted contracts;
- Create a level playing field on which DBEs can compete fairly for contracts and subcontracts relating to construction, professional services, supplies, equipment, materials and other services for DOT, HUD and EPA-assisted contracts;
- Ensure that the DBE Program is narrowly tailored in accordance with applicable law;
- Ensure that only firms that meet 49 CFR Part 23, 49 CFR Part 26, 2 CFR Part 200 and 40 CFR Part 33 eligibility standards are permitted to participate as

DBEs;

- Help remove barriers to the Participation of DBEs in DOT, HUD and EPA-assisted contracts;
- Assist the development of firms that can compete successfully in the marketplace outside the DBE Program; and
- Outreach to local firms and encourage certification and participation in the DBE Program.

It is the objective of the DBE Program to:

- Aggressively seek out and identify firms owned and controlled by socially and economically disadvantaged individuals who are qualified to provide the City of Fresno with required goods, materials, supplies and services needed for the City's operations;
- Develop and implement information and communication programs and procedures geared to acquaint prospective DBEs with the City of Fresno's contracting and procurement procedures and requirements;
- Develop the necessary interdepartmental relationships within the City of Fresno, which will promote, foster, and facilitate the implementation of this program;
- Contribute to the economic stability and growth of DBEs in the Fresno metropolitan area; and
- Attain the annual DBE overall goals as established with the Federal agencies and to meet all Federal guidelines in the administration of this program.

### **DBE Program Procedural Framework**

The DBE Program, which was most recently updated in 2016, establishes a framework and a comprehensive set of procedures that have broad applicability across variety of Federal programs, including HUD CPD entitlement programs. The DBE Program policy and procedures document establishes standards and procedures for Program administration, DBE certification standards and procedures, goal setting, good faith efforts, counting, recordkeeping, compliance, monitoring and enforcement. The procedural framework calls for each Department, in conjunction with the DBE Program Coordinator, to develop a comprehensive record keeping system which will facilitate the monitoring and progress assessment of the DBE Program. This system will also provide necessary data for compliance reviews and uniform reporting requirements.

Departments shall provide copies of the records to the DBE Program Coordinator who shall be the custodian in charge of maintaining records showing procedures which have been utilized to implement this DBE Program including outreach, technical assistance efforts and referrals, and communication programs. The records shall also show the contract awards to DBEs including names, addresses, phone numbers, nature of the

work, total value of the contract/subcontract and the overall percentage utilization of DBE awards. Records will provide data of actual DBE attainments. DBE participation will be credited toward overall goals only when payments are actually made to DBE firms. The contract awards to DBEs shall be measured against the overall contracts awarded annually and the overall DBE goals. The records shall be provided to the DBE Program Coordinator on an annual basis for construction, professional services and other procurements, including procurements solicited under City of Fresno Charter Section 1208 for competitive bidding. Whenever possible, the DBE Program Coordinator shall be provided with reports from contractors on their progress in meeting DBE contractual obligations; and reports from DBEs to verify that they have performed the work committed to DBEs at contract award, including payments actually made to DBE firms. Final utilization reports will be required to be completed by the contractor within 30 days of Notice of Completion. Reports will be on a form provided by the City. The City of Fresno will require prime contractors to maintain records and documents of payments to DBEs. These records will be made available for inspection upon request by any authorized representative of the City of Fresno or applicable Federal agency. This reporting requirement also extends to any certified DBE subcontractor. The City of Fresno audits contract payments to DBEs to ensure the actual amount paid to DBE subcontractors equals or exceeds the dollar amounts stated in the schedule of DBE Participation.

### **DBE Program Specific HUD CDBG and HOME Standards and Requirements**

The DBE Program policy and procedures also include CDBG and HOME specific requirements for recordkeeping and reporting, including a section entitled: SECTION 24 CFR 570.506 (g) (6) (CDBG) and 24 CFR 92.508 (a) (7) (ii) (B) (HOME) RECORDKEEPING REQUIREMENTS. Data indicating the racial/ethnic character of each business entity receiving a contract or subcontracts of \$25,000 or more paid or to be paid, with CDBG and/or HOME funds, data indicating which of those entities are women's business enterprises as defined in Executive Order 12138, the amount of the contract or subcontract, and documentation of recipients' affirmative steps to assure that minority business and women business enterprise have an equal opportunity. Attachment 11 of the DBE Program policy and procedures incorporate additional guidance, forms and related instructions. These items include: HUD, Contract Provisions Required by Federal Law or Owner Contract with the U.S. Department of Housing and Urban Development HUD CPD Information Bulletin, Issue No. 2015 -02, Minority Business Enterprise Contract and Subcontract Activity, Report HUD -2516 and Section 3 Reporting, November 30, 2014 HUD Section 3 and MBE Pre-award Compliance Certification City of Fresno, Final Report Utilization of Minority and Women Business Enterprises and First-Tier Subcontractors HUD Contract and Subcontract report HUD, HOME

## Program, Annual Performance Report

### HOME Monitoring Schedule & Results

Monitoring Schedule and Results: Project Monitored 330 Van Ness - 1/13/17 Arbor Court - 4/7/17 Bridges at Florence - 1/5/17 Brierwood Court - 6/9/17 Cedar Court/Inyo Terrace - 10/28/16 Droge - 2/2/17 Fultonia West/Cedar Heights - 6/23/17 Geneva Village - 12/2/16 MLK Square - 1/6/17 Oak Park Senior Villas - 10/14/16 Parc Grove Commons - 7/14/17 PGCNW - 7/14/17 Plaza Mendoza - 7/24/17 Renaissance at Santa Clara - 12/28/16 Sandstone apartments - 12/9/16 Sierra Gateway I - 12/16/16 Sierra Gateway II - 12/16/16 Tanager I - 8/25/17 Tanager II - 8/25/17 Viking Village Rehab - 8/7/17 Villa Del Mar - 6/16/17 Village @ Kings Canyon - 3/17/17 Parc Grove Commons II and Parc Grove Northwest were reclassified to High Risk until the next monitoring in late September, 2017. There are several deferred property maintenance items and units that require attention to health and safety. Tanager Springs I has received IRS form 8609 and has therefore been reclassified to Medium Risk. There are some deferred property maintenance items and units that require attention to health and safety.

### ESG Monitoring Schedule and Results

ESG Monitoring Schedule and Results: Marjaree Mason Center - 08/10/16 WestCare CA - 08/09/16 Fresno Equal Opportunities Commission - 08/11/16 Poverello House: Advised new format for program expense submission. Marjaree Mason Center: No documentation binder and needed comment section on inspection form re: inspection standard "not met." Agency subsequently made corrections. WestCare CA: Advised to have 24 CFR 576 (ESG) regulations at operations and finance locations for quick reference. Documents were downloaded and placed in locations. Agency subsequently made corrections. Fresno Economic Opportunities Commission: Advised to have 24 CFR 576 (ESG) regulations at operations and finance locations for quick reference. Advised new program expense submission form and format. Agency took corrective actions and created a formal document

### 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.**

On August 30, 2017 the City published a public notice of the public hearing and the review and comment period in the Fresno Bee. On September 1, 2017, the City made available a Public Review Draft of the report for a 15 day review period. The City utilized an email distribution list of over 500 interested individuals to share the Public Review Draft PY 2016 CAPER and advised of the comment and community engagement process. The email distribution list contains email addresses that range from residents, to community based organizations and public/private agencies, all encouraged to share the information with their networks as well. The Fresno City Council was also provided with the Draft PY 2016 CAPER and asked to share with interested stakeholders. The City also distributed a message through social media efforts.

The draft report was available at Fresno City Hall, 2600 Fresno Street, Room 2133 (City Clerk's Office) and Room 3070 (Housing Division); as well as at the Downtown Branch of the Fresno County Public Library and online at [www.fresno.gov/housing](http://www.fresno.gov/housing). Written comments were to be mailed to: City of Fresno, DARM, Attention: Tom Morgan, 2600 Fresno Street, Room 3070 Fresno California, 93721 or by e-mail to [thomas.morgan@fresno.gov](mailto:thomas.morgan@fresno.gov) by no later than September 18, 2017.

(PENDING) The Housing and Community Development Commission conducted a workshop to review the draft CAPER and to receive and consider public comments. The Fresno City Council conducted a public hearing on Thursday September 21, 2017, at 2:35 p.m., in Council Chambers at Fresno City Hall, 2600 Fresno Street. The Fresno City Council considered and approved the CAPER following the close of the public hearing.

The City offered to provide translators, upon request, and make special accommodations for persons with disabilities at the public meetings.

## **Public Comments**

In addition to comments received through the public hearing, the City accepted public comments in any form convenient to the public, including through written responses, facsimile, and email. The City considered all comments and views received in writing or orally at public hearings in preparing the CAPER. Comments received are summarized in the attachment. There were no comments that were not accepted.

**CR-45 - CDBG 91.520(c)**

**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.**

Program Year 2016 represents the second year of the City's 2015-2019 Consolidated Plan. The Consolidated Plan outlines the City's strategies for the program years 2015 through 2019. There have been no major changes in the City's objectives since the development of the plan.

However, the City identified CDBG funds from previous allocations available for reprogramming and processed two substantial amendments, 2017-01 and 2017 – 02, to budget these funds. All unused funds were programmed in accordance with the priorities, goals, and objectives outlined in the original plan.

The City certifies that:

- The City provided certifications of consistency in a fair and impartial manner;
- The City did not hinder ConPlan implementation by action or willful inaction;
- Pursued all resources described in the ConPlan; and
- All CDBG funds used went toward meeting a national objective. The City spent 100% of its CDBG program funds (not including administrative and loan payments) on activities that met a low- and moderate-income national objective.

**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 91.520(d)**

**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**

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

Two projects, Lotus/Effie and Fultonia West/Cedar Heights, were completed during PY 2016 and received on-going site inspections during the construction period and a final on-site inspection at conclusion of construction to ensure compliance with housing and neighborhood standards. A scattered site project, Glenn and Calaveras in the Lowell Neighborhood, also received on-going site inspections during the construction period. The Lowell Neighborhood Project is expected to be completed in PY 2017. In addition, the general contractor provided weekly on-site progress and inspection reports and meeting minutes identifying issues requiring resolution. The Lotus/Effie Project received final inspection cards from the City's Planning Department indicating that the units complied with all the plans and specifications and passed City inspection prior to occupancy. The Fultonia West/Cedar Heights Project received a Certificate of Occupancy from the City Planning Department on August 18, 2016, indicating the units were safe to be tenant-occupied.

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

Affirmative marketing consists of additional actions taken beyond typical advertising efforts that are established to attract eligible persons who may otherwise not apply. The City requires that each HOME-assisted property obtain a HUD-approved Affirmative Fair Housing Marketing Plan for available units in developments that have five or more HOME-assisted units. In 2016, there were several properties awaiting HUD approval for their respective Affirmative Fair Housing Marketing Plans.

Affirmative marketing of business opportunities under the HOME Program include but are not limited to, hiring of persons and businesses for consultant services, vendors, contractors, developers and property owners that enter into agreements funded through HOME. The City is required to adopt procedures to ensure the inclusion of minorities and women, to the maximum extent possible, in all contracting opportunities made possible through HOME funding. This includes opportunities for all types of business, including but not limited to real estate firms, construction firms, appraisal firms,

management firms, financial institutions, investment banking firms, underwriters, accountants, and other professional services.

The City's policies and procedures call for the following affirmative marketing actions:

- The City will solicit qualified vendors who have received the Minority and Women Business Enterprise (MWBE) Certification from the State of California when they are potential sources.
- The City will divide large contracts, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority business, and women's business enterprises.
- The City will require all prime contractors, if subcontracts are to be let, to take the affirmative steps listed above.

In addition, the City has incorporated the following into its HOME Program Agreement between the City and the Developer to ensure HUD's Affirmative Fair Housing Marketing Plan requirements are met:

"The developer warrants, covenants and agrees with the City that it shall comply with all affirmative marketing requirements, including without limitation, those set out at 24 C.F.R. 92.350 and 92.351, in order to provide information and otherwise attract eligible persons from all racial, ethnic and gender groups in the housing market in the rental of the Project Units. The developer shall be responsible for complying with its HUD-approved Affirmative Fair Housing Marketing Plan. The DEVELOPER shall maintain records of actions taken to affirmatively market units constructed in the future, and to assess the results of these actions."

City staff performing annual monitoring follows up with property managers to ensure an Affirmative Fair Housing Marketing Plan has been submitted to HUD for review and approval.

Contractors are reflected in the Minority Business Enterprises and Women Business Enterprise Table 9.

**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**

The City received a total of \$606,649.77 of HOME program income in the program year. Of this amount, \$60,664.98 or 10% was sub-allocated for HOME program administration and \$16,929.55 has been committed to a project activity, but not drawn. The remaining program income funds (\$529,055.24) will be used to reduce the amount

of funds drawn from the City's Treasury account, and therefore expenditures will be applied to HOME-funded projects and administration.

**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)**

The City of Fresno adopted 2015-2023 Housing Element identifies the housing needs of the city and introduces program and activities aimed at addressing those needs. In addition, the City of Fresno examines the housing needs, long-term strategies to meet those needs, and determining priority needs of the City every five years. The Housing and Community Development Division currently operates a New Development/Substantial Rehabilitation Program, Owner-Occupied Rehabilitation Program, Targeted Area Rehabilitation Program, Senior Paints Program, Tenant-Based Rental Assistance Program, Housing Opportunities for Person with Aids Program, and a Mortgage Assisted Program funded with State of California CalHome Program funds.

**CR-55 - HOPWA 91.520(e)****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.

| <b>Number of Households Served Through:</b>                                                                  | <b>One-year Goal</b> | <b>Actual</b> |
|--------------------------------------------------------------------------------------------------------------|----------------------|---------------|
| Short-term rent, mortgage, and utility assistance to prevent homelessness of the individual or family        | 47                   | 29            |
| Tenant-based rental assistance                                                                               | 0                    | 28            |
| Units provided in permanent housing facilities developed, leased, or operated with HOPWA funds               | 0                    | 0             |
| Units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds | 0                    | 0             |
|                                                                                                              |                      |               |

**Table 14 – HOPWA Number of Households Served**

**Narrative**

Housing Opportunities for Persons with AIDS (HOPWA): The HOPWA program provides several categories of services based on the following four categories of HOPWA funds: Tenant Based Rental Assistance (TBRA); Short-term Rental Mortgage and Utilities (STRMU); Support Services, and; Housing Information Services to families with family members who have AIDS. Prior to PY 2015, the State of California administered the City's HOPWA allocation. Beginning in July 2015, the City began administering HOPWA. The transition to City oversight of HOPWA provided a time interval to meet the stated goals by June 30, 2017. In October 2015, the City issued Letters of Interest for PY 2015 HOPWA funds, requesting interest for the operation of the HOPWA program. The successful agency was WestCare, CA and they have a subrecipient agreement totaling \$371,645 to perform HOPWA services utilizing PY 2015 funds.

WestCare, CA operates the *HOPWA Housing* out of *The Living Room (TLR)* facility located in Fresno. Services are offered from this location to People Living With HIV/AIDS (PLWHA).

HOPWA services offered to PLWHA include Tenant Based Rental Assistance (TBRA), Short Term Rental, Mortgage and Utilities (STRMU). Long term housing is offered in collaboration with the City of Fresno Housing Authority, who provides housing vouchers similar to Section 8 vouchers.

The program has been successful in providing for 57 clients and 6 household members, who have been direct beneficiaries of HOPWA benefits. The City provides additional details in the 2016-2017 HOPWA CAPER.

## **CR-60 - ESG 91.520(g) (ESG Recipients only)**

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

#### **For Paperwork Reduction Act**

#### **1. Recipient Information—All Recipients Complete**

##### **Basic Grant Information**

|                                                                                              |                          |
|----------------------------------------------------------------------------------------------|--------------------------|
| <b>Recipient Name</b>                                                                        | FRESNO                   |
| <b>Organizational DUNS Number</b>                                                            | 071887855                |
| <b>EIN/TIN Number</b>                                                                        | 946000338                |
| <b>Identify the Field Office</b>                                                             | SAN FRANCISCO            |
| <b>Identify CoC(s) in which the recipient or subrecipient(s) will provide ESG assistance</b> | Fresno/Madera County CoC |

##### **ESG Contact Name**

|                    |          |
|--------------------|----------|
| <b>Prefix</b>      | 0        |
| <b>First Name</b>  | Jennifer |
| <b>Middle Name</b> | K        |
| <b>Last Name</b>   | Clark    |
| <b>Suffix</b>      | 0        |
| <b>Title</b>       | Director |

##### **ESG Contact Address**

|                         |                              |
|-------------------------|------------------------------|
| <b>Street Address 1</b> | 2600 Fresno Street Room 3070 |
| <b>Street Address 2</b> | 0                            |
| <b>City</b>             | Fresno                       |
| <b>State</b>            | CA                           |
| <b>ZIP Code</b>         | -                            |
| <b>Phone Number</b>     | 5596218001                   |
| <b>Extension</b>        | 0                            |
| <b>Fax Number</b>       | 5594571316                   |

CAPER

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**Email Address** jennifer.clark@fresno.gov

**ESG Secondary Contact**

**Prefix** Ms  
**First Name** Kelli  
**Last Name** Furtado  
**Suffix** 0  
**Title** Assistant Director  
**Phone Number** 5596218002  
**Extension** 0  
**Email Address** kelli.furtado@fresno.gov

**2. Reporting Period—All Recipients Complete**

**Program Year Start Date** 07/01/2016  
**Program Year End Date** 06/30/2017

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

**Subrecipient or Contractor Name:** FRESNO HOUSING AUTHORITY

**City:** Fresno

**State:** CA

**Zip Code:** 93721, 1630

**DUNS Number:**

**Is subrecipient a victim services provider:** N

**Subrecipient Organization Type:** Unit of Government

**ESG Subgrant or Contract Award Amount:** 243080

**Subrecipient or Contractor Name:** FRESNO COUNTY ECONOMIC OPPORTUNITIES COMMISSION

**City:** Fresno

**State:** CA

**Zip Code:** 93710,

**DUNS Number:** 078788023

**Is subrecipient a victim services provider:** N

**Subrecipient Organization Type:** Other Non-Profit Organization

**ESG Subgrant or Contract Award Amount:** 60994

**Subrecipient or Contractor Name:** MARJAREE MASON CENTER

**City:** Fresno

**State:** CA

**Zip Code:** ,

**DUNS Number:** 173284605

**Is subrecipient a victim services provider:** Y

**Subrecipient Organization Type:** Other Non-Profit Organization

**ESG Subgrant or Contract Award Amount:** 238927

**Subrecipient or Contractor Name:** WestCare of California

**City:** Fresno

**State:** CA

**Zip Code:** 93703, 4504

**DUNS Number:** 054612767

**Is subrecipient a victim services provider:** N

**Subrecipient Organization Type:** Other Non-Profit Organization

**ESG Subgrant or Contract Award Amount:** 213094

**CR-65 - Persons Assisted (SEE ATTACHMENT)**



## CR-70 – ESG 91.520(g) - Assistance Provided and Outcomes

### 10. Shelter Utilization

|                                      |        |
|--------------------------------------|--------|
| Number of New Units - Rehabbed       | 0      |
| Number of New Units - Conversion     | 0      |
| Total Number of bed-nights available | 158    |
| Total Number of bed-nights provided  | 144    |
| Capacity Utilization                 | 91.14% |

Table 24 – Shelter Capacity

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

SHELTER BED INVENTORY: Reported are 158 transitional housing beds that are available each night: 116 at Marjaree Mason Center, 30 at Turning Point/Bride Point, and 12 at Fresno Economic Opportunity Commission's Youth Sanctuary.

The City acts as pass-through agency for ESG funds and is responsible for the administration and oversight of the grant, with the majority of funds being awarded to local homeless services providers performing the day to day operations. The City continues to coordinate with the Fresno Madera Continuum of Care to determine the amount of the ESG allocations that should be used for each eligible use. The City also participates on the Executive Committee of the Continuum of Care and works alongside the Continuum of Care on several initiatives to prevent and end homelessness through the housing-first model.

The City worked with HUD and the Fresno Madera Continuum of Care to properly identify categories of funding for each prior program year and contract agreement amendments were initiated and executed to include specific program year and category information.

All ESG-funded beneficiaries are tracked in the Homeless Management Information System (HMIS) by ESG subrecipient. The HMIS system is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness and can provide detailed reports in terms of the level of assistance received by each beneficiary. The Fresno Housing Authority manages the HMIS for all participating

agencies in the Fresno Madera Continuum of Care. The current HMIS system provides detailed reports by gender, age, ethnicity-race, income level, as well as, program entry and exit data.

The City also worked with service agencies to provide a status update for the remaining three years of the *Ten-Year Plan to Prevent and End Homelessness* in May, 2016.

## CR-75 – Expenditures

### 11. Expenditures

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

|                                                                                       | Dollar Amount of Expenditures in Program Year |               |              |
|---------------------------------------------------------------------------------------|-----------------------------------------------|---------------|--------------|
|                                                                                       | 2014                                          | 2015          | 2016         |
| Expenditures for Rental Assistance                                                    | 17,825                                        | 16,090        | 2,147        |
| Expenditures for Housing Relocation and Stabilization Services - Financial Assistance | 4,726                                         | 3,213         | 236          |
| Expenditures for Housing Relocation & Stabilization Services - Services               | 1,023                                         | 697           | 87           |
| Expenditures for Homeless Prevention under Emergency Shelter Grants Program           | 0                                             | 0             | 0            |
| <b>Subtotal Homelessness Prevention</b>                                               | <b>23,574</b>                                 | <b>20,000</b> | <b>2,470</b> |

Table 25 – ESG Expenditures for Homelessness Prevention

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

|                                                                                       | Dollar Amount of Expenditures in Program Year |                |                |
|---------------------------------------------------------------------------------------|-----------------------------------------------|----------------|----------------|
|                                                                                       | 2014                                          | 2015           | 2016           |
| Expenditures for Rental Assistance                                                    | 129,264                                       | 128,805        | 82,572         |
| Expenditures for Housing Relocation and Stabilization Services - Financial Assistance | 91,789                                        | 90,579         | 60,553         |
| Expenditures for Housing Relocation & Stabilization Services - Services               | 61,206                                        | 57,616         | 40,369         |
| Expenditures for Homeless Assistance under Emergency Shelter Grants Program           | 0                                             | 0              | 0              |
| <b>Subtotal Rapid Re-Housing</b>                                                      | <b>282,259</b>                                | <b>277,000</b> | <b>183,494</b> |

Table 26 – ESG Expenditures for Rapid Re-Housing

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

|                    | Dollar Amount of Expenditures in Program Year |         |        |
|--------------------|-----------------------------------------------|---------|--------|
|                    | 2014                                          | 2015    | 2016   |
| Essential Services | 144,802                                       | 195,000 | 66,117 |
| Operations         | 0                                             | 0       | 0      |
| Renovation         | 0                                             | 0       | 0      |

|                 |                |                |               |
|-----------------|----------------|----------------|---------------|
| Major Rehab     | 0              | 0              | 0             |
| Conversion      | 0              | 0              | 0             |
| <b>Subtotal</b> | <b>144,802</b> | <b>195,000</b> | <b>66,117</b> |

**Table 27 – ESG Expenditures for Emergency Shelter**

#### **11d. Other Grant Expenditures**

|                 | Dollar Amount of Expenditures in Program Year |        |        |
|-----------------|-----------------------------------------------|--------|--------|
|                 | 2014                                          | 2015   | 2016   |
| Street Outreach | 0                                             | 0      | 18,719 |
| HMIS            | 25,879                                        | 41,750 | 35,285 |
| Administration  | 0                                             | 0      | 0      |

**Table 28 - Other Grant Expenditures**

#### **11e. Total ESG Grant Funds**

| Total ESG Funds Expended | 2014    | 2015    | 2016    |
|--------------------------|---------|---------|---------|
|                          | 476,514 | 533,750 | 306,085 |

**Table 29 - Total ESG Funds Expended**

#### **11f. Match Source**

|                         | 2014    | 2015    | 2016    |
|-------------------------|---------|---------|---------|
| Other Non-ESG HUD Funds | 271,293 | 254,082 | 215,942 |
| Other Federal Funds     | 0       | 0       | 0       |
| State Government        | 0       | 75,000  | 0       |
| Local Government        | 0       | 63,000  | 0       |
| Private Funds           | 193,133 | 179,866 | 146,823 |

|                           |                |                |                |
|---------------------------|----------------|----------------|----------------|
| Other                     | 0              | 117,503        | 135,824        |
| Fees                      | 0              | 0              | 0              |
| Program Income            | 0              | 0              | 0              |
| <b>Total Match Amount</b> | <b>464,426</b> | <b>689,451</b> | <b>498,589</b> |

**Table 30 - Other Funds Expended on Eligible ESG Activities**

**11g. Total**

| <b>Total Amount of Funds<br/>Expended on ESG<br/>Activities</b> | <b>2014</b> | <b>2015</b> | <b>2016</b> |
|-----------------------------------------------------------------|-------------|-------------|-------------|
|                                                                 | 940,940     | 1,223,201   | 804,674     |

**Table 31 - Total Amount of Funds Expended on ESG Activities**

# Attachment

## Q5. HMIS DQ &amp; Participation

## Filters

[Change filters on Data tab](#)

## 5a. HMIS or Comparable

Database Data Quality Q5a

| Data Element                                    | Client Doesn't Know or Client Refused | Data not collected |
|-------------------------------------------------|---------------------------------------|--------------------|
| First name                                      | 0                                     | 0                  |
| Last name                                       | 0                                     | 0                  |
| SSN                                             | 39                                    | 8                  |
| Date of Birth                                   | 1                                     | 7                  |
| Race                                            | 2                                     | 7                  |
| Ethnicity                                       | 3                                     | 7                  |
| Gender                                          | 1                                     | 7                  |
| Veteran Status                                  | 1                                     | 4                  |
| Disabling condition                             | 4                                     | 8                  |
| Living situation (Head of Household and Adults) | 0                                     | 0                  |
| Relationship to Head of Household               | 0                                     | 8                  |
| Destination                                     | 0                                     | 17                 |
| Client location for project entry               | 0                                     | 0                  |

Organization(s)

All organizations

Project type(s)

All project types

Project name(s)

All project names

**Q6. Persons Served****6a. Report Validations****Table** Q6a

|                                                         |     |
|---------------------------------------------------------|-----|
| a. Total number of persons served                       | 661 |
| b. Number of adults (age 18 or over)                    | 406 |
| c. Number of children (under age 18)                    | 247 |
| d. Number of persons with unknown age                   | 8   |
| e. Total number of leavers                              | 549 |
| f. Number of adult leavers                              | 341 |
| g. Total number of stayers                              | 172 |
| h. Number of adult stayers                              | 65  |
| i. Number of veterans                                   | 76  |
| j. Number of chronically homeless persons               | 60  |
| k. Number of adult heads of household                   | 364 |
| l. Number of child heads of household                   | 0   |
| m. Number of unaccompanied youth under age 25           | 7   |
| n. Number of parenting youth under age 25 with children | 3   |

**6b. Number of Persons Served****Served** Q6b

|                         | Total | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|-------------------------|-------|---------------------|-----------------------------|-----------------------|---------------------------|
| a. Adults               | 406   | 264                 | 136                         | 0                     | 6                         |
| b. Children             | 247   | 0                   | 246                         | 0                     | 1                         |
| c. Don't know / refused | 1     | 0                   | 0                           | 0                     | 1                         |
| d. Information missing  | 7     | 0                   | 0                           | 0                     | 7                         |
| <b>e. Total</b>         | 661   | 264                 | 382                         | 0                     | 15                        |

**Q7a. Households Served****7a. Number of Households Served** Q7a

|                  | Total | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|------------------|-------|---------------------|-----------------------------|-----------------------|---------------------------|
| Total Households | 364   | 249                 | 111                         | 0                     | 4                         |

**7b. Point-in-Time Count of Households on the Last Wednesday** Q7b

|         | Total | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|---------|-------|---------------------|-----------------------------|-----------------------|---------------------------|
| January | 91    | 65                  | 23                          | 0                     | 3                         |
| April   | 96    | 60                  | 34                          | 0                     | 2                         |
| July    | 64    | 33                  | 31                          | 0                     | 0                         |
| October | 72    | 45                  | 26                          | 0                     | 1                         |

**Q9. Contacts and Engagements****9a. Number of Persons Contacted** Q9a

|                                    | Total | a. First contact was at a place not meant for human habitation | b. First contact was at a non-residential service setting | c. First contact was at a residential service setting | d. First contact place was missing |
|------------------------------------|-------|----------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------|------------------------------------|
| a1. Contacted once?                | 0     | 0                                                              | 0                                                         | 0                                                     | 0                                  |
| a2. Contacted 2-5 times?           | 0     | 0                                                              | 0                                                         | 0                                                     | 0                                  |
| a3. Contacted 6-9 times?           | 0     | 0                                                              | 0                                                         | 0                                                     | 0                                  |
| a4. Contacted 10 or more times?    | 0     | 0                                                              | 0                                                         | 0                                                     | 0                                  |
| <b>az. Total persons contacted</b> | 0     | 0                                                              | 0                                                         | 0                                                     | 0                                  |

**9b. Number of Persons****Engaged**

Q9b

|                                        | Total | a. First contact was at a place not meant for human habitation | b. First contact was at a non-residential service setting | c. First contact was at a residential service setting | d. First contact place was missing |
|----------------------------------------|-------|----------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------|------------------------------------|
| b1. Engaged after 1 contact?           | 0     | 0                                                              | 0                                                         | 0                                                     | 0                                  |
| b2. Engaged after 2-5 contacts?        | 0     | 0                                                              | 0                                                         | 0                                                     | 0                                  |
| b3. Engaged after 6-9 contacts?        | 0     | 0                                                              | 0                                                         | 0                                                     | 0                                  |
| b4. Engaged after 10 or more contacts? | 0     | 0                                                              | 0                                                         | 0                                                     | 0                                  |
| <b>bz. Total persons engaged</b>       | 0     | 0                                                              | 0                                                         | 0                                                     | 0                                  |
| <b>c. Rate of engagement (%)</b>       | N/A   | N/A                                                            | N/A                                                       | N/A                                                   | N/A                                |

**Q10. Gender****10a. Gender of Adults**

Q10a

|                                                     | Total | a. Without children | b. With children and adults | c. Unknown household type |
|-----------------------------------------------------|-------|---------------------|-----------------------------|---------------------------|
| a. Male                                             | 230   | 193                 | 35                          | 2                         |
| b. Female                                           | 175   | 70                  | 101                         | 4                         |
| c. Transgender male to female                       | 0     | 0                   | 0                           | 0                         |
| d. Transgender female to male                       | 0     | 0                   | 0                           | 0                         |
| e. Doesn't identify as male, female, or transgender | 0     | 0                   | 0                           | 0                         |
| f. Don't know / refused                             | 1     | 1                   | 0                           | 0                         |
| g. Information missing                              | 0     | 0                   | 0                           | 0                         |
| <b>h. Subtotal</b>                                  | 406   | 264                 | 136                         | 6                         |

**10b. Gender of Children** Q10b

|                                                     | Total      | a. With children and adults | b. With only children | c. Unknown household type |
|-----------------------------------------------------|------------|-----------------------------|-----------------------|---------------------------|
| a. Male                                             | 131        | 130                         | 0                     | 1                         |
| b. Female                                           | 116        | 116                         | 0                     | 0                         |
| c. Transgender male to female                       | 0          | 0                           | 0                     | 0                         |
| d. Transgender female to male                       | 0          | 0                           | 0                     | 0                         |
| e. Doesn't identify as male, female, or transgender | 0          | 0                           | 0                     | 0                         |
| f. Don't know / refused                             | 0          | 0                           | 0                     | 0                         |
| g. Information missing                              | 0          | 0                           | 0                     | 0                         |
| <b>h. Subtotal</b>                                  | <b>247</b> | <b>246</b>                  | <b>0</b>              | <b>1</b>                  |

**10c. Gender of Persons**  
**Missing Age Information** Q10c

|                                                     | Total    | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|-----------------------------------------------------|----------|---------------------|-----------------------------|-----------------------|---------------------------|
| a. Male                                             | 0        | 0                   | 0                           | 0                     | 0                         |
| b. Female                                           | 1        | 0                   | 0                           | 0                     | 1                         |
| c. Transgender male to female                       | 0        | 0                   | 0                           | 0                     | 0                         |
| d. Transgender female to male                       | 0        | 0                   | 0                           | 0                     | 0                         |
| e. Doesn't identify as male, female, or transgender | 0        | 0                   | 0                           | 0                     | 0                         |
| f. Don't know / refused                             | 0        | 0                   | 0                           | 0                     | 0                         |
| g. Information missing                              | 7        | 0                   | 0                           | 0                     | 7                         |
| <b>h. Subtotal</b>                                  | <b>8</b> | <b>0</b>            | <b>0</b>                    | <b>0</b>              | <b>8</b>                  |

**10d. Gender by Age****Ranges**

Q10d

|                                                     | Total      | a. Under age 18 | b. Age 18-24 | c. Age 25-61 | d. Age 62 and over | e. Client Doesn't Know/Client Refused | f. Data not collected |
|-----------------------------------------------------|------------|-----------------|--------------|--------------|--------------------|---------------------------------------|-----------------------|
| a. Male                                             | 361        | 131             | 9            | 181          | 40                 | 0                                     | 0                     |
| b. Female                                           | 292        | 116             | 18           | 150          | 7                  | 1                                     | 0                     |
| c. Transgender male to female                       | 0          | 0               | 0            | 0            | 0                  | 0                                     | 0                     |
| d. Transgender female to male                       | 0          | 0               | 0            | 0            | 0                  | 0                                     | 0                     |
| e. Doesn't identify as male, female, or transgender | 0          | 0               | 0            | 0            | 0                  | 0                                     | 0                     |
| f. Don't know / refused                             | 1          | 0               | 0            | 1            | 0                  | 0                                     | 0                     |
| g. Information missing                              | 7          | 0               | 0            | 0            | 0                  | 0                                     | 7                     |
| <b>h. Total</b>                                     | <b>661</b> | <b>247</b>      | <b>27</b>    | <b>332</b>   | <b>47</b>          | <b>1</b>                              | <b>7</b>              |

**Q11. Age**

Q11

|                         | Total      | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|-------------------------|------------|---------------------|-----------------------------|-----------------------|---------------------------|
| a. Under 5              | 83         | 0                   | 83                          | 0                     | 0                         |
| b. 5 - 12               | 112        | 0                   | 112                         | 0                     | 0                         |
| c. 13 - 17              | 52         | 0                   | 51                          | 0                     | 1                         |
| d. 18 - 24              | 27         | 14                  | 13                          | 0                     | 0                         |
| e. 25 - 34              | 94         | 40                  | 53                          | 0                     | 1                         |
| f. 35 - 44              | 89         | 49                  | 38                          | 0                     | 2                         |
| g. 45 - 54              | 86         | 60                  | 26                          | 0                     | 0                         |
| h. 55 - 61              | 63         | 56                  | 6                           | 0                     | 1                         |
| i. 62+                  | 47         | 45                  | 0                           | 0                     | 2                         |
| j. Don't know / refused | 1          | 0                   | 0                           | 0                     | 1                         |
| k. Information missing  | 7          | 0                   | 0                           | 0                     | 7                         |
| <b>l. Total</b>         | <b>661</b> | <b>264</b>          | <b>382</b>                  | <b>0</b>              | <b>15</b>                 |

**Q12. Race & Ethnicity****12a. Race**

Q12a

|                                              | Total      | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|----------------------------------------------|------------|---------------------|-----------------------------|-----------------------|---------------------------|
| a. White                                     | 430        | 153                 | 269                         | 0                     | 8                         |
| b. Black or African-American                 | 179        | 87                  | 92                          | 0                     | 0                         |
| c. Asian                                     | 9          | 3                   | 6                           | 0                     | 0                         |
| d. American Indian or Alaska Native          | 18         | 10                  | 8                           | 0                     | 0                         |
| e. Native Hawaiian or Other Pacific Islander | 4          | 4                   | 0                           | 0                     | 0                         |
| f. Multiple races                            | 12         | 5                   | 7                           | 0                     | 0                         |
| g. Don't know / refused                      | 2          | 2                   | 0                           | 0                     | 0                         |
| h. Information missing                       | 7          | 0                   | 0                           | 0                     | 7                         |
| <b>i. Total</b>                              | <b>661</b> | <b>264</b>          | <b>382</b>                  | <b>0</b>              | <b>15</b>                 |

**12b. Ethnicity**

Q12b

|                            | Total      | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|----------------------------|------------|---------------------|-----------------------------|-----------------------|---------------------------|
| a. Non-Hispanic/non-Latino | 346        | 188                 | 157                         | 0                     | 1                         |
| b. Hispanic/Latino         | 305        | 73                  | 225                         | 0                     | 7                         |
| c. Don't know / refused    | 3          | 3                   | 0                           | 0                     | 0                         |
| d. Information missing     | 7          | 0                   | 0                           | 0                     | 7                         |
| <b>e. Total</b>            | <b>661</b> | <b>264</b>          | <b>382</b>                  | <b>0</b>              | <b>15</b>                 |

**Q13. Physical and Mental Health Conditions****13a1. Physical and Mental Health****Conditions at Entry** Q13a1

|                                  | Total persons | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|----------------------------------|---------------|---------------------|-----------------------------|-----------------------|---------------------------|
| a. Mental illness                | 81            | 71                  | 9                           | 0                     | 1                         |
| b. Alcohol abuse                 | 9             | 9                   | 0                           | 0                     | 0                         |
| c. Drug abuse                    | 10            | 9                   | 1                           | 0                     | 0                         |
| d. Both alcohol and drug abuse   | 12            | 12                  | 0                           | 0                     | 0                         |
| e. Chronic health condition      | 88            | 77                  | 10                          | 0                     | 1                         |
| f. HIV/AIDS and related diseases | 3             | 3                   | 0                           | 0                     | 0                         |
| g. Developmental disability      | 39            | 25                  | 14                          | 0                     | 0                         |
| h. Physical disability           | 109           | 94                  | 14                          | 0                     | 1                         |

**13b1. Physical and Mental Health****Conditions of Leavers** Q13b1

|                                  | Total persons | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|----------------------------------|---------------|---------------------|-----------------------------|-----------------------|---------------------------|
| a. Mental illness                | 68            | 62                  | 6                           | 0                     | 0                         |
| b. Alcohol abuse                 | 5             | 5                   | 0                           | 0                     | 0                         |
| c. Drug abuse                    | 7             | 7                   | 0                           | 0                     | 0                         |
| d. Both alcohol and drug abuse   | 9             | 9                   | 0                           | 0                     | 0                         |
| e. Chronic health condition      | 73            | 65                  | 7                           | 0                     | 1                         |
| f. HIV/AIDS and related diseases | 3             | 3                   | 0                           | 0                     | 0                         |
| g. Developmental disability      | 29            | 20                  | 9                           | 0                     | 0                         |
| h. Physical disability           | 90            | 78                  | 11                          | 0                     | 1                         |

**13c1. Physical and  
Mental Health**
**Conditions of Stayers** Q13c1

|                                     | Total<br>persons | a. Without<br>children | b. With children<br>and adults | c. With only<br>children | d. Unknown<br>household<br>type |
|-------------------------------------|------------------|------------------------|--------------------------------|--------------------------|---------------------------------|
| a. Mental illness                   | 13               | 9                      | 3                              | 0                        | 1                               |
| b. Alcohol abuse                    | 4                | 4                      | 0                              | 0                        | 0                               |
| c. Drug abuse                       | 3                | 2                      | 1                              | 0                        | 0                               |
| d. Both alcohol and drug<br>abuse   | 3                | 3                      | 0                              | 0                        | 0                               |
| e. Chronic health<br>condition      | 0                | 0                      | 0                              | 0                        | 0                               |
| f. HIV/AIDS and related<br>diseases | 0                | 0                      | 0                              | 0                        | 0                               |
| g. Developmental<br>disability      | 10               | 5                      | 5                              | 0                        | 0                               |
| h. Physical disability              | 19               | 16                     | 3                              | 0                        | 0                               |

**Q14. Domestic Violence**
**14a. Persons with  
Domestic Violence  
History**

Q14a

|                         | Total      | a. Without<br>children | b. With children<br>and adults | c. With only<br>children | d. Unknown<br>household<br>type |
|-------------------------|------------|------------------------|--------------------------------|--------------------------|---------------------------------|
| a. Yes                  | 182        | 47                     | 135                            | 0                        | 0                               |
| b. No                   | 301        | 208                    | 87                             | 0                        | 6                               |
| c. Don't know / refused | 7          | 7                      | 0                              | 0                        | 0                               |
| d. Information missing  | 2          | 2                      | 0                              | 0                        | 0                               |
| <b>e. Total</b>         | <b>492</b> | <b>264</b>             | <b>222</b>                     | <b>0</b>                 | <b>6</b>                        |

**14b. Persons Fleeing  
Domestic Violence**

Q14b

|                         | Total      | a. Without<br>children | b. With children<br>and adults | c. With only<br>children | d. Unknown<br>household<br>type |
|-------------------------|------------|------------------------|--------------------------------|--------------------------|---------------------------------|
| a. Yes                  | 137        | 12                     | 125                            | 0                        | 0                               |
| b. No                   | 43         | 33                     | 10                             | 0                        | 0                               |
| c. Don't know / refused | 1          | 1                      | 0                              | 0                        | 0                               |
| d. Information missing  | 1          | 1                      | 0                              | 0                        | 0                               |
| <b>e. Total</b>         | <b>182</b> | <b>47</b>              | <b>135</b>                     | <b>0</b>                 | <b>0</b>                        |

## Q15. Living Situation Q15

|                                                                    | Total | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|--------------------------------------------------------------------|-------|---------------------|-----------------------------|-----------------------|---------------------------|
| <b>a. Homeless situations</b>                                      |       |                     |                             |                       |                           |
| a1. Emergency shelter                                              | 282   | 84                  | 197                         | 0                     | 1                         |
| a2. Transitional housing for homeless persons                      | 14    | 13                  | 1                           | 0                     | 0                         |
| a3. Place not meant for human habitation                           | 148   | 132                 | 14                          | 0                     | 2                         |
| a4. Safe haven                                                     |       |                     |                             |                       |                           |
| a5. Interim housing                                                | 128   | 7                   | 121                         | 0                     | 0                         |
| az. Total                                                          | 319   | 224                 | 92                          | 0                     | 3                         |
| <b>b. Institutional settings</b>                                   |       |                     |                             |                       |                           |
| b1. Psychiatric facility                                           | 0     | 0                   | 0                           | 0                     | 0                         |
| b2. Substance abuse or detox center                                | 3     | 2                   | 1                           | 0                     | 0                         |
| b3. Hospital (non-psychiatric)                                     | 7     | 7                   | 0                           | 0                     | 0                         |
| b4. Jail, prison or juvenile detention                             | 0     | 0                   | 0                           | 0                     | 0                         |
| b5. Foster care home or foster care group home                     | 0     | 0                   | 0                           | 0                     | 0                         |
| b6. Long-term care facility or nursing home                        | 0     | 0                   | 0                           | 0                     | 0                         |
| b7. Residential project or halfway house with no homeless criteria | 1     | 1                   | 0                           | 0                     | 0                         |
| bz. Total                                                          | 11    | 10                  | 1                           | 0                     | 0                         |

|                                             |     |     |     |   |   |
|---------------------------------------------|-----|-----|-----|---|---|
| <b>c. Other locations</b>                   |     |     |     |   |   |
| c01. PH for homeless persons                | 2   | 1   | 0   | 0 | 1 |
| c02. Owned by client, no subsidy            | 0   | 0   | 0   | 0 | 0 |
| c03. Owned by client, with subsidy          | 2   | 0   | 0   | 0 | 0 |
| c04. Rental by client, no subsidy           | 15  | 7   | 6   | 0 | 2 |
| c05. Rental by client, with VASH subsidy    | 1   | 1   | 0   | 0 | 0 |
| c06. Rental by client, with GPD TIP subsidy | 0   | 0   | 0   | 0 | 0 |
| c07. Rental by client, with other subsidy   | 3   | 2   | 1   | 0 | 0 |
| c08. Hotel or motel paid by client          | 3   | 3   | 0   | 0 | 0 |
| c09. Staying or living with friend(s)       | 6   | 5   | 1   | 0 | 0 |
| c10. Staying or living with family          | 3   | 3   | 0   | 0 | 0 |
| c11. Don't know / refused                   | 0   | 0   | 0   | 0 | 0 |
| c12. Information missing                    | 0   | 0   | 0   | 0 | 0 |
| cz. Total                                   | 33  | 22  | 8   | 0 | 3 |
| d. Total                                    | 492 | 264 | 222 | 0 | 6 |

**Q20. Non-Cash Benefits****20a. Type of Non-Cash****Benefit Sources**

Q20a

|                                                | <b>At entry</b> | <b>At Latest Annual Assessment for Stayers</b> | <b>At Exit for Leavers</b> |
|------------------------------------------------|-----------------|------------------------------------------------|----------------------------|
| a. Supplemental Nutritional Assistance Program | 208             | 0                                              | 183                        |
| b. WIC                                         | 17              | 2                                              | 15                         |
| c. TANF Child Care services                    | 2               | 0                                              | 2                          |
| d. TANF transportation services                | 2               | 0                                              | 1                          |
| e. Other TANF-funded services                  | 2               | 0                                              | 2                          |
| f. Other source                                | 16              | 0                                              | 15                         |

**Q21. Health Insurance** Q21

|                                                                          | At entry | At Latest Annual Assessment for Stayers | At Exit for Leavers |
|--------------------------------------------------------------------------|----------|-----------------------------------------|---------------------|
| a. MEDICAID health insurance                                             | 109      | 0                                       | 80                  |
| b. MEDICARE health insurance                                             | 70       | 0                                       | 59                  |
| c. State Children's Health Insurance                                     | 210      | 0                                       | 169                 |
| d. VA Medical Services                                                   | 52       | 0                                       | 43                  |
| e. Employer-provided health insurance                                    | 1        | 0                                       | 1                   |
| f. Health insurance through COBRA                                        | 0        | 0                                       | 0                   |
| g. Private pay health insurance                                          | 2        | 0                                       | 2                   |
| h. State Health Insurance for Adults                                     | 217      | 0                                       | 209                 |
| i. Indian Health Services Program                                        | 0        | 0                                       | 0                   |
| j. Other                                                                 | 3        | 0                                       | 3                   |
| k. No health insurance                                                   | 0        | 0                                       | 0                   |
| l. Client doesn't know/Client refused                                    | 0        | 0                                       | 0                   |
| m. Data not collected                                                    | 9        | 0                                       | 4                   |
| n. Number of adult stayers not yet required to have an annual assessment | 0        | 112                                     | 0                   |
| o. 1 source of health insurance                                          | 457      | 0                                       | 387                 |
| p. More than 1 source of health insurance                                | 37       | 0                                       | 34                  |

**Q22. Length of Participation****Q22a2. Length of  
Participation—ESG  
projects**

Q22a2

|                                  | Total      | Leavers    | Stayers    |
|----------------------------------|------------|------------|------------|
| a. 0 to 7 days                   | 45         | 36         | 9          |
| b. 8 to 14 days                  | 89         | 74         | 15         |
| c. 15 to 21 days                 | 32         | 31         | 1          |
| d. 22 to 30 days                 | 88         | 77         | 11         |
| e. 31 to 60 days                 | 128        | 99         | 29         |
| f. 61 to 90 days                 | 74         | 47         | 27         |
| g. 91 to 180 days                | 173        | 159        | 14         |
| h. 181 to 365 days               | 31         | 25         | 6          |
| i. 366 to 730 days (1-2 yrs.)    | 1          | 1          | 0          |
| j. 731 to 1095 days (2-3 yrs.)   | 0          | 0          | 0          |
| k. 1096 to 1460 days (3-4 yrs.)  | 0          | 0          | 0          |
| l. 1461 to 1825 days (4-5 yrs.)  | 0          | 0          | 0          |
| m. More than 1825 days (>5 yrs.) | 0          | 0          | 0          |
| n. Information missing           | 0          | 0          | 0          |
| <b>o. Total</b>                  | <b>661</b> | <b>549</b> | <b>112</b> |

**Q22c. RRH Length of  
Time between Project  
Entry Date and  
Residential Move-in  
Date**

Q22c

|                               | Total      | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|-------------------------------|------------|---------------------|-----------------------------|-----------------------|---------------------------|
| a. 0-7 days                   | 33         | 17                  | 16                          | 0                     | 0                         |
| b. 8-14 days                  | 23         | 11                  | 12                          | 0                     | 0                         |
| c. 15-21 days                 | 13         | 4                   | 9                           | 0                     | 0                         |
| d. 22 to 30 days              | 16         | 8                   | 8                           | 0                     | 0                         |
| e. 31 to 60 days              | 14         | 14                  | 0                           | 0                     | 0                         |
| f. 61 to 180 days             | 10         | 10                  | 0                           | 0                     | 0                         |
| g. 181 to 365 days            | 3          | 3                   | 0                           | 0                     | 0                         |
| h. 366 to 730 days (1-2 yrs.) | 0          | 0                   | 0                           | 0                     | 0                         |
| i. Data Not Collected         | 64         | 32                  | 21                          | 0                     | 11                        |
| <b>j. Total</b>               | <b>176</b> | <b>99</b>           | <b>66</b>                   | <b>0</b>              | <b>11</b>                 |

**Q22d. Length of  
Participation by  
Household type**

Q22d

|                                     | Total      | a. Without<br>children | b. With children<br>and adults | c. With only<br>children | d. Unknown<br>household<br>type |
|-------------------------------------|------------|------------------------|--------------------------------|--------------------------|---------------------------------|
| a. 0 to 7 days                      | 45         | 18                     | 27                             | 0                        | 0                               |
| b. 8 to 14 days                     | 89         | 17                     | 72                             | 0                        | 0                               |
| c. 15 to 21 days                    | 32         | 12                     | 20                             | 0                        | 0                               |
| d. 22 to 30 days                    | 88         | 23                     | 61                             | 0                        | 4                               |
| e. 31 to 60 days                    | 128        | 53                     | 75                             | 0                        | 0                               |
| f. 61 to 90 days                    | 74         | 46                     | 28                             | 0                        | 0                               |
| g. 91 to 180 days                   | 173        | 65                     | 99                             | 0                        | 9                               |
| h. 181 to 365 days                  | 31         | 29                     | 0                              | 0                        | 2                               |
| i. 366 to 730 days (1-2<br>yrs.)    | 1          | 1                      | 0                              | 0                        | 0                               |
| j. 731 to 1095 days (2-3<br>yrs.)   | 0          | 0                      | 0                              | 0                        | 0                               |
| k. 1096 to 1460 days (3-4<br>yrs.)  | 0          | 0                      | 0                              | 0                        | 0                               |
| l. 1461 to 1825 days (4-5<br>yrs.)  | 0          | 0                      | 0                              | 0                        | 0                               |
| m. More than 1825 days<br>(>5 yrs.) | 0          | 0                      | 0                              | 0                        | 0                               |
| n. Information missing              | 0          | 0                      | 0                              | 0                        | 0                               |
| <b>o. Total</b>                     | <b>661</b> | <b>264</b>             | <b>382</b>                     | <b>0</b>                 | <b>15</b>                       |

**Q23. Exit Destination –**  
**More than 90 Days**

Q23

|                                                       | Total | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|-------------------------------------------------------|-------|---------------------|-----------------------------|-----------------------|---------------------------|
| <b>a. Permanent destinations</b>                      |       |                     |                             |                       |                           |
| a01. Moved from one HOPWA funded project to HOPWA PH  | 0     | 0                   | 0                           | 0                     | 0                         |
| a02. Owned by client, no ongoing subsidy              | 0     | 0                   | 0                           | 0                     | 0                         |
| a03. Owned by client, with ongoing subsidy            | 0     | 0                   | 0                           | 0                     | 0                         |
| a04. Rental by client, no ongoing subsidy             | 128   | 38                  | 84                          | 0                     | 6                         |
| a05. Rental by client, VASH subsidy                   | 0     | 0                   | 0                           | 0                     | 0                         |
| a06. Rental by client, with GPD TIP housing subsidy   | 0     | 0                   | 0                           | 0                     | 0                         |
| a07. Rental by client, other ongoing subsidy          | 20    | 11                  | 9                           | 0                     | 0                         |
| a08. Permanent housing for homeless persons           | 2     | 0                   | 2                           | 0                     | 0                         |
| a09. Staying or living with family, permanent tenure  | 0     | 0                   | 0                           | 0                     | 0                         |
| a10. Staying or living with friends, permanent tenure | 0     | 0                   | 0                           | 0                     | 0                         |

|                                                                    |     |    |    |   |   |
|--------------------------------------------------------------------|-----|----|----|---|---|
| az. Total                                                          | 150 | 49 | 95 | 0 | 6 |
| <b>b. Temporary destinations</b>                                   |     |    |    |   |   |
| b1. Emergency shelter                                              | 2   | 2  | 0  | 0 | 0 |
| b2. Moved from one HOPWA funded project to HOPWA TH                | 0   | 0  | 0  | 0 | 0 |
| b3. Transitional housing for homeless persons                      | 0   | 0  | 0  | 0 | 0 |
| b4. Staying with family, temporary tenure                          | 1   | 1  | 0  | 0 | 0 |
| b5. Staying with friends, temporary tenure                         | 1   | 1  | 0  | 0 | 0 |
| b6. Place not meant for human habitation                           | 0   | 0  | 0  | 0 | 0 |
| b7. Safe Haven                                                     | 0   | 0  | 0  | 0 | 0 |
| b8. Hotel or motel paid by client                                  | 0   | 0  | 0  | 0 | 0 |
| bz. Total                                                          | 4   | 4  | 0  | 0 | 0 |
| <b>c. Institutional settings</b>                                   |     |    |    |   |   |
| c1. Foster care home or group foster care home                     | 2   | 0  | 2  | 0 | 0 |
| c2. Psychiatric hospital or other psychiatric facility             | 0   | 0  | 0  | 0 | 0 |
| c3. Substance abuse treatment facility or detox center             | 0   | 0  | 0  | 0 | 0 |
| c4. Hospital or other residential non-psychiatric medical facility | 0   | 0  | 0  | 0 | 0 |
| c5. Jail, prison or juvenile detention facility                    | 0   | 0  | 0  | 0 | 0 |
| c6. Long term care facility or nursing home                        | 0   | 0  | 0  | 0 | 0 |

Report with Filters

|                                                                    |     |    |    |   |   |
|--------------------------------------------------------------------|-----|----|----|---|---|
| cz. Total                                                          | 2   | 0  | 2  | 0 | 0 |
| <b>d. Other destinations</b>                                       |     |    |    |   |   |
| d1. Residential project or halfway house with no homeless criteria | 0   | 0  | 0  | 0 | 0 |
| d2. Deceased                                                       | 0   | 0  | 0  | 0 | 0 |
| d3. Other                                                          | 1   | 1  | 0  | 0 | 0 |
| d4. Don't know / refused                                           | 0   | 0  | 0  | 0 | 0 |
| d5. Information missing                                            | 0   | 0  | 0  | 0 | 0 |
| dz. Total                                                          | 1   | 1  | 0  | 0 | 0 |
| <b>e. Total</b>                                                    | 157 | 54 | 97 | 0 | 6 |

## Q23a. Exit

## Destination—All

persons

Q23a

|                                                       | Total | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|-------------------------------------------------------|-------|---------------------|-----------------------------|-----------------------|---------------------------|
| <b>a. Permanent destinations</b>                      |       |                     |                             |                       |                           |
| a01. Moved from one HOPWA funded project to HOPWA PH  | 0     | 0                   | 0                           | 0                     | 0                         |
| a02. Owned by client, no ongoing subsidy              | 0     | 0                   | 0                           | 0                     | 0                         |
| a03. Owned by client, with ongoing subsidy            | 0     | 0                   | 0                           | 0                     | 0                         |
| a04. Rental by client, no ongoing subsidy             | 22    | 1                   | 17                          | 0                     | 4                         |
| a05. Rental by client, VASH subsidy                   | 2     | 2                   | 0                           | 0                     | 0                         |
| a06. Rental by client, with GPD TIP housing subsidy   | 1     | 1                   | 0                           | 0                     | 0                         |
| a07. Rental by client, other ongoing subsidy          | 204   | 77                  | 127                         | 0                     | 0                         |
| a08. Permanent housing for homeless persons           | 2     | 2                   | 0                           | 0                     | 0                         |
| a09. Staying or living with family, permanent tenure  | 0     | 0                   | 0                           | 0                     | 0                         |
| a10. Staying or living with friends, permanent tenure | 0     | 0                   | 0                           | 0                     | 0                         |

|                                                                    |     |    |     |   |   |
|--------------------------------------------------------------------|-----|----|-----|---|---|
| az. Total                                                          | 231 | 83 | 144 | 0 | 4 |
| <b>b. Temporary destinations</b>                                   |     |    |     |   |   |
| b1. Emergency shelter                                              | 10  | 3  | 7   | 0 | 0 |
| b2. Moved from one HOPWA funded project to HOPWA TH                | 0   | 0  | 0   | 0 | 0 |
| b3. Transitional housing for homeless persons                      | 4   | 4  | 0   | 0 | 0 |
| b4. Staying with family, temporary tenure                          | 23  | 7  | 16  | 0 | 0 |
| b5. Staying with friends, temporary tenure                         | 10  | 2  | 8   | 0 | 0 |
| b6. Place not meant for human habitation                           | 7   | 7  | 0   | 0 | 0 |
| b7. Safe Haven                                                     | 0   | 0  | 0   | 0 | 0 |
| b8. Hotel or motel paid by client                                  | 5   | 0  | 5   | 0 | 0 |
| bz. Total                                                          | 59  | 23 | 36  | 0 | 0 |
| <b>c. Institutional settings</b>                                   |     |    |     |   |   |
| c1. Foster care home or group foster care home                     | 0   | 0  | 0   | 0 | 0 |
| c2. Psychiatric hospital or other psychiatric facility             | 3   | 3  | 0   | 0 | 0 |
| c3. Substance abuse treatment facility or detox center             | 2   | 2  | 0   | 0 | 0 |
| c4. Hospital or other residential non-psychiatric medical facility | 1   | 1  | 0   | 0 | 0 |
| c5. Jail, prison or juvenile detention facility                    | 0   | 0  | 0   | 0 | 0 |
| c6. Long term care facility or nursing home                        | 1   | 1  | 0   | 0 | 0 |
| cz. Total                                                          | 7   | 7  | 0   | 0 | 0 |

Report with Filters

|                                                                    |            |            |            |          |          |
|--------------------------------------------------------------------|------------|------------|------------|----------|----------|
| <b>d. Other destinations</b>                                       |            |            |            |          |          |
| d1. Residential project or halfway house with no homeless criteria | 0          | 0          | 0          | 0        | 0        |
| d2. Deceased                                                       | 0          | 0          | 0          | 0        | 0        |
| d3. Other                                                          | 13         | 10         | 3          | 0        | 0        |
| d4. Don't know / refused                                           | 0          | 0          | 0          | 0        | 0        |
| d5. Information missing                                            | 16         | 16         | 0          | 0        | 0        |
| dz. Total                                                          | 29         | 26         | 3          | 0        | 0        |
| <b>e. Total</b>                                                    | <b>326</b> | <b>139</b> | <b>183</b> | <b>0</b> | <b>4</b> |

**Q23b. Homeless  
Prevention Housing  
Assessment at Exit**

Q23b

|                                                                                                                  | Total | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|------------------------------------------------------------------------------------------------------------------|-------|---------------------|-----------------------------|-----------------------|---------------------------|
| a. Able to maintain the housing they had at project entry--Without a subsidy                                     | 8     | 0                   | 4                           | 0                     | 4                         |
| b. Able to maintain the housing they had at project entry--With the subsidy they had at project entry            | 0     | 0                   | 0                           | 0                     | 0                         |
| c. Able to maintain the housing they had at project entry--With an on-going subsidy acquired since project entry | 0     | 0                   | 0                           | 0                     | 0                         |
| d. Able to maintain the housing they had at project entry--Only with financial assistance other than a subsidy   | 0     | 0                   | 0                           | 0                     | 0                         |
| e. Moved to new housing unit--With on-going subsidy                                                              | 0     | 0                   | 0                           | 0                     | 0                         |
| f. Moved to new housing unit--Without an on-going subsidy                                                        | 0     | 0                   | 0                           | 0                     | 0                         |
| g. Moved in with family/friends on a temporary basis                                                             | 0     | 0                   | 0                           | 0                     | 0                         |
| h. Moved in with family/friends on a permanent basis                                                             | 0     | 0                   | 0                           | 0                     | 0                         |
| i. Moved to a transitional or temporary housing facility or program                                              | 0     | 0                   | 0                           | 0                     | 0                         |
| j. Client became homeless-moving to a shelter or other place unfit for human habitation                          | 0     | 0                   | 0                           | 0                     | 0                         |

Report with Filters

|                                                     |           |          |           |          |          |
|-----------------------------------------------------|-----------|----------|-----------|----------|----------|
| k. Client went to jail/prison                       | 0         | 0        | 0         | 0        | 0        |
| l. Client died                                      | 0         | 0        | 0         | 0        | 0        |
| m. Client doesn't know/Client refused               | 0         | 0        | 0         | 0        | 0        |
| n. Data not collected (no exit interview completed) | 7         | 1        | 6         | 0        | 0        |
| <b>o. Total</b>                                     | <b>15</b> | <b>1</b> | <b>10</b> | <b>0</b> | <b>4</b> |

**Q24. Exit Destination –  
90 Days or Less**

Q24

|                                                       | Total | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|-------------------------------------------------------|-------|---------------------|-----------------------------|-----------------------|---------------------------|
| <b>a. Permanent destinations</b>                      |       |                     |                             |                       |                           |
| a01. Moved from one HOPWA funded project to HOPWA PH  | 0     | 0                   | 0                           | 0                     | 0                         |
| a02. Owned by client, no ongoing subsidy              | 0     | 0                   | 0                           | 0                     | 0                         |
| a03. Owned by client, with ongoing subsidy            | 0     | 0                   | 0                           | 0                     | 0                         |
| a04. Rental by client, no ongoing subsidy             | 8     | 8                   | 0                           | 0                     | 0                         |
| a05. Rental by client, VASH subsidy                   | 0     | 0                   | 0                           | 0                     | 0                         |
| a06. Rental by client, with GPD TIP housing subsidy   | 0     | 0                   | 0                           | 0                     | 0                         |
| a07. Rental by client, other ongoing subsidy          | 53    | 19                  | 34                          | 0                     | 0                         |
| a08. Permanent housing for homeless persons           | 0     | 0                   | 0                           | 0                     | 0                         |
| a09. Staying or living with family, permanent tenure  | 0     | 0                   | 0                           | 0                     | 0                         |
| a10. Staying or living with friends, permanent tenure | 1     | 1                   | 0                           | 0                     | 0                         |

|                                                                    |    |    |    |   |   |
|--------------------------------------------------------------------|----|----|----|---|---|
| az. Total                                                          | 62 | 28 | 34 | 0 | 0 |
| <b>b. Temporary destinations</b>                                   |    |    |    |   |   |
| b1. Emergency shelter                                              | 1  | 1  | 0  | 0 | 0 |
| b2. Moved from one HOPWA funded project to HOPWA TH                | 0  | 0  | 0  | 0 | 0 |
| b3. Transitional housing for homeless persons                      | 0  | 0  | 0  | 0 | 0 |
| b4. Staying with family, temporary tenure                          | 0  | 0  | 0  | 0 | 0 |
| b5. Staying with friends, temporary tenure                         | 0  | 0  | 0  | 0 | 0 |
| b6. Place not meant for human habitation                           | 2  | 2  | 0  | 0 | 0 |
| b7. Safe Haven                                                     | 0  | 0  | 0  | 0 | 0 |
| b8. Hotel or motel paid by client                                  | 0  | 0  | 0  | 0 | 0 |
| bz. Total                                                          | 3  | 3  | 0  | 0 | 0 |
| <b>c. Institutional settings</b>                                   |    |    |    |   |   |
| c1. Foster care home or group foster care home                     | 0  | 0  | 0  | 0 | 0 |
| c2. Psychiatric hospital or other psychiatric facility             | 0  | 0  | 0  | 0 | 0 |
| c3. Substance abuse treatment facility or detox center             | 0  | 0  | 0  | 0 | 0 |
| c4. Hospital or other residential non-psychiatric medical facility | 0  | 0  | 0  | 0 | 0 |
| c5. Jail, prison or juvenile detention facility                    | 0  | 0  | 0  | 0 | 0 |
| c6. Long term care facility or nursing home                        | 0  | 0  | 0  | 0 | 0 |

|                                                                    |    |    |    |   |   |
|--------------------------------------------------------------------|----|----|----|---|---|
| cz. Total                                                          | 0  | 0  | 0  | 0 | 0 |
| <b>d. Other destinations</b>                                       |    |    |    |   |   |
| d1. Residential project or halfway house with no homeless criteria | 0  | 0  | 0  | 0 | 0 |
| d2. Deceased                                                       | 0  | 0  | 0  | 0 | 0 |
| d3. Other                                                          | 0  | 0  | 0  | 0 | 0 |
| d4. Don't know / refused                                           | 0  | 0  | 0  | 0 | 0 |
| d5. Information missing                                            | 1  | 1  | 0  | 0 | 0 |
| dz. Total                                                          | 1  | 1  | 0  | 0 | 0 |
| <b>e. Total</b>                                                    | 66 | 32 | 34 | 0 | 0 |

**25a. Number of Veterans**

Q25a

|                                       | Total | a. Without children | b. With children and adults | c. Unknown household type |
|---------------------------------------|-------|---------------------|-----------------------------|---------------------------|
| a. Chronically homeless veteran       | 18    | 18                  | 0                           | 0                         |
| b. Non-chronically homeless veteran   | 58    | 58                  | 0                           | 0                         |
| c. Not a veteran                      | 326   | 185                 | 135                         | 6                         |
| d. Client Doesn't Know/Client Refused | 0     | 0                   | 0                           | 0                         |
| e. Data Not Collected                 | 4     | 3                   | 1                           | 0                         |
| <b>f. Total</b>                       | 406   | 264                 | 136                         | 6                         |

**Q26b. Number of Chronically Homeless Persons by Household**

Q26b

|                                       | Total | a. Without children | b. With children and adults | c. With only children | d. Unknown household type |
|---------------------------------------|-------|---------------------|-----------------------------|-----------------------|---------------------------|
| a. Chronically homeless               | 60    | 51                  | 9                           | 0                     | 0                         |
| b. Not chronically homeless           | 582   | 203                 | 371                         | 0                     | 8                         |
| c. Client Doesn't Know/Client Refused | 5     | 5                   | 0                           | 0                     | 0                         |
| d. Data Not Collected                 | 14    | 5                   | 2                           | 0                     | 7                         |
| <b>e. Total</b>                       | 661   | 264                 | 382                         | 0                     | 15                        |

# Attachment



Office of Community Planning and Development  
U.S. Department of Housing and Urban Development  
Integrated Disbursement and Information System  
PR26 - CDBG Financial Summary Report  
Program Year 2016  
FRESNO , CA

DATE: 09-01-17  
TIME: 10:14  
PAGE: 1

**PART I: SUMMARY OF CDBG RESOURCES**

|                                                           |                     |
|-----------------------------------------------------------|---------------------|
| 01 UNEXPENDED CDBG FUNDS AT END OF PREVIOUS PROGRAM YEAR  | <b>9,357,211.94</b> |
| 02 ENTITLEMENT GRANT                                      | 6,330,331.00        |
| 03 SURPLUS URBAN RENEWAL                                  | 0.00                |
| 04 SECTION 108 GUARANTEED LOAN FUNDS                      | 0.00                |
| 05 CURRENT YEAR PROGRAM INCOME                            | 296,599.56          |
| 05a CURRENT YEAR SECTION 108 PROGRAM INCOME (FOR SI TYPE) | 0.00                |
| 06 FUNDS RETURNED TO THE LINE-OF-CREDIT                   | 0.00                |
| 06a FUNDS RETURNED TO THE LOCAL CDBG ACCOUNT              | 0.00                |
| 07 ADJUSTMENT TO COMPUTE TOTAL AVAILABLE                  | 0.00                |
| 08 TOTAL AVAILABLE (SUM, LINES 01-07)                     | 15,984,142.50       |

**PART II: SUMMARY OF CDBG EXPENDITURES**

|                                                                                |               |
|--------------------------------------------------------------------------------|---------------|
| 09 DISBURSEMENTS OTHER THAN SECTION 108 REPAYMENTS AND PLANNING/ADMINISTRATION | 3,500,746.93  |
| 10 ADJUSTMENT TO COMPUTE TOTAL AMOUNT SUBJECT TO LOW/MOD BENEFIT               | 0.00          |
| 11 AMOUNT SUBJECT TO LOW/MOD BENEFIT (LINE 09 + LINE 10)                       | 3,500,746.93  |
| 12 DISBURSED IN IDIS FOR PLANNING/ADMINISTRATION                               | 1,076,938.50  |
| 13 DISBURSED IN IDIS FOR SECTION 108 REPAYMENTS                                | 514,299.40    |
| 14 ADJUSTMENT TO COMPUTE TOTAL EXPENDITURES                                    | 0.00          |
| 15 TOTAL EXPENDITURES (SUM, LINES 11-14)                                       | 5,091,984.83  |
| 16 UNEXPENDED BALANCE (LINE 08 - LINE 15)                                      | 10,892,157.67 |

**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        | 3,500,746.93 |
| 20 ADJUSTMENT TO COMPUTE TOTAL LOW/MOD CREDIT    | 0.00         |
| 21 TOTAL LOW/MOD CREDIT (SUM, LINES 17-20)       | 3,500,746.93 |
| 22 PERCENT LOW/MOD CREDIT (LINE 21/LINE 11)      | 100%         |

**LOW/MOD BENEFIT FOR MULTI-YEAR CERTIFICATIONS**

|                                                                       |                  |
|-----------------------------------------------------------------------|------------------|
| 23 PROGRAM YEARS(PY) COVERED IN CERTIFICATION                         | PY: 2016 PY: PY: |
| 24 CUMULATIVE NET EXPENDITURES SUBJECT TO LOW/MOD BENEFIT CALCULATION | 0.00             |
| 25 CUMULATIVE EXPENDITURES BENEFITING LOW/MOD PERSONS                 | 0.00             |
| 26 PERCENT BENEFIT TO LOW/MOD PERSONS (LINE 25/LINE 24)               | 0%               |

**PART IV: PUBLIC SERVICE (PS) CAP CALCULATIONS**

|                                                                 |                     |
|-----------------------------------------------------------------|---------------------|
| 27 DISBURSED IN IDIS FOR PUBLIC SERVICES                        | 711,739.74          |
| 28 PS UNLIQUIDATED OBLIGATIONS AT END OF CURRENT PROGRAM YEAR   | <b>405,327.98</b>   |
| 29 PS UNLIQUIDATED OBLIGATIONS AT END OF PREVIOUS PROGRAM YEAR  | <b>(308,079.15)</b> |
| 30 ADJUSTMENT TO COMPUTE TOTAL PS OBLIGATIONS                   | 0.00                |
| 31 TOTAL PS OBLIGATIONS (LINE 27 + LINE 28 - LINE 29 + LINE 30) | 808,988.57          |
| 32 ENTITLEMENT GRANT                                            | 6,330,331.00        |
| 33 PRIOR YEAR PROGRAM INCOME                                    | 117,262.08          |
| 34 ADJUSTMENT TO COMPUTE TOTAL SUBJECT TO PS CAP                | 0.00                |
| 35 TOTAL SUBJECT TO PS CAP (SUM, LINES 32-34)                   | 6,447,593.08        |
| 36 PERCENT FUNDS OBLIGATED FOR PS ACTIVITIES (LINE 31/LINE 35)  | 12.55%              |

**PART V: PLANNING AND ADMINISTRATION (PA) CAP**

|                                                                |                     |
|----------------------------------------------------------------|---------------------|
| 37 DISBURSED IN IDIS FOR PLANNING/ADMINISTRATION               | 1,083,699.24        |
| 38 PA UNLIQUIDATED OBLIGATIONS AT END OF CURRENT PROGRAM YEAR  | <b>226,207.76</b>   |
| 39 PA UNLIQUIDATED OBLIGATIONS AT END OF PREVIOUS PROGRAM YEAR | <b>(470,882.67)</b> |
| 40 ADJUSTMENT TO COMPUTE TOTAL PA OBLIGATIONS                  | <b>(6,760.74)</b>   |
| 41 TOTAL PA OBLIGATIONS (LINE 37 + LINE 38 - LINE 39 +LINE 40) | 832,263.59          |
| 42 ENTITLEMENT GRANT                                           | 6,330,331.00        |
| 43 CURRENT YEAR PROGRAM INCOME                                 | 296,599.56          |
| 44 ADJUSTMENT TO COMPUTE TOTAL SUBJECT TO PA CAP               | 0.00                |
| 45 TOTAL SUBJECT TO PA CAP (SUM, LINES 42-44)                  | 6,626,930.56        |
| 46 PERCENT FUNDS OBLIGATED FOR PA ACTIVITIES (LINE 41/LINE 45) | 12.56%              |

# Attachment



# **Housing Opportunities for Persons with AIDS (HOPWA) Program**

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

**Revised 1/22/15**

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OMB Number 2506-0133 (Expiration Date: 12/31/2017)

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. The public reporting burden for the collection of information is estimated to average 42 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

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

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

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  - c. Barriers or Trends Overview
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### **PART 2: Sources of Leveraging and Program Income**

1. Sources of Leveraging
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### **PART 6: Annual Certification of Continued Use for HOPWA Facility-Based Stewardship Units (Only)**

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- 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 received HOPWA funding for new construction, acquisition, or substantial rehabilitations are required to operate their facilities 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 Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 6 in CAPER. The required use period is three (3) years if the rehabilitation is non-substantial.

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/subrecipient 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, and Housing Status or Destination at the end of the operating year. Other suggested but optional elements are: Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Date of Contact, Date of Engagement, Financial

Assistance, Housing Relocation & Stabilization Services, Employment, Education, General Health Status, , Pregnancy Status, Reasons for Leaving, Veteran's Information, and Children's Education. Other HOPWA projects sponsors may also benefit from collecting these data elements.

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

**Filing Requirements.** Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: at [HOPWA@hud.gov](mailto: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 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C.

**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.**

## 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                                                                                         | 28                                |
| 2a.                              | <b>Permanent Housing Facilities:</b><br>Received Operating Subsidies/Leased units                                      | 0                                 |
| 2b.                              | <b>Transitional/Short-term Facilities:</b><br>Received Operating Subsidies                                             | 0                                 |
| 3a.                              | <b>Permanent Housing Facilities:</b><br>Capital Development Projects placed in service during the operating year       | 0                                 |
| 3b.                              | <b>Transitional/Short-term Facilities:</b><br>Capital Development Projects placed in service during the operating year | 0                                 |
| 4.                               | Short-term Rent, Mortgage, and Utility Assistance                                                                      | 29                                |
| 5.                               | <b>Adjustment for duplication (subtract)</b>                                                                           | 0                                 |
| 6.                               | <b>TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)</b>                                                  | 57                                |

**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.

**Central Contractor Registration (CCR):** The primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions, including Federal agency contract and assistance awards. Both current and potential federal government registrants (**grantees**) are required to register in CCR in order to be awarded contracts by the federal government. Registrants must update or renew their registration at least once per year to maintain an active status. Although recipients of direct federal contracts and grant awards have been required to be registered with CCR since 2003, this requirement is now being extended to indirect recipients of federal funds with the passage of ARRA (American Recovery and Reinvestment Act). Per ARRA and FFATA (Federal Funding Accountability and Transparency Act) federal regulations, all **grantees** and sub-grantees or subcontractors receiving federal grant awards or contracts must have a DUNS (Data Universal Numbering System) Number.

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

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

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

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

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

“grassroots.”

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

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

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

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

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

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

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

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

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

**Operating Costs:** Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing

function and operation costs like utilities, maintenance, equipment, insurance, security, furnishings, supplies and salary for staff costs directly related to the housing project but not staff costs for delivering services.

**Outcome:** The degree to which the HOPWA assisted household has been enabled to establish or 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 for state and local governments at 24 CFR 85.25, or for non-profits at 24 CFR 84.24.

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

**Project Sponsor Organizations:** 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. Funding flows to a project sponsor as follows:

HUD Funding → Grantee → Project Sponsor

**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.

**Subrecipient Organization:** Any organization that receives funds from a project sponsor to provide eligible housing and other support services and/or administrative services as defined in 24 CFR 574.300. If a subrecipient organization provides housing and/or other supportive services directly to clients, the subrecipient organization must provide performance data on household served and funds expended. Funding flows to subrecipients as follows:

HUD Funding → Grantee → Project Sponsor → Subrecipient

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

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

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

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

OMB Number 2506-0133 (Expiration Date: 10/31/2017)

## 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 CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their administrative or evaluation activities. In Chart 4, indicate each subrecipient organization with a contract/agreement to provide HOPWA-funded services to client households. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

**Note:** Please see the definition section for distinctions between project sponsor and subrecipient.

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

### 1. Grantee Information

|                                                                                                 |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                              |                  |       |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------|
| <b>HUD Grant Number</b><br><br>CAH15F011                                                        |                                                                                                                                                                                                                                                              | <b>Operating Year for this report</b><br>From (mm/dd/yy) 07/01/16 To (mm/dd/yy) 06/30/17                                                                                                                     |                  |       |
| <b>Grantee Name</b><br>Fresno, CA                                                               |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                              |                  |       |
| <b>Business Address</b>                                                                         | 2600 Fresno St., Rm. 3070                                                                                                                                                                                                                                    |                                                                                                                                                                                                              |                  |       |
| <b>City, County, State, Zip</b>                                                                 | FRESNO                                                                                                                                                                                                                                                       | FRESNO                                                                                                                                                                                                       | CA               | 93721 |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b><br>94-6000338    |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                              |                  |       |
| <b>DUN &amp; Bradstreet Number (DUNs):</b>                                                      | 07-188-7855                                                                                                                                                                                                                                                  | <b>Central Contractor Registration (CCR):</b><br>Is the grantee's CCR status currently active?<br>x <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide CCR Number: 47PF6 |                  |       |
| <b>Congressional District of Grantee's Business Address</b>                                     | CA-16                                                                                                                                                                                                                                                        |                                                                                                                                                                                                              |                  |       |
| <b>*Congressional District of Primary Service Area(s)</b>                                       | CA-16 CA-22 CA-21 CA-4                                                                                                                                                                                                                                       |                                                                                                                                                                                                              |                  |       |
| <b>*City(ies) and County(ies) of Primary Service Area(s)</b>                                    | Cities: FRESNO                                                                                                                                                                                                                                               |                                                                                                                                                                                                              | Counties: FRESNO |       |
| <b>Organization's Website Address</b><br><br><a href="http://WWW.FRESNO.GOV">WWW.FRESNO.GOV</a> | Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area? X Yes <input type="checkbox"/> No<br>If yes, explain in the narrative section what services maintain a waiting list and how this list is administered. |                                                                                                                                                                                                              |                  |       |

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

## 2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households. These elements address requirements in the Federal Financial Accountability and Transparency Act of 2006 (Public Law 109-282).

**Note:** Please see the definitions for distinctions between project sponsor and subrecipient.

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

|                                                                                                                                                                                                                                                      |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Project Sponsor Agency Name</b><br>WestCare, CA, Inc.                                                                                                                                                                                             |                                    | <b>Parent Company Name, if applicable</b><br>WESTCARE FOUNDATION, INC.                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Name and Title of Contact at Project Sponsor Agency</b>                                                                                                                                                                                           | TONI HARRISON, Program Coordinator |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Email Address</b>                                                                                                                                                                                                                                 | toni.harison@westcare.com          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Business Address</b>                                                                                                                                                                                                                              | 901 E. Belmont Ave.                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>City, County, State, Zip,</b>                                                                                                                                                                                                                     | FRESNO, CA 93701                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Phone Number (with area code)</b>                                                                                                                                                                                                                 | 559-251-4800                       | 559-486-1469                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>                                                                                                                                                                       |                                    | <b>Fax Number (with area code)</b><br>559-453-7827                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <b>DUN &amp; Bradstreet Number (DUNs):</b>                                                                                                                                                                                                           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Congressional District of Project Sponsor's Business Address</b>                                                                                                                                                                                  | CA-16                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Congressional District(s) of Primary Service Area(s)</b>                                                                                                                                                                                          | CA-16                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>City(ies) and County(ies) of Primary Service Area(s)</b>                                                                                                                                                                                          | Cities: FRESNO                     | Counties: FRESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Total HOPWA contract amount for this Organization for the operating year</b>                                                                                                                                                                      | \$371,645.00                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Organization's Website Address</b><br>www.westcare.com                                                                                                                                                                                            |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>Is the sponsor a nonprofit organization?</b> X Yes <input type="checkbox"/> No<br><br>Please check if yes and a faith-based organization. <input type="checkbox"/><br>Please check if yes and a grassroots organization. <input type="checkbox"/> |                                    | <b>Does your organization maintain a waiting list?</b> X Yes <input type="checkbox"/> No<br><br><b>If yes, explain in the narrative section how this list is administered.</b><br><br><i>A waiting list is continually maintained with the needs of the applicant used to judge priority level. Those with families or who are homeless are at the top of the list. Contact is maintained with those on the list to ensure both continuing eligibility and need.</i> |  |

### 3. Administrative Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists project sponsors to carry out their administrative services but no services directly to client households. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

**Note:** Please see the definitions for distinctions between project sponsor and subrecipient.

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

|                                                                            |         |  |  |                                    |
|----------------------------------------------------------------------------|---------|--|--|------------------------------------|
| Subrecipient Name                                                          | N/A     |  |  | Parent Company Name, if applicable |
| Name and Title of Contact at Subrecipient                                  |         |  |  |                                    |
| Email Address                                                              |         |  |  |                                    |
| Business Address                                                           |         |  |  |                                    |
| City, State, Zip, County                                                   |         |  |  |                                    |
| Phone Number (with area code)                                              |         |  |  | Fax Number (include area code)     |
| Employer Identification Number (EIN) or Tax Identification Number (TIN)    |         |  |  |                                    |
| DUN & Bradstreet Number (DUNs):                                            |         |  |  |                                    |
| North American Industry Classification System (NAICS) Code                 |         |  |  |                                    |
| Congressional District of Subrecipients Business Address                   |         |  |  |                                    |
| Congressional District of Primary Service Area                             |         |  |  |                                    |
| City (ies) <u>and</u> County (ies) of Primary Service Area(s)              | Cities: |  |  | Counties:                          |
| Total HOPWA Subcontract Amount of this Organization for the operating year |         |  |  |                                    |

#### 4. Program Subrecipient Information

Complete the following information for each subrecipient organization providing HOPWA-funded services to client households. These organizations would hold a contract/agreement with a project sponsor(s) to provide these services. For example, a subrecipient organization may receive funds from a project sponsor to provide nutritional services for clients residing within a HOPWA facility-based housing program. Please note that subrecipients who work directly with client households must provide performance data for the grantee to include in Parts 2-7 of the CAPER.

**Note:** Please see the definition of a subrecipient for more information.

**Note:** Types of contracts/agreements may include: grants, sub-grants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders.

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

|                                                                               |             |     |                                    |     |
|-------------------------------------------------------------------------------|-------------|-----|------------------------------------|-----|
| Sub-recipient Name                                                            | N/A         |     | Parent Company Name, if applicable |     |
|                                                                               | N/A         |     |                                    |     |
| Name <u>and</u> Title of Contact at Contractor/<br>Sub-contractor Agency      | N/A         |     |                                    |     |
| Email Address                                                                 | N/A         |     |                                    |     |
| Business Address                                                              | N/A         |     |                                    |     |
| City, County, State, Zip                                                      | N/A         | N/A | N/A                                | N/A |
| Phone Number (include area code)                                              | N/A         |     | Fax Number (include area code)     |     |
|                                                                               |             |     | N/A                                |     |
| Employer Identification Number (EIN) or<br>Tax Identification Number (TIN)    | N/A         |     |                                    |     |
| DUN & Bradstreet Number (DUNs)                                                | N/A         |     |                                    |     |
| North American Industry Classification<br>System (NAICS) Code                 | N/A         |     |                                    |     |
| Congressional District of the Sub-recipient's<br>Business Address             | N/A         |     |                                    |     |
| Congressional District(s) of Primary Service<br>Area                          | N/A         |     |                                    |     |
| City(ies) <u>and</u> County(ies) of Primary Service<br>Area                   | Cities: N/A |     | Counties: N/A                      |     |
| Total HOPWA Subcontract Amount of this<br>Organization for the operating year | N/A         |     |                                    |     |

## **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.

WestCare CA, Inc. (WestCare) is the Project Sponsor for HOPWA funding. The HOPWA program operated by the Project Sponsor is located at their facility, The Living Room (TLR). Toni Harrison, MPH, is the program coordinator, who oversees all TLR services, including HOPWA and can be reached at (559) 486-1469. Yvette Ennis is the program case manager. TLR is located in the city of Fresno, within Fresno County, California with a population of approximately 975,000 individuals and encompasses over 6,011 square miles. Fresno County includes large metropolitan areas, outlying suburbs and many miles of isolated small farming communities. While the majority of individuals served through HOPWA are city of Fresno residents, TLR serves all individuals in Fresno County regardless of geographic location.

TLR provides social services for those infected and directly affected by HIV/AIDS. TLR provides social services in the area of prevention education, outreach, HIV and HCV testing, nutritional services, counseling, support groups and works with individuals to help remove health disparities and barriers to care. The goal of TLR is to improve overall health by assisting People Living With HIV/AIDS (PLWHA) in removing existing barriers, improving compliance with medical care, referrals to needed services such as mental health counseling and substance abuse treatment. HOPWA is a component of the overall TLR program that enables PLWHA to be housed in a safe secure environment.

HOPWA services offered to PLWHA include permanent housing and short term assistance with mortgage, rent and utilities. Long term permanent housing is offered in collaboration with the local housing authority, which provides housing vouchers and case managers of local medical providers.

Long term housing consists of a review by case managers at a medical facility and a subsequent referral to TLR. Priority populations are those who are currently homeless, or are chronically homeless. The process at TLR includes initial screening, intake and assessment including proof of diagnosis, residency, identification, income and birth certificate are collected. Documentation is then completed for the housing authority, who further determines eligibility and obtains a criminal background check. If approved, the individual is issued a housing voucher and TLR then assists the individual with obtaining safe housing. PLWHA go through a referral process of landlords who have available housing and accept housing vouchers. At no time is a person's HIV status mentioned. Most clients are helped with deposit assistance.

Once housed, individuals are strongly encouraged to participate in TLR services and contact with a case manager is required to help individuals remove barriers to care and stable ongoing housing. Home visits are performed monthly, visits are both pre-planned and unannounced. Clients continue to participate in the program until they either obtain a stable income that leads to independent living, they receive a permanent voucher, or are terminated.

All PLWHA in Fresno County are eligible for STRMU assistance. The process is similar, with referrals conducted by medical providers/case managers or through TLR. Again an assessment is performed, and appropriate documentation is required.

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

Provide a narrative addressing each of the following four items:

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

All PLWHA who were housed under the HOPWA program reside in multiple locales throughout Fresno, having the freedom, with guidance from a case manager, to choose their own geographical area for residence. Fifty-seven households, including households with partners, spouses and children, received assistance either through TBRA or STRMU.

The largest challenges to continuing stable housing are lack of income, and mental health and substance abuse issues. While significant accomplishments were stabilizing, through case management services and referrals, treatment and care proved to be advantageous in helping some, who were chronically homeless, to remain housed, increase participation in medical care and many gained employment.

**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.

The overall TBRA client outcome continues to be successful. Increased case management services, including regular home visits, both planned and un-planned allow for authentic interactions with HOPWA recipients that identifies areas of concern and the ability to work with the client to address those concerns, including compliance with medical care, and treatment for substance abuse and mental health issues. Referrals given based upon increased case management services have achieved positive results for TBRA clients that results in stable, safe, and secure housing.

Recipients of STRMU services are seen in short durations. While most remain housed after receiving services, a few have lost their housing due to poor money management, loss of or lack of steady employment, substance abuse, and mental health issues. STRMU clients are counseled on budgeting and money management but that counseling is of a short duration. All are offered continuing services and given referrals for medical care and mental health and substance abuse services. They are also counseled about ways to further their education levels to increase stability.

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

The majority of PLWHA access medical care through Community Regional Medical Center's Specialty Services Clinic. TLR maintain constant interaction with the clinic in the form of case conferencing of individuals who access HOPWA services. TLR also meets on a regular basis to discuss ways to remove barriers to service for all individuals to help increase the number of PLWHA who are aware of, and qualify for the program. Similar collaborations continue on a regular basis with Fresno County Department of Public Health, and Kaiser Permanente. All of

these collaborations focus on finding individuals who are currently homeless, chronically homeless, or at risk for becoming homeless. The continuing collaboration with Fresno Housing Authority, also includes continuing case conferencing of those currently receiving HOPWA benefits and collaborating with them on securing the eligibility of future applicants.

TLR also collaborates with Planned Parenthood, Marjaree Mason Center, Turning Point, Spirit of Women, AIDS Healthcare Foundation, and several local programs who focus on the LGBTQ community. The focus of these collaborations is based upon outreach to their clients, HIV testing and referrals to care. TLR also provides presentations to these and any other requesting organization on the services available through the HOPWA program.

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

Technical assistance has been requested from The Cloudburst Group to assist in completion of the report.

**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.

There is a lack of suitable, habitable and affordable housing that will pass the HUD inspection. TLR lacks access to one bedroom apartments in the community, and often two bedroom units exceed the allowed TBRA TFA. The majority of TLR applicants have prior evictions and poor credit. Often TLR must find assistance to clear up past due utility bills so that the electric account can be opened in their names. Due to poor credit history TLR often pays security deposits plus first and last month's rent.

A major barrier to success has been residents dealing with multiple diagnosis including severe mental illness (SMI), AIDS related medical issues, Hepatitis and substance use disorder (SUD). In that last year two residents pass away from AIDS related pneumonia and one died of a drug overdose. A third gentleman suffered a stroke and moved to a higher level of care. Several HOPWA participants returned to residential AOS Treatment and continue to work on their addictions.

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.

According to TLR, funding in Fresno County continues to diminish while services in surrounding counties are nearly non-existent. Kings and Tulare counties closed their AIDS related clinics and Fresno County Public Health (FCPH) no longer has a specialty clinic. FCPH currently only provides confirmatory testing and monitoring of new reported cases. Fresno County has not

taken actions related to needle exchange regulations that TLR estimates could provide for additional funding opportunities.

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

None are available.

**d. Unmet Housing Needs: An Assessment of Unmet Housing Needs**

In Chart 1, provide an assessment of the number of HOPWA-eligible households that require HOPWA housing subsidy assistance but are not currently served by any HOPWA-funded housing subsidy assistance in this service area.

In Row 1, report the total unmet need of the geographical service area, as reported in *Unmet Needs for Persons with HIV/AIDS*, Chart 1B of the Consolidated or Annual Plan(s), or as reported under HOPWA worksheet in the Needs Workbook of the Consolidated Planning Management Process (CPMP) tool.

**Note:** Report most current data available, through Consolidated or Annual Plan(s), and account for local housing issues, or changes in HIV/AIDS cases, by using combination of one or more of the sources in Chart 2.

If data is collected on the type of housing that is needed in Rows a. through c., enter the number of HOPWA-eligible households by type of housing subsidy assistance needed. For an approximate breakdown of overall unmet need by type of housing subsidy assistance refer to the Consolidated or Annual Plan (s), CPMP tool or local distribution of funds. Do not include clients who are already receiving HOPWA-funded housing subsidy assistance.

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

Refer to Chart 2, and check all sources consulted to calculate unmet need. Reference any data from neighboring states' or municipalities' Consolidated Plan or other planning efforts that informed the assessment of Unmet Need in your service area.

**Note:** In order to ensure that the unmet need assessment for the region is comprehensive, HOPWA formula grantees should include those unmet needs assessed by HOPWA competitive grantees operating within the service area.

**1. Planning Estimate of Area's Unmet Needs for HOPWA-Eligible Households**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Total number of households that have unmet housing subsidy assistance need.                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| 2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance:<br><br>a. Tenant-Based Rental Assistance (TBRA)<br><br>b. Short-Term Rent, Mortgage and Utility payments (STRMU) <ul style="list-style-type: none"><li>• Assistance with rental costs</li><li>• Assistance with mortgage payments</li><li>• Assistance with utility costs.</li></ul><br>c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities |  |

**2. Recommended Data Sources for Assessing Unmet Need (check all sources used)**

|                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| = Data as reported in the area Consolidated Plan, e.g. Table 1B, CPMP charts, and related narratives                                                                                                    |
| = Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care                                                                                                   |
| = Data from client information provided in Homeless Management Information Systems (HMIS)                                                                                                               |
| = Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need including those completed by HOPWA competitive grantees operating in the region. |
| = Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted                                                                                               |
| = Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing                                                                      |
| = Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g. local health department or CDC surveillance data                                                                 |

**End of PART 1**

## PART 2: Sources of Leveraging and Program Income

### 1. Sources of Leveraging

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

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

#### A. Source of Leveraging Chart

| [1] Source of Leveraging                     | [2] Amount of Leveraged Funds | [3] Type of Contribution                                                                            | [4] Housing Subsidy Assistance or Other Support                                               |
|----------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Public Funding                               |                               |                                                                                                     |                                                                                               |
| Ryan White-Housing Assistance                |                               |                                                                                                     | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support |
| Ryan White-Other CRMC-MAI funding            | \$27,881                      | Case management for new positives, locating and returning to care those who have fallen out of care | <input type="checkbox"/> Housing Subsidy Assistance<br>X Other Support                        |
| Housing Choice Voucher Program               | \$187,316                     | Vouchers                                                                                            | X Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                        |
| Low Income Housing Tax Credit                |                               |                                                                                                     | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support |
| HOME                                         |                               |                                                                                                     | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support |
| Shelter Plus Care                            |                               |                                                                                                     | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support |
| Emergency Solutions Grant (PATH, UNITE, MAP) | \$241,743                     | TFA and case management, Coordinated Access Point                                                   | X Housing Subsidy Assistance<br><input type="checkbox"/> Other Support                        |
| Other Public: HUD Project Lift OFF           | \$347,058                     | TFA, supportive services, case management                                                           | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support |
| Other Public: United Way                     | \$1,500                       | Client needs                                                                                        | <input type="checkbox"/> Housing Subsidy Assistance<br>X Other Support                        |
| Other Public: SAMHSA TCE Grant               | \$500,000                     | AOD Txt, testing, case management                                                                   | <input type="checkbox"/> Housing Subsidy Assistance<br>X Other Support                        |
| Other Public:                                |                               |                                                                                                     | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support |
| Other Public:                                |                               |                                                                                                     | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support |
| Private Funding                              |                               |                                                                                                     |                                                                                               |
| Private Individuals                          | \$2,700                       | Cash to purchase clothes, toiletries, donations for fundraiser                                      | Drag Queen Bingo, Art Auction                                                                 |
| Imperial Dove Court                          | \$1,250                       | Client needs for home and health                                                                    |                                                                                               |
| Grants Broadway Cares                        | \$5,000                       | Funds for client transportation and hygiene needs                                                   | <input type="checkbox"/> Housing Subsidy Assistance<br>X Other Support                        |

|                                                      |                    |                                                               |                                                                                               |
|------------------------------------------------------|--------------------|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| Other Private: Fresno AIDS Walk                      | \$26,000           | Supportive services, operations                               | <input type="checkbox"/> Housing Subsidy Assistance<br>X Other Support                        |
| Other Private: AIDS Healthcare Foundation            | \$25,000           | Outreach, testing and prevention education for minority women |                                                                                               |
| Grantee/Project Sponsor/Subrecipient (Agency) Cash   |                    |                                                               | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support |
| Resident Rent Payments by Client to Private Landlord |                    |                                                               |                                                                                               |
| <b>TOTAL (Sum of all Rows)</b>                       | <b>\$1,365,448</b> |                                                               |                                                                                               |

## 2. Program Income and Resident Rent Payments

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

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

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

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

### 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<br>(for this operating year) |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 1.                                                                  | Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs                       |                                                                      |
| 2.                                                                  | Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs |                                                                      |
| 3.                                                                  | <b>Total Program Income Expended (Sum of Rows 1 and 2)</b>                                                  |                                                                      |

**End of PART 2**

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

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

**Note:** The total households assisted with HOPWA funds and reported in PART 3 of the CAPER should be the same as reported in the annual year-end IDIS data, and goals reported should be consistent with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1.

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

|      | <b>HOPWA Performance<br/>Planned Goal<br/>and Actual</b>                                                                                                 | <b>[1] Output: Households</b>    |        |                             |        | <b>[2] Output: Funding</b> |              |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------|-----------------------------|--------|----------------------------|--------------|
|      |                                                                                                                                                          | <b>HOPWA Assistance</b>          |        | <b>Leveraged Households</b> |        | <b>HOPWA Funds</b>         |              |
|      |                                                                                                                                                          | a.                               | b.     | c.                          | d.     | e.                         | f.           |
|      |                                                                                                                                                          | Goal                             | Actual | Goal                        | Actual | HOPWA Budget               | HOPWA Actual |
|      | <b>HOPWA Housing Subsidy Assistance</b>                                                                                                                  | <b>[1] Output: Households</b>    |        |                             |        | <b>[2] Output: Funding</b> |              |
| 1.   | Tenant-Based Rental Assistance                                                                                                                           | 30                               | 28     |                             |        | \$135,000                  | \$37,463     |
| 2a.  | <b>Permanent Housing Facilities:</b><br>Received Operating Subsidies/Leased units (Households Served)                                                    |                                  |        |                             |        |                            |              |
| 2b.  | <b>Transitional/Short-term Facilities:</b><br>Received Operating Subsidies/Leased units (Households Served)<br>(Households Served)                       | 0                                |        |                             |        |                            |              |
| 3a.  | <b>Permanent Housing Facilities:</b><br>Capital Development Projects placed in service during the operating year<br>(Households Served)                  | 0                                |        |                             |        |                            |              |
| 3b.  | <b>Transitional/Short-term Facilities:</b><br>Capital Development Projects placed in service during the operating year<br>(Households Served)            | 0                                |        |                             |        |                            |              |
| 4.   | Short-Term Rent, Mortgage and Utility Assistance                                                                                                         |                                  | 29     |                             |        | \$109,000                  | \$31,131     |
| 5.   | Permanent Housing Placement Services                                                                                                                     | 20                               |        |                             |        |                            |              |
| 6.   | Adjustments for duplication (subtract)                                                                                                                   | 00                               | 00     |                             |        |                            |              |
| 7.   | <b>Total HOPWA Housing Subsidy Assistance</b><br>(Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)    |                                  | 57     |                             |        | \$244,000                  | \$68,594     |
|      | <b>Housing Development (Construction and Stewardship of facility based housing)</b>                                                                      | <b>[1] Output: Housing Units</b> |        |                             |        | <b>[2] Output: Funding</b> |              |
| 8.   | Facility-based units;<br>Capital Development Projects not yet opened (Housing Units)                                                                     | 0                                |        |                             |        |                            |              |
| 9.   | Stewardship Units subject to 3 or 10 year use agreements                                                                                                 | 0                                |        |                             |        |                            |              |
| 10.  | <b>Total Housing Developed</b><br>(Sum of Rows 8 & 9)                                                                                                    | 0                                |        |                             |        | 0                          | 0            |
|      | <b>Supportive Services</b>                                                                                                                               | <b>[1] Output Households</b>     |        |                             |        | <b>[2] Output: Funding</b> |              |
| 11a. | Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance                                       |                                  | 27     |                             |        | \$69,347                   | \$68,684     |
| 11b. | Supportive Services provided by project sponsors/subrecipient that only provided supportive services.                                                    |                                  |        |                             |        |                            |              |
| 12.  | Adjustment for duplication (subtract)                                                                                                                    |                                  |        |                             |        |                            |              |
| 13.  | <b>Total Supportive Services</b><br>(Columns a. – d. equal the sum of Rows 11 a. & b. minus Row 12; Columns e. and f. equal the sum of Rows 11a. & 11b.) |                                  |        |                             |        | \$69,347                   | \$68,684     |
|      | <b>Housing Information Services</b>                                                                                                                      | <b>[1] Output Households</b>     |        |                             |        | <b>[2] Output: Funding</b> |              |
| 14.  | Housing Information Services                                                                                                                             |                                  |        |                             |        | \$58,298                   | \$43,539     |
| 15.  | <b>Total Housing Information Services</b>                                                                                                                |                                  |        |                             |        | \$58,298                   | \$43,539     |

| Grant Administration and Other Activities |                                                                                           | [1] Output Households |  |  |  | [2] Output: Funding               |           |
|-------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------|--|--|--|-----------------------------------|-----------|
| 16.                                       | Resource Identification to establish, coordinate and develop housing assistance resources |                       |  |  |  |                                   |           |
| 17.                                       | Technical Assistance<br>(if approved in grant agreement)                                  |                       |  |  |  |                                   |           |
| 18.                                       | Grantee Administration<br>(maximum 3% of total HOPWA grant)                               |                       |  |  |  | \$11,494                          | \$11,494  |
| 19.                                       | Project Sponsor Administration<br>(maximum 7% of portion of HOPWA grant awarded)          |                       |  |  |  | 0                                 | 0         |
| 20.                                       | <b>Total Grant Administration and Other Activities<br/>(Sum of Rows 16 – 19)</b>          |                       |  |  |  | \$11,494                          | \$11,494  |
|                                           |                                                                                           |                       |  |  |  |                                   |           |
| Total Expended                            |                                                                                           |                       |  |  |  | [2] Outputs: HOPWA Funds Expended |           |
|                                           |                                                                                           |                       |  |  |  | Budget                            | Actual    |
| 21.                                       | <b>Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)</b>            |                       |  |  |  | \$383,139                         | \$192,311 |

## 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                                       |                                            |
| 2.                  | Alcohol and drug abuse services                                                                                                                        | 0                                       |                                            |
| 3.                  | Case management                                                                                                                                        | 57                                      | \$112,222                                  |
| 4.                  | Child care and other child services                                                                                                                    | 0                                       |                                            |
| 5.                  | Education                                                                                                                                              | 0                                       |                                            |
| 6.                  | Employment assistance and training                                                                                                                     | 0                                       |                                            |
| 7.                  | Health/medical/intensive care services, if approved<br>Note: Client records must conform with 24 CFR §574.310                                          | 0                                       |                                            |
| 8.                  | Legal services                                                                                                                                         | 0                                       |                                            |
| 9.                  | Life skills management (outside of case management)                                                                                                    | 0                                       |                                            |
| 10.                 | Meals/nutritional services                                                                                                                             | 0                                       |                                            |
| 11.                 | Mental health services                                                                                                                                 | 0                                       |                                            |
| 12.                 | Outreach                                                                                                                                               | 0                                       |                                            |
| 13.                 | Transportation                                                                                                                                         | 0                                       |                                            |
| 14.                 | Other Activity (if approved in grant agreement).<br><b>Specify:</b>                                                                                    | 0                                       |                                            |
| 15.                 | <b>Sub-Total Households receiving Supportive Services<br/>(Sum of Rows 1-14)</b>                                                                       | 57                                      |                                            |
| 16.                 | <b>Adjustment for Duplication (subtract)</b>                                                                                                           | 0                                       |                                            |
| 17.                 | <b>TOTAL Unduplicated Households receiving<br/>Supportive Services (Column [1] equals Row 15<br/>minus Row 16; Column [2] equals sum of Rows 1-14)</b> | 57                                      | 112,222                                    |

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

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

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

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

| Housing Subsidy Assistance Categories (STRMU) |                                                                                                      | [1] Output: Number of<br><u>Households</u> Served | [2] Output: Total<br>HOPWA Funds Expended<br>on STRMU during<br>Operating Year |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------|
| a.                                            | Total Short-term mortgage, rent and/or utility (STRMU) assistance                                    | 29                                                | \$31,131                                                                       |
| b.                                            | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.        |                                                   |                                                                                |
| c.                                            | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. |                                                   |                                                                                |
| d.                                            | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.          | 29                                                | \$31,131                                                                       |
| e.                                            | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.   |                                                   |                                                                                |
| f.                                            | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.         |                                                   |                                                                                |
| g.                                            | Direct program delivery costs (e.g., program operations staff time)                                  |                                                   |                                                                                |

End of PART 3

## Part 4: Summary of Performance Outcomes

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

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

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

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

#### A. Permanent Housing Subsidy Assistance

|                                                | [1] Output: Total Number of Households Served | [2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year | [3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting |   | [4] HOPWA Client Outcomes                             |
|------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------|
| Tenant-Based Rental Assistance                 | 27                                            | 17                                                                                                                          | 1 Emergency Shelter/Streets                                                                             | 2 | Unstable Arrangements                                 |
|                                                |                                               |                                                                                                                             | 2 Temporary Housing                                                                                     | 4 | Temporarily Stable, with Reduced Risk of Homelessness |
|                                                |                                               |                                                                                                                             | 3 Private Housing                                                                                       | 1 | Stable/Permanent Housing (PH)                         |
|                                                |                                               |                                                                                                                             | 4 Other HOPWA                                                                                           |   |                                                       |
|                                                |                                               |                                                                                                                             | 5 Other Subsidy                                                                                         | 4 |                                                       |
|                                                |                                               |                                                                                                                             | 6 Institution                                                                                           |   |                                                       |
|                                                |                                               |                                                                                                                             | 7 Jail/Prison                                                                                           | 1 | Unstable Arrangements                                 |
|                                                |                                               |                                                                                                                             | 8 Disconnected/Unknown                                                                                  | 3 |                                                       |
|                                                |                                               |                                                                                                                             | 9 Death                                                                                                 | 2 | Life Event                                            |
| Permanent Supportive Housing Facilities/ Units | 0                                             | 0                                                                                                                           | 1 Emergency Shelter/Streets                                                                             |   | Unstable Arrangements                                 |
|                                                |                                               |                                                                                                                             | 2 Temporary Housing                                                                                     |   | Temporarily Stable, with Reduced Risk of Homelessness |
|                                                |                                               |                                                                                                                             | 3 Private Housing                                                                                       |   | Stable/Permanent Housing (PH)                         |
|                                                |                                               |                                                                                                                             | 4 Other HOPWA                                                                                           |   |                                                       |
|                                                |                                               |                                                                                                                             | 5 Other Subsidy                                                                                         |   |                                                       |
|                                                |                                               |                                                                                                                             | 6 Institution                                                                                           |   |                                                       |
|                                                |                                               |                                                                                                                             | 7 Jail/Prison                                                                                           |   | Unstable Arrangements                                 |
|                                                |                                               |                                                                                                                             | 8 Disconnected/Unknown                                                                                  |   |                                                       |
|                                                |                                               |                                                                                                                             | 9 Death                                                                                                 |   | 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: Number of Households that exited this HOPWA Program; their Housing Status after Exiting |  | [4] HOPWA Client Outcomes                            |
|----------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|------------------------------------------------------|
| Transitional/ Short-Term Housing Facilities/ Units | 0                                             |                                                                                                                             | 1 Emergency Shelter/Streets                                                                             |  | Unstable Arrangements                                |
|                                                    |                                               |                                                                                                                             | 2 Temporary Housing                                                                                     |  | Temporarily Stable with Reduced Risk of Homelessness |
|                                                    |                                               |                                                                                                                             | 3 Private Housing                                                                                       |  | Stable/Permanent Housing (PH)                        |
|                                                    |                                               |                                                                                                                             | 4 Other HOPWA                                                                                           |  |                                                      |
|                                                    |                                               |                                                                                                                             | 5 Other Subsidy                                                                                         |  |                                                      |
|                                                    |                                               |                                                                                                                             | 6 Institution                                                                                           |  |                                                      |
|                                                    |                                               |                                                                                                                             | 7 Jail/Prison                                                                                           |  | Unstable Arrangements                                |
|                                                    |                                               |                                                                                                                             | 8 Disconnected/unknown                                                                                  |  |                                                      |
|                                                    |                                               |                                                                                                                             | 9 Death                                                                                                 |  | Life Event                                           |

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

0

## 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 or subrecipient's best assessment for stability at the end of the operating year.

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

At the bottom of the chart:

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

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

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

### Assessment of Households that Received STRMU Assistance

| [1] Output: Total number of households                                                                                                                                                                                                                               | [2] Assessment of Housing Status                                                                                                                            |    | [3] HOPWA Client Outcomes                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------------------------------------------------------|
| 29                                                                                                                                                                                                                                                                   | <b>Maintain Private Housing <u>without</u> subsidy</b><br>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)  | 21 | Stable/Permanent Housing (PH)                         |
|                                                                                                                                                                                                                                                                      | <b>Other Private Housing without subsidy</b><br>(e.g. client switched housing units and is now stable, not likely to seek additional support)               | 2  |                                                       |
|                                                                                                                                                                                                                                                                      | Other HOPWA Housing Subsidy Assistance                                                                                                                      |    |                                                       |
|                                                                                                                                                                                                                                                                      | Other Housing Subsidy (PH)                                                                                                                                  |    |                                                       |
|                                                                                                                                                                                                                                                                      | <b>Institution</b><br>(e.g. residential and long-term care)                                                                                                 |    |                                                       |
|                                                                                                                                                                                                                                                                      | Likely that additional STRMU is needed to maintain current housing arrangements                                                                             |    | Temporarily Stable, with Reduced Risk of Homelessness |
|                                                                                                                                                                                                                                                                      | <b>Transitional Facilities/Short-term</b><br>(e.g. temporary or transitional arrangement)                                                                   |    |                                                       |
|                                                                                                                                                                                                                                                                      | <b>Temporary/Non-Permanent Housing arrangement</b><br>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days) | 3  |                                                       |
|                                                                                                                                                                                                                                                                      | Emergency Shelter/street                                                                                                                                    |    | Unstable Arrangements                                 |
|                                                                                                                                                                                                                                                                      | Jail/Prison                                                                                                                                                 |    |                                                       |
|                                                                                                                                                                                                                                                                      | Disconnected                                                                                                                                                | 3  |                                                       |
|                                                                                                                                                                                                                                                                      | Death                                                                                                                                                       |    | Life 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).        |                                                                                                                                                             |    | unknown                                               |
| 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). |                                                                                                                                                             |    | unknown                                               |

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

#### 1a. Total Number of Households

Line [1]: For project sponsors/subrecipients 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/subrecipients that did NOT provide HOPWA housing subsidy assistance identify in the appropriate row the number of households that received HOPWA funded case management services.

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

| Total Number of Households                                                                                                                                                               |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>1. For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance:</b> 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                                                                                  | 57        |
| b. Case Management                                                                                                                                                                       | 28        |
| c. Adjustment for duplication (subtraction)                                                                                                                                              | 30        |
| <b>d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)</b>                                                      | <b>57</b> |
| <b>2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded service: |           |
| a. HOPWA Case Management                                                                                                                                                                 |           |
| <b>b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance</b>                                                                                   |           |

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

Column [1]: Of the households identified as receiving services from project sponsors/subrecipients 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 program year.

Column [2]: Of the households identified as receiving services from project sponsors/subrecipients 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 program 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/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following: | [2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following: | Outcome Indicator          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| 1. Has a housing plan for maintaining or establishing stable on-going housing                                                                                                                              | 17                                                                                                                                             |                                                                                                                                                       | 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) | 28                                                                                                                                             |                                                                                                                                                       | Access to Support          |
| 3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan                                                                              | 25                                                                                                                                             |                                                                                                                                                       | Access to Health Care      |
| 4. Accessed and maintained medical insurance/assistance                                                                                                                                                    | 28                                                                                                                                             |                                                                                                                                                       | Access to Health Care      |
| 5. Successfully accessed or maintained qualification for sources of income                                                                                                                                 | 23                                                                                                                                             |                                                                                                                                                       | Sources of Income          |

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

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

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

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

**1c. Households that Obtained Employment**

Column [1]: Of the households identified as receiving services from project sponsors/subrecipients 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/subrecipients 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/subrecipients 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/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following: | [2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following: |
|------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Total number of households that obtained an income-producing job | 5                                                                                                                                              |                                                                                                                                                       |

**End of PART 4**

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

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

| <b>Permanent Housing Subsidy Assistance</b>                     | <b>Stable Housing</b><br>(# of households remaining in program plus 3+4+5+6) | <b>Temporary Housing</b><br>(2)                              | <b>Unstable Arrangements</b><br>(1+7+8) | <b>Life Event</b><br>(9) |
|-----------------------------------------------------------------|------------------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------|--------------------------|
| Tenant-Based Rental Assistance (TBRA)                           | 20                                                                           | 1                                                            | 3                                       | 2                        |
| Permanent Facility-based Housing Assistance/Units               |                                                                              |                                                              |                                         |                          |
| Transitional/Short-Term Facility-based Housing Assistance/Units |                                                                              |                                                              |                                         |                          |
| <b>Total Permanent HOPWA Housing Subsidy Assistance</b>         | 17                                                                           |                                                              |                                         |                          |
| <b>Reduced Risk of Homelessness: Short-Term Assistance</b>      | <b>Stable/Permanent Housing</b>                                              | <b>Temporarily Stable, with Reduced Risk of Homelessness</b> | <b>Unstable Arrangements</b>            | <b>Life Events</b>       |
| Short-Term Rent, Mortgage, and Utility Assistance (STRMU)       | 25                                                                           | 3                                                            | 1                                       | 0                        |
| <b>Total HOPWA Housing Subsidy Assistance</b>                   | 25                                                                           |                                                              |                                         |                          |

### Background on HOPWA Housing Stability Codes

#### Stable Permanent Housing/Ongoing Participation

3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self-sufficient arrangements) with reasonable expectation that additional support is not needed.

4 = Other HOPWA-funded housing subsidy assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.

5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).

6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

#### Temporary Housing

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

#### Unstable Arrangements

1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).

7 = Jail /prison.

8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

#### Life Event

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

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

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

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

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

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

**End of PART 5**

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

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

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

**Note:** See definition of Stewardship Units.

**1. General information**

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

**2. Number of Units and Non-HOPWA Expenditures**

| Facility Name:                                                     | Number of Stewardship Units Developed with HOPWA funds | Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year |
|--------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| Total Stewardship Units<br>(subject to 3- or 10- year use periods) | 0                                                      | 0                                                                                                |

**3. Details of Project Site**

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

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

*I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.*

|                                                                                                             |                                |
|-------------------------------------------------------------------------------------------------------------|--------------------------------|
| Name & Title of Authorized Official of the organization that continues to operate the facility:             | Signature & Date (mm/dd/yy)    |
| Name & Title of Contact at Grantee Agency<br>(person who can answer questions about the report and program) | Contact Phone (with area code) |

**End of PART 6**

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

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

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

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

| Individuals Served with Housing Subsidy Assistance                                                             | Total |
|----------------------------------------------------------------------------------------------------------------|-------|
| Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance. | 104   |

**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.                                                                                                 | <u>Continuing</u> to receive HOPWA support from the prior operating year                                                                                                                  | 15                                                                    |
| <b>New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year</b> |                                                                                                                                                                                           |                                                                       |
| 2.                                                                                                 | Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)                                                                | 1                                                                     |
| 3.                                                                                                 | Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)                                                                                         |                                                                       |
| 4.                                                                                                 | Transitional housing for homeless persons                                                                                                                                                 |                                                                       |
| 5.                                                                                                 | <b>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)</b> |                                                                       |
| 6.                                                                                                 | Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)                                                                                        | 5                                                                     |
| 7.                                                                                                 | Psychiatric hospital or other psychiatric facility                                                                                                                                        |                                                                       |
| 8.                                                                                                 | Substance abuse treatment facility or detox center                                                                                                                                        | 7                                                                     |
| 9.                                                                                                 | Hospital (non-psychiatric facility)                                                                                                                                                       |                                                                       |
| 10.                                                                                                | Foster care home or foster care group home                                                                                                                                                |                                                                       |
| 11.                                                                                                | Jail, prison or juvenile detention facility                                                                                                                                               | 1                                                                     |
| 12.                                                                                                | Rented room, apartment, or house                                                                                                                                                          | 42                                                                    |
| 13.                                                                                                | House you own                                                                                                                                                                             |                                                                       |
| 14.                                                                                                | Staying or living in someone else's (family and friends) room, apartment, or house                                                                                                        | 5                                                                     |
| 15.                                                                                                | Hotel or motel paid for without emergency shelter voucher                                                                                                                                 | 1                                                                     |
| 16.                                                                                                | Other                                                                                                                                                                                     |                                                                       |
| 17.                                                                                                | Don't Know or Refused                                                                                                                                                                     |                                                                       |
| 18.                                                                                                | <b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)</b>                                                                                                                | 62                                                                    |

### c. Homeless Individual Summary

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

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

## Section 2. Beneficiaries

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

**Note:** See definition of HOPWA Eligible Individual

**Note:** See definition of Transgender.

**Note:** See definition of Beneficiaries.

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

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

| Individuals and Families Served with HOPWA Housing Subsidy Assistance                                                                                                                                     | Total Number |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a.) | 57           |
| 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           | 1            |
| 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                    | 4            |
| 4. <b>TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, &amp; 3)</b>                                                                                      | 62           |

**b. Age and Gender**

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

| HOPWA Eligible Individuals (Chart a, Row 1)     |                            |                                 |                                 |                                |                      |                                 |
|-------------------------------------------------|----------------------------|---------------------------------|---------------------------------|--------------------------------|----------------------|---------------------------------|
|                                                 |                            | A.                              | B.                              | C.                             | D.                   | E.                              |
|                                                 |                            | Male                            | Female                          | Transgender M to F             | Transgender F to M   | TOTAL (Sum of Columns A-D)      |
| 1.                                              | Under 18                   |                                 |                                 | <input type="text"/>           | <input type="text"/> | <input type="text"/>            |
| 2.                                              | 18 to 30 years             | <input type="text" value="2"/>  | <input type="text"/>            | <input type="text"/>           | <input type="text"/> | <input type="text" value="2"/>  |
| 3.                                              | 31 to 50 years             | <input type="text" value="16"/> | <input type="text" value="1"/>  | <input type="text"/>           | <input type="text"/> | 17                              |
| 4.                                              | 51 years and Older         | 27                              | <input type="text" value="7"/>  | <input type="text" value="4"/> | <input type="text"/> | <input type="text" value="38"/> |
| 5.                                              | Subtotal (Sum of Rows 1-4) | <input type="text" value="45"/> | <input type="text" value="8"/>  | <input type="text" value="4"/> | <input type="text"/> | <input type="text" value="57"/> |
| All Other Beneficiaries (Chart a, Rows 2 and 3) |                            |                                 |                                 |                                |                      |                                 |
|                                                 |                            | A.                              | B.                              | C.                             | D.                   | E.                              |
|                                                 |                            | Male                            | Female                          | Transgender M to F             | Transgender F to M   | TOTAL (Sum of Columns A-D)      |
| 6.                                              | Under 18                   | <input type="text" value="1"/>  | <input type="text" value="2"/>  | <input type="text"/>           | <input type="text"/> | <input type="text" value="2"/>  |
| 7.                                              | 18 to 30 years             | <input type="text"/>            | <input type="text" value="2"/>  | <input type="text"/>           | <input type="text"/> | <input type="text" value="1"/>  |
| 8.                                              | 31 to 50 years             | <input type="text" value="1"/>  | <input type="text"/>            | <input type="text"/>           | <input type="text"/> | <input type="text"/>            |
| 9.                                              | 51 years and Older         | <input type="text"/>            | <input type="text"/>            | <input type="text"/>           | <input type="text"/> | <input type="text"/>            |
| 10.                                             | Subtotal (Sum of Rows 6-9) | <input type="text" value="1"/>  | <input type="text" value="4"/>  | <input type="text"/>           | <input type="text"/> | <input type="text" value="5"/>  |
| Total Beneficiaries (Chart a, Row 4)            |                            |                                 |                                 |                                |                      |                                 |
| 11.                                             | TOTAL (Sum of Rows 5 & 10) | <input type="text" value="46"/> | <input type="text" value="12"/> | <input type="text" value="4"/> | <input type="text"/> | <input type="text" value="62"/> |

### c. Race and Ethnicity\*

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

| Category                                                                                                                                                   |                                                            | HOPWA Eligible Individuals                                                    |                                                                | All Other Beneficiaries                                                                    |                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|
|                                                                                                                                                            |                                                            | [A] Race<br>[all individuals<br>reported in<br>Section 2, Chart<br>a., Row 1] | [B] Ethnicity<br>[Also identified as<br>Hispanic or<br>Latino] | [C] Race<br>[total of<br>individuals<br>reported in<br>Section 2, Chart<br>a., Rows 2 & 3] | [D] Ethnicity<br>[Also identified as<br>Hispanic or<br>Latino] |
| 1.                                                                                                                                                         | American Indian/Alaskan Native                             |                                                                               |                                                                |                                                                                            |                                                                |
| 2.                                                                                                                                                         | Asian                                                      |                                                                               |                                                                |                                                                                            |                                                                |
| 3.                                                                                                                                                         | Black/African American                                     | 6                                                                             |                                                                |                                                                                            |                                                                |
| 4.                                                                                                                                                         | Native Hawaiian/Other Pacific Islander                     |                                                                               |                                                                |                                                                                            | 5                                                              |
| 5.                                                                                                                                                         | White                                                      | 51                                                                            | 30                                                             | 5                                                                                          | 3                                                              |
| 6.                                                                                                                                                         | American Indian/Alaskan Native & White                     |                                                                               |                                                                |                                                                                            |                                                                |
| 7.                                                                                                                                                         | Asian & White                                              |                                                                               |                                                                |                                                                                            |                                                                |
| 8.                                                                                                                                                         | Black/African American & White                             |                                                                               |                                                                |                                                                                            |                                                                |
| 9.                                                                                                                                                         | American Indian/Alaskan Native &<br>Black/African American |                                                                               |                                                                |                                                                                            |                                                                |
| 10.                                                                                                                                                        | Other Multi-Racial                                         |                                                                               |                                                                |                                                                                            |                                                                |
| 11.                                                                                                                                                        | Column Totals (Sum of Rows 1-10)                           | 57                                                                            | 30                                                             | 5                                                                                          | 10                                                             |
| <b>Data Check:</b> Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a., Row 4. |                                                            |                                                                               |                                                                |                                                                                            |                                                                |

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

### Section 3. Households

#### Household Area Median Income

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

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

**Note:** Refer to [http://www.huduser.org/portal/datasets/il/il2010/select\\_Geography\\_mfi.odn](http://www.huduser.org/portal/datasets/il/il2010/select_Geography_mfi.odn) for information on area median income in your community.

| Percentage of Area Median Income |                                             | Households Served with HOPWA Housing Subsidy Assistance |
|----------------------------------|---------------------------------------------|---------------------------------------------------------|
| 1.                               | 0-30% of area median income (extremely low) | 51                                                      |
| 2.                               | 31-50% of area median income (very low)     | 6                                                       |
| 3.                               | 51-80% of area median income (low)          |                                                         |
| 4.                               | <b>Total (Sum of Rows 1-3)</b>              | 57                                                      |

**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 or subrecipient should complete Part 6: Annual Certification of 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/Subrecipient Agency Name (Required)**

|  |
|--|
|  |
|--|

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

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

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

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

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

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

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

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

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

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

### 3a. Check one only

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

### 3b. Type of Facility

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

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

| Type of housing facility operated by the project sponsor/subrecipient |                                                       | Total Number of Units in use during the Operating Year<br>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<br><u>Specify:</u>             |                                                                                                           |        |        |        |        |        |

## 4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor/subrecipient 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/subrecipient |
|-----------------------------------------------------|----------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------------|
| a.                                                  | Leasing Costs                                                                    |                              |                                                                                          |
| b.                                                  | Operating Costs                                                                  |                              |                                                                                          |
| c.                                                  | Project-Based Rental Assistance (PBRA) or other leased units                     |                              |                                                                                          |
| d.                                                  | Other Activity (if approved in grant agreement) <u>Specify:</u>                  |                              |                                                                                          |
| e.                                                  | Adjustment to eliminate duplication (subtract)                                   |                              |                                                                                          |
| f.                                                  | TOTAL Facility-Based Housing Assistance<br>(Sum Rows a. through d. minus Row e.) |                              |                                                                                          |