# 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

| | | | | |
|---|---|---|---|---|
| **HUD Grant Number**<br>ARH13-F001 | | **Operating Year for this report**<br>*From (mm/dd/yy)* 1/1/2014 *To (mm/dd/yy)* 12/31/2014 | | |
| **Grantee Name**<br>City of Little Rock | | | | |
| **Business Address** | 500 W. Markham, Suite 120 W | | | |
| **City, County, State, Zip** | Little Rock | Pulaski | AR | 72201-1428 |
| **Employer Identification Number (EIN) or Tax Identification Number (TIN)** | 71-6014465 | | | |
| **DUN & Bradstreet Number (DUNs):** | 82-835-7660 | **Central Contractor Registration (CCR):**<br>**Is the grantee's CCR status currently active?**<br>☐ Yes ☐ No<br>**If yes, provide CCR Number:** | | |
| **Congressional District of Grantee's Business Address** | 2nd | | | |
| ***Congressional District of Primary Service Area(s)** | 2nd | | | |
| ***City(ies) and County(ies) of Primary Service Area(s)** | **Cities:** Little Rock | **Counties:** Pulaski , Saline, Grant, Faulkner, Perry, Lonoke | | |
| **Organization's Website Address**<br>WWW.littlerock.org | **Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area?** ☐ Yes X 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.*

| | | | |
|---|---|---|---|
| **Project Sponsor Agency Name**<br>Arkansas AIDS Foundation, Inc. | | **Parent Company Name, *if applicable***<br>N/A | |
| **Name and Title of Contact at Project Sponsor Agency** | Portia Knowlton, Executive Director | | |
| **Email Address** | Araidsfoundation92@gmail.com | | |
| **Business Address** | 523 Louisiana Street, Suite 303 | | |
| **City, County, State, Zip,** | Little Rock, Pulaski, AR 72201 | | |
| **Phone Number *(with area code)*** | (501) 376-6299 | | |
| **Employer Identification Number (EIN) or Tax Identification Number (TIN)** | 71-0739137 | **Fax Number (with area code)**<br>(501) 376-6544 | |
| **DUN & Bradstreet Number (DUNs):** | 83-045-2173 | | |
| **Congressional District of Project Sponsor's Business Address** | 2nd | | |
| **Congressional District(s) of Primary Service Area(s)** | 2nd | | |
| **City(ies) and County(ies) of Primary Service Area(s)** | **Cities:** Pulaski : Little Rock, North Little Rock, Jacksonville, Sherwood, Maumelle, Alexander, Cammack Village, and Wrightsville.<br><br>Saline: Benton, Bryant, Bauxite, Alexander, Haskell, Shannon Hills, and Traskwood.<br><br>Lonoke: Lonoke, Cabot, Carlisle, England, Ward, Austin, Keo, Coy, Humnoke, and Allport<br><br>Grant: Sheridan, Poyen, Prattsville, Leola, and Tull<br><br>Faulkner: Conway, Greenbrier, Vilonia, Mayflower, Enola, Quitman, Guy, Holland, Wooster, Mount Vernon, and Twin Groves<br><br>Perry: Perryville, Casa, Bigelow, Adona, Perry, Houston, Fourche | **Counties:**<br>Pulaski, Saline, Lonoke, Grant, Faulkner, Perry | |
| **Total HOPWA contract amount for this Organization for the operating year** | $386,500.00 | | |
| **Organization's Website Address** | Arkansasaidsfoundation.org | | |
| **Is the sponsor a nonprofit organization?** X Yes ☐ No<br>*Please check if yes and a faith-based organization.* ☐<br>*Please check if yes and a grassroots organization.* ☐ | | **Does your organization maintain a waiting list?** X Yes ☐ No<br>**If yes, explain in the narrative section how this list is administered.**<br>The list is administered by date order of receiving application. | |

## 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.*

In 2011, The City of Little Rock became a HOPWA Grantee. Since then the City has received $1,577,484 in HOPWA funds. The City of Little Rock utilized HOPWA funds to administer programs that included the following to assist People Living With AIDS:

- Supportive Services- services that provide housing case management, assessment, and counseling
- Short-Term Rental, Mortgage, Utility Assistance (STRMU) - a housing subsidy that strives to prevent homelessness of tenant of mortgagor in their current place of residence.
- Tenant-Based Rental Assistance (TBRA) –a housing subsidy that provides rental assistance.
- Housing Information and Resource Identification- includes counseling, information, and referral services to assist with housing.

The project sponsor for this program year is Arkansas AIDS Foundation (AAF). Portia Cheatham Knowlton is the Executive Director. The sole purpose of the Arkansas AIDS Foundation, is to provide safe, secure and stable housing to HIV/AIDS clients in Pulaski, Conway, Faulkner, Perry, Saline and Grant counties.

The HOPWA funding enables AAF with the necessary resources and incentives to devise long-term strategies for meeting the housing needs of low-income persons living with HIV/AIDS and their families. Providing housing assistance and related support services for HOPWA-eligible clients will reduce the risks of homelessness for this population and increase access to appropriate healthcare and other support.

Research clearly shows that homelessness, HIV disease, and access to appropriate healthcare are fundamentally interconnected. Improvements in drug therapies and medical care are reducing the number of deaths from AIDS. People with HIV/AIDS are living longer and increasing the demand for supportive housing. The total assisted by AAF increased in 2014.

### 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.

During the reporting period, AAF utilized its HOPWA funds to provide STRMU, TBRA, and Permanent Housing Placement. This year the number of people that received assistance doubled from 2013. A majority of the clients accomplished their goals that they established during enrollment. The TBRA funds were distributed for amongst all age ranges but majority of people who needed assistance from TBRA were ages 31-50. In August 2013, AAF was awarded $386,500 from the 2013 Request for Proposal (RFP) process. The contract was executed in October 2013. HOPWA funds were awarded for the following programs:

- 65 %--Tenant Based Rental Assistance (TBRA)
- 8%--Short-Term Rent, Mortgage and Utilities Assistance (STRMU)
- 5%--Permanent Housing Placement (PHP)
- 15%--Supportive Services
- 7%--Administrative

**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.

AAF has endeavored to enhance suitable, sustainable living environments by providing STRMU and TBRA assistance.

Objective: Suitable Living Environment – Client Services Coordinator has conducted home visits to evaluate the safety and well-being of clients as well as working with clients to create comprehensive housing care plans.

Objective: Decent Housing – Client Services Coordinator performs HQS inspections to check for sub-standard living conditions and to ensure a minimal housing quality standard is in place. If unit does not meet housing quality standard we inform landlord to bring unit up to standard. Quarterly inspections are conducted to make sure unit continues to be a safe, decent, and sanitary environment. This helped in identifying small problems before they become major. Also encouraged clients to notify landlords of potential problems.

Objective: Economic Opportunity – Client Services Coordinator has collaborated with clients to assist them in employment seeking activities. In addition budget counseling has been provided to help meet client financial obligations. This year we encouraged clients to get involve by volunteering and participate in some of AAF other programs.

Upon entering the HOPWA program, each client is asked to complete an Individualized Housing Plan stating intended goals and ways to achieve these goals, noting any barriers that may prevent them from meeting their goals and ways in which to overcome these barriers.

**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.

AAF was able to partner with various organization such as AR-Care, Jefferson Comprehensive Care, and Better Community Development (BCD). If they have a client that is in our area, they can recommend them to Arkansas AIDS Foundation so that they can receive assistance. If our agency has walk-ins and we do not offer the assistance they are requiring then we are able to direct them to other agencies. BCD assisted a few of our clients to quit smoking.

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

Training on data collection methods, data reporting, and accurate completion of the APR and CAPER, as well as a training session on all HOPWA guidelines and programs is still needed. The City has contacted HUD for Technical Assistance and is currently working with a TA Provider.

**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.

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

City of Little Rock – Grantee

A barrier to the management of the HOPWA program is in-person training. Staff is working with HUD TA Provider to provide technical assistance and training.

Arkansas AIDS Foundation (AAF) – Project Sponsor

Many in the community are not aware that the City of Little Rock has HOPWA funds for Central Arkansas and AAF is the Project Sponsor. The City conducted public hearings in each of the five counties to inform the community about HOPWA Program. We attended each public hearing and presented information about our program and answered questions.

Housing affordability and availability still continues to be an issue in some areas within our district. While clients are required to apply for other forms of housing, i.e section 8, public assistance, and so forth, and be removed from HOPWA upon acceptance, this does not always occur. This can be due to shortage of other federal and state program funding and the ease of our HOPWA program.

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

There are two trends that we have identified. The first is the increase in the number of households that need HOPWA assistance. We currently have 20 clients on the TBRA waiting list. This number could easily have doubled throughout the 2014 year.

The second is the increase in the number of clients who has learning or other clinical diagnosis, such as being disabled and having to get out on their own with little or no income. The funding needed to provide services for these groups is more than the average client. The subsidy amounts are typically higher due to their income. They require more services from our agency and other agencies in order to maintain stable housing. Individuals with learning disabilities have more problems navigating human and social service applications and following instructions and a few of our clients cannot read very well, which limits communication.

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

https://www.hudexchange.info/hopwa

**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.

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. | 20 |
| 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)<br>• Assistance with rental costs<br>• Assistance with mortgage payments<br>• Assistance with utility costs.<br><br>c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities | 20 |

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

| | |
|---|---|
| X | **= 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**
   The City of Little Rock did not obtain any funds to leverage with the HOPWA program this program year.

**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

| | HOPWA Performance Planned Goal and Actual | [1] Output: Households | | | | [2] Output: Funding | |
|---|---|---|---|---|---|---|---|
| | | HOPWA Assistance | | Leveraged Households | | HOPWA Funds | |
| | | a. | b. | c. | d. | e. | f. |
| | | Goal | Actual | Goal | Actual | HOPWA Budget | HOPWA Actual |
| | **HOPWA Housing Subsidy Assistance** | [1] Output: Households | | | | [2] Output: Funding | |
| 1. | Tenant-Based Rental Assistance | 65 | 52 | | | 191,326.85 | 156,224.06 |
| 2a. | **Permanent Housing Facilities:** Received Operating Subsidies/Leased units (Households Served) | | | | | | |
| 2b. | **Transitional/Short-term Facilities:** Received Operating Subsidies/Leased units (Households Served) (Households Served) | | | | | | |
| 3a. | **Permanent Housing Facilities:** Capital Development Projects placed in service during the operating year (Households Served) | | | | | | |
| 3b. | **Transitional/Short-term Facilities:** Capital Development Projects placed in service during the operating year (Households Served) | | | | | | |
| 4. | Short-Term Rent, Mortgage and Utility Assistance | 60 | 56 | | | 30,000.00 | 29,464.32 |
| 5. | Permanent Housing Placement Services | 36 | 24 | | | 17,500.00 | 13,836.00 |
| 6. | Adjustments for duplication (subtract) | | | | | | |
| 7. | **Total HOPWA Housing Subsidy Assistance (Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)** | 161 | 132 | | | 238,826.85 | 199,524.38 |
| | **Housing Development (Construction and Stewardship of facility based housing)** | [1] Output: Housing Units | | | | [2] Output: Funding | |
| 8. | Facility-based units; Capital Development Projects not yet opened (Housing Units) | | | | | | |
| 9. | Stewardship Units subject to 3 or 10 year use agreements | | | | | | |
| 10. | **Total Housing Developed (Sum of Rows 8 & 9)** | | | | | | |
| | **Supportive Services** | [1] Output Households | | | | [2] Output: Funding | |
| 11a. | Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance | 161 | 132 | | | 38,000.00 | 37,507.37 |
| 11b. | Supportive Services provided by project sponsors/subrecipient that only provided supportive services. | | | | | | |
| 12. | Adjustment for duplication (subtract) | | | | | | |
| 13. | **Total Supportive Services (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.)** | 161 | 132 | | | 38,000.00 | 37,507.37 |
| | **Housing Information Services** | [1] Output Households | | | | [2] Output: Funding | |
| 14. | Housing Information Services | | | | | | |
| 15. | **Total Housing Information Services** | | | | | | |

| | Grant Administration and Other Activities | [1] Output Households | [2] Output: Funding | |
|---|---|---|---|---|
| 16. | Resource Identification to establish, coordinate and develop housing assistance resources | | | |
| 17. | Technical Assistance (if approved in grant agreement) | | | |
| 18. | Grantee Administration (maximum 3% of total HOPWA grant) | | 9,076.44 | 141.85 |
| 19. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | 19,500.00 | 19,448.29 |
| 20. | **Total Grant Administration and Other Activities (Sum of Rows 16 – 19)** | | 28,576.44 | 19,590.14 |

| | Total Expended | [2] Outputs: HOPWA Funds Expended | |
|---|---|---|---|
| | | Budget | Actual |
| 21. | **Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)** | 296,326.85 | 256.621.89 |

## 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 Households | [2] Output: Amount of HOPWA Funds Expended |
|---|---|---|---|
| 1. | Adult day care and personal assistance | | |
| 2. | Alcohol and drug abuse services | | |
| 3. | Case management | 132 | 37,507.37 |
| 4. | Child care and other child services | | |
| 5. | Education | | |
| 6. | Employment assistance and training | | |
| 7. | Health/medical/intensive care services, if approved<br>Note: Client records must conform with 24 CFR §574.310 | | |
| 8. | Legal services | | |
| 9. | Life skills management (outside of case management) | | |
| 10. | Meals/nutritional services | | |
| 11. | Mental health services | | |
| 12. | Outreach | | |
| 13. | Transportation | | |
| 14. | Other Activity (if approved in grant agreement). **Specify:** | | |
| 15. | **Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)** | | |
| 16. | **Adjustment for Duplication (subtract)** | | |
| 17. | **TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)** | 132 | 37,507.37 |

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

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

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

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

| Housing Subsidy Assistance Categories (STRMU) | | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended on STRMU during Operating Year |
|---|---|---|---|
| a. | **Total Short-term mortgage, rent and/or utility (STRMU) assistance** | 56 | 29,464.32 |
| b. | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY. | 1 | 284.27 |
| c. | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. | 0 | 0.00 |
| d. | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY. | 21 | 11,574.14 |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs. | 9 | 8,200.50 |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY. | 25 | 9,405.41 |
| 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** | 52 | 42 | 1 Emergency Shelter/Streets | | *Unstable Arrangements* |
| | | | 2 Temporary Housing | | *Temporarily Stable, with Reduced Risk of Homelessness* |
| | | | 3 Private Housing | 3 | *Stable/Permanent Housing (PH)* |
| | | | 4 Other HOPWA | | |
| | | | 5 Other Subsidy | | |
| | | | 6 Institution | | |
| | | | 7 Jail/Prison | | *Unstable Arrangements* |
| | | | 8 Disconnected/Unknown | 7 | |
| | | | 9 Death | | *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 Outcome |
|---|---|---|---|---|---|
| **Transitional/ Short-Term Housing Facilities/ Units** | | | 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 |
|---|---|---|---|
| 56 | **Maintain Private Housing <u>without</u> subsidy** (*e.g. Assistance provided/completed and client is stable, not likely to seek additional support*) | 40 | *Stable/Permanent Housing (PH)* |
| | **Other Private Housing without subsidy** (e.g. client switched housing units and is now stable, not likely to seek additional support) | 1 | |
| | Other HOPWA Housing Subsidy Assistance | 0 | |
| | Other Housing Subsidy (PH) | 0 | |
| | **Institution** (*e.g. residential and long-term care*) | 0 | |
| | Likely that additional STRMU is needed to maintain current housing arrangements | 13 | *Temporarily Stable, with Reduced Risk of Homelessness* |
| | **Transitional Facilities/Short-term** (e.g. *temporary or transitional arrangement*) | 0 | |
| | **Temporary/Non-Permanent Housing arrangement** (*e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days*) | 0 | |
| | Emergency Shelter/street | 0 | *Unstable Arrangements* |
| | Jail/Prison | 0 | |
| | Disconnected | 1 | |
| | Death | 1 | *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). | 4 |
| 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). | 6 |

## 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** | |
|---|---|
| 1. **For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance:** Identify the total number of households that received the following HOPWA-funded services: | |
| a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing | 132 |
| b. Case Management | 132 |
| c. Adjustment for duplication (subtraction) | -132 |
| **d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)** | 132 |
| 2. **For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance:** Identify the total number of households that received the following HOPWA-funded service: | |
| a. HOPWA Case Management | **0** |
| **b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance** | **0** |

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

Column [1]: Of the households identified as receiving services from project sponsors/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 | 132 | | *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) | 132 | | *Access to Support* |
| 3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan | 132 | | *Access to Health Care* |
| 4. Accessed and maintained medical insurance/assistance | 132 | | *Access to Health Care* |
| 5. Successfully accessed or maintained qualification for sources of income | 132 | | *Sources of Income* |

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

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

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

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

## 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 | 0 | 0 |

**End of PART 4**

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

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

| **Permanent Housing Subsidy Assistance** | **Stable Housing** (# of households remaining in program plus 3+4+5+6) | **Temporary Housing** (2) | **Unstable Arrangements** (1+7+8) | **Life Event** (9) |
|---|---|---|---|---|
| Tenant-Based Rental Assistance (TBRA) | 45 | 0 | 7 | 0 |
| Permanent Facility-based Housing Assistance/Units | 0 | 0 | 0 | 0 |
| Transitional/Short-Term Facility-based Housing Assistance/Units | 0 | 0 | 0 | 0 |
| **Total Permanent HOPWA Housing Subsidy Assistance** | 45 | 0 | 7 | 0 |
| **Reduced Risk of Homelessness: Short-Term Assistance** | **Stable/Permanent Housing** | **Temporarily Stable, with Reduced Risk of Homelessness** | **Unstable Arrangements** | **Life Events** |
| Short-Term Rent, Mortgage, and Utility Assistance (STRMU) | 41 | 13 | 1 | 1 |
| **Total HOPWA Housing Subsidy Assistance** | 86 | 13 | 8 | 1 |

**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**

The City of Little Rock did not provide any funding for Facility-Based Stewardship Units in 2014.

**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. | 132 |

### Chart b. Prior Living Situation

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

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

| Category | | Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance |
|---|---|---|
| 1. | Continuing to receive HOPWA support from the prior operating year | 22 |
| **New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year** | | |
| 2. | Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside) | |
| 3. | Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher) | 1 |
| 4. | Transitional housing for homeless persons | |
| 5. | **Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)** | 1 |
| 6. | Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab) | |
| 7. | Psychiatric hospital or other psychiatric facility | |
| 8. | Substance abuse treatment facility or detox center | |
| 9. | Hospital (non-psychiatric facility) | |
| 10. | Foster care home or foster care group home | |
| 11. | Jail, prison or juvenile detention facility | |
| 12. | Rented room, apartment, or house | 108 |
| 13. | House you own | 1 |
| 14. | Staying or living in someone else's (family and friends) room, apartment, or house | |
| 15. | Hotel or motel paid for without emergency shelter voucher | |
| 16. | Other | |
| 17. | Don't Know or Refused | |
| **18.** | **TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)** | 132 |

### 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 | 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.) | 132 |
| 2. Number of ALL other persons **diagnosed** as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance | 0 |
| 3. Number of ALL other persons **NOT diagnosed** as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy | 16 |
| **4. TOTAL number of ALL beneficiaries served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)** | 148 |

**b. Age and Gender**

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

| **HOPWA Eligible Individuals (Chart a, Row 1)** | | | | | | |
|---|---|---|---|---|---|---|
| | | **A.** | **B.** | **C.** | **D.** | **E.** |
| | | **Male** | **Female** | **Transgender M to F** | **Transgender F to M** | **TOTAL (Sum of Columns A-D)** |
| 1. | Under 18 | | | | | |
| 2. | 18 to 30 years | 22 | 5 | 0 | 0 | 27 |
| 3. | 31 to 50 years | 42 | 19 | 1 | 0 | 62 |
| 4. | 51 years and Older | 31 | 12 | 0 | 0 | 43 |
| 5. | **Subtotal (Sum of Rows 1-4)** | 95 | 36 | 1 | 0 | 132 |
| **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 | 5 | 10 | 0 | 0 | 15 |
| 7. | 18 to 30 years | 1 | 0 | 0 | 0 | 1 |
| 8. | 31 to 50 years | | | | | |
| 9. | 51 years and Older | | | | | |
| 10. | **Subtotal (Sum of Rows 6-9)** | 6 | 10 | | | 16 |
| **Total Beneficiaries (Chart a, Row 4)** | | | | | | |
| 11. | **TOTAL (Sum of Rows 5 & 10)** | 101 | 46 | 1 | 0 | 148 |

**c. Race and Ethnicity***

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

| Category | | HOPWA Eligible Individuals | | All Other Beneficiaries | |
|---|---|---|---|---|---|
| | | [A] Race [all individuals reported in Section 2, Chart a., Row 1] | [B] Ethnicity [Also identified as Hispanic or Latino] | [C] Race [total of individuals reported in Section 2, Chart a., Rows 2 & 3] | [D] Ethnicity [Also identified as Hispanic or Latino] |
| 1. | American Indian/Alaskan Native | 2 | | 4 | |
| 2. | Asian | | | | |
| 3. | Black/African American | 93 | | 7 | |
| 4. | Native Hawaiian/Other Pacific Islander | | | | |
| 5. | White | 37 | 2 | 2 | 2 |
| 6. | American Indian/Alaskan Native & White | | | | |
| 7. | Asian & White | | | | |
| 8. | Black/African American & White | | | 3 | |
| 9. | American Indian/Alaskan Native & Black/African American | | | | |
| 10. | Other Multi-Racial | | | | |
| 11. | Column Totals (Sum of Rows 1-10) | 132 | | 16 | 2 |
| ***Data Check:*** *Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a., Row 4.* | | | | | |

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

## Section 3. Households

### Household Area Median Income

Report the 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 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) | 37 |
| 2. | 31-50% of area median income (very low) | 48 |
| 3. | 51-80% of area median income (low) | 47 |
| **4.** | **Total (Sum of Rows 1-3)** | 132 |