



Housing Opportunities for Persons With AIDS (HOPWA) Program

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

FY 20-21 PORTLAND OR

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

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

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

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

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

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

In connection with the development of the Department’s standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification

Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and T-cell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client’s case management, treatment and care, in line with the signed release of information from the client.

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

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

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

Definitions

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

HOPWA Housing Subsidy Assistance		[1] Outputs: Number of Households
1.	Tenant-Based Rental Assistance	1
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units	
2b.	Transitional/Short-term Facilities: Received Operating Subsidies	
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year	
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year	
4.	Short-term Rent, Mortgage, and Utility Assistance	1
5.	Adjustment for duplication (subtract)	1
6.	TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)	1

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Short-Term Rent, Mortgage, and Utility (STRMU) Assistance: A time-limited, housing subsidy assistance designed to prevent

homelessness and increase housing stability. Grantees may provide assistance for up to 21 weeks in any 52-week period. The amount of assistance varies per client depending on funds available, tenant need and program guidelines.

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

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

Transgender: Transgender is defined as a person who identifies with, or presents as, a gender that is different from the person's gender assigned at 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: 11/30/2023)

Part 1: Grantee Executive Summary

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

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

1. Grantee Information

HUD Grant Number OR-H20F001	Operating Year for this report From (mm/dd/yy) 07/01/20 To (mm/dd/yy) 06/30/21			
Grantee Name Portland Housing Bureau, City of Portland				
Business Address	421 SW 6th Avenue, Suite 500			
City, County, State, Zip	Portland	Multnomah	OR	97204
Employer Identification Number (EIN) or Tax Identification Number (TIN)	93-6002236			
DUN & Bradstreet Number (DUNs):	054971197	System for Award Management (SAM):: Is the grantee's SAM status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide SAM Number: 3FLZ8		
Congressional District of Grantee's Business Address	1			
*Congressional District of Primary Service Area(s)	N/A			
*City(ies) and County(ies) of Primary Service Area(s)	Cities: N/A		Counties: N/A	
Organization's Website Address portlandoregon.gov/phb/	Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.			

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

2. Project Sponsor Information

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

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

Project Sponsor Agency Name Cascade AIDS Project		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency		Nicki Turk, Director of Housing & Support Services		
Email Address		nturk@capnw.org		
Business Address		520 NW Davis St. Ste #215		
City, County, State, Zip		Portland	Multnomah	OR 97209
Phone Number (with area code)		(503) 278-3827		
Employer Identification Number (EIN) or Tax Identification Number (TIN)		93-0903383	Fax Number (with area code) (503) 223-6437	
DUN & Bradstreet Number (DUNs):		180464919		
Congressional District of Project Sponsor's Business Address		1		
Congressional District(s) of Primary Service Area(s)		1, 3, 5		
City(ies) and County(ies) of Primary Service Area(s)		Cities: Portland, Gresham, Milwaukie, Beaverton, Hillsboro in Oregon State and Vancouver in Washington State		Counties: Multnomah, Washington, Clackamas in Oregon State, and Clark and Skamania in Washington State
Total HOPWA contract amount for this Organization for the operating year		1,994,139		
Organization's Website Address		www.capnw.org		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

2. Project Sponsor Information

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

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

Project Sponsor Agency Name Central City Concern		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency		Ryan Fisher Program Operations and Support Manager		
Email Address		ryan.fisher@ccconcern.org		
Business Address		232 NW 6th Ave		
City, County, State, Zip		Portland	Multnomah	OR 97209
Phone Number (with area code)		(503) 525-8483		
Employer Identification Number (EIN) or Tax Identification Number (TIN)		93-0728816	Fax Number (with area code) (503) 228-1696	
DUN & Bradstreet Number (DUNS):		054344676		
Congressional District of Project Sponsor's Business Address		1		
Congressional District(s) of Primary Service Area(s)		1, 3, 5		
City(ies) and County(ies) of Primary Service Area(s)		Cities: Portland	Counties: Multnomah	
Total HOPWA contract amount for this Organization for the operating year		\$ 75,000		
Organization's Website Address		centralcityconcern.org		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

The City of Portland's Portland Housing Bureau receives Housing Opportunities for Persons With AIDS (HOPWA) program funds as the grantee for the Portland Eligible Metropolitan Statistical Area (EMSA). HOPWA program funds for the Portland EMSA are passed to, and administered by, the City/County Joint Office of Homeless Services (JOHS), authorized by an intergovernmental agreement established in July 2016 between the City of Portland and Multnomah County.

The JOHS work is guided by the values set out within A Home for Everyone, the community plan to prevent and end homelessness – to prioritize those who are most vulnerable, to promote racial and ethnic justice, to engage the community in identifying and implementing strategies that work, to use data and hold programs accountable for outcomes, and to strengthen the overall capacity of our systems by increasing alignment, coordination, and leverage.

The JOHS was established to oversee the delivery of services to people experiencing homelessness in Multnomah County and serves four primary functions: (1) support for community-wide homelessness planning efforts through A Home for Everyone; (2) contracting City, County, and certain state and federal funds to some 40 non-profit providers delivering a wide range of homeless and housing services; (3) overseeing the development and operations of the community's emergency shelter capacity; and (4) serving as the HUD Continuum of Care "Lead Agency".

HOPWA program funds are distributed to two contracted Project Sponsors, Cascade AIDS Project and Central City Concern, that oversee the delivery of housing assistance and related supportive services to low-income persons living with HIV/AIDS (PLWHA) and their families.

Cascade AIDS Project (CAP) is the oldest and largest community-based provider of HIV services, housing, education and advocacy in Oregon and Southwest Washington. Through this grant, CAP provides supportive housing using tenant-based rental assistance (TBRA), Short-term Rent, Mortgage, and Utility Assistance (STRMU), Transitional/Short-term Facilities Operations, Permanent Housing Facilities Operations, Permanent Housing Placement, Administration, and Supportive Services, including case management, employment and training, and limited household supplies to new permanent housing residents.

Central City Concern (CCC) is a nonprofit agency serving single adults and families in the Portland metro area who are impacted by homelessness, poverty and addictions. CCC's Supportive Housing Program combines housing with health and recovery services, as well as on-site resident services. All CCC's Supportive Housing programs have on-site staff and an array of resident services, including new move-in orientation, tenant education, eviction prevention, community building and service coordination. Through this grant, CCC provides Project-based Rental Assistance to HOPWA-eligible households.

The Portland EMSA consists of seven counties in Oregon and Southwest Washington, which consists of Multnomah, Washington, Clackamas, Columbia and Yamhill counties in Oregon, as well as Clark and Skamania counties in Washington.

According to the Oregon Health Authority, as of December 31, 2019, a total of 6,076 persons living with HIV/AIDS (PLWHA) resided in the Portland EMSA. Nearly two-fifths of PLWHA live on incomes below the Federal Poverty Level, compared to one-fifth of the general population. Additionally, among the Portland EMSA, 30% of newly diagnosed HIV cases were temporarily or unstably housed in 2020.

In FY 20-21, the community continued to assist PLWHA in moving to permanent housing and supporting their ability to retain that housing. In total, 298 households received supportive services and rent assistance.

Waiting List Administration

CAP is the only Project Sponsor that maintains a waitlist. CAP's Supportive Housing Program applicants are screened and placed on a waitlist for emergency, short-term, and long-term housing programs, based on program availability, program eligibility and unit availability. There are currently 322 households on the waitlist (307 in Oregon and 15 in SW

Washington) that are either homeless or at risk of homelessness. Households with a severe medical need, fleeing domestic violence, and families with children are prioritized. HIV Prevention and Care (HPAC) households eligible for subsidized housing assistance through Project-based Rental Assistance (PBRA) and TBRA are placed on a waiting list until funding becomes available.

b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

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

Project Sponsors met or exceeded annual goals for the number of households served with TBRA, STRMU, Supportive Services and all HOPWA program PBRA and Project-Based Voucher (PBV) units were filled during this operating year. Project Sponsors saw a continued increase in the demand for eviction prevention/STRMU as well as an increase in households experiencing job loss or inability to work due to the ongoing COVID-19 pandemic.

During the operating year, HOPWA program funds were distributed among the different categories as follows:

- 20% Supportive Services
- 35% TBRA
- 27% PBRA
- 11% STRMU
- 1% Permanent Housing Placement
- 6% Project Sponsor Administration
- <1% Grantee Administration

Funds were geographically distributed based on HIV/AIDS prevalence. CAP serves the entire Portland EMSA and receives almost the entirety of the entitlement, except \$71,624 that went to the Project Sponsor, Central City Concern (CCC) and the Grantee Administration. CAP received HOPWA-CV funds to provide increased supportive services, TBRA, and medical hotel/motel vouchers for households who might need to isolate due to COVID-19.

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.

All Project Sponsor programs have been successful in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe and sanitary. All of the beneficiaries were either homeless or at risk of homelessness when they entered the program.

Successful strategies for helping households maintain housing include creating and maintaining positive relationships with landlords to help avoid terminations and eviction. The CCC Resident Services Coordinator (RSC), continues to prioritize building relationships with tenants and fostering a safe and healthy community environment leading to increased coordination with community partners and subsequent decreases in tenant isolation. Many housing participants also benefit from other supportive services offered by Project Sponsors such as housing readiness/tenant education, culturally specific navigation services, and peer mentors, as well as Bridges to Work, CAP's employment program. CCC Resident Services Coordinator increased coordination with our community partners and subsequent decreases in tenant isolation. Additionally, Housing Case Managers are paired or teamed up with Medical Case Managers for more streamlined care.

Project Sponsors continue to work with zero income households to increase their income. In the previous operating year 35% of households accessed or maintained qualification for sources of income and in this operating year that percentage decreased to 34%. Households continue to report loss of income or employment, ascribable to the COVID-19 pandemic, reducing their ability to pay a tenant portion, and creating an increased need for support from staff and financial assistance from their housing program/subsidy. Many TBRA households have required recertification of rent due to lost or greatly reduced income. Income losses among assisted households increased subsidy costs, reducing the number of households Project Sponsors are able to assist without additional funding to cover these costs. Households on fixed incomes also face

closed doors at places they had previously accessed for assistance as well as cancellations and postponements for SSDI applications or appeals.

Of the 66 households served with PBRA, during the operating year, three households moved within the PBRA units reflected in those individual facilities in Part 7B, and are not duplicated in Part 3. This operating year, households served with hotel/motel vouchers are categorized under Transitional/Short-term housing. Separating that out between transitional housing and people who received medical motel vouchers due to COVID-19, one of three households served in a transitional housing unit exited to street homelessness and the other 38 households that exited to unstable housing arrangements were those who received temporary medical hotel/motel vouchers due to COVID-19. They had been homeless or unstably housed prior to receiving the hotel/motel voucher, and the majority continued in the hotel/motel under other funding when the HOPWA limit for Transitional/Short-term housing subsidy ended. The Project Sponsor was very successful in ultimately keeping those most vulnerable to COVID-19 (as determined by their medical team) stable in their hotel/motel until housing was secured. For those who were not prioritized for medical reasons to stay until housing was secured, CAP assisted households access shelter or survival gear for people who felt more comfortable staying outside when their hotel/motel stay ended.

There continues to be a growing need for STRMU for emergency short-term interventions that help maintain stable housing, as well as a continued need for supportive services, such as household necessities, moving assistance, and clean new beds.

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.

There are many partnerships among Project Sponsors and mainstream organizations. Housing staff coordinate with numerous organizations and housing providers throughout the Portland EMSA. Housing Case Managers are connected with medical teams at all the HIV clinic sites. Housing staff attend a variety of housing-related meetings to stay in direct contact with major housing agencies. Meetings include Continuum of Care for Multnomah, Washington, Clark, and Clackamas counties, Housing Partnership Workgroup, Housing Services Network in Washington County, and several resident services meetings. Besides attending housing related meetings, program staff attend monthly HIV Network meetings to stay informed of HIV related issues and programs. CAP coordinates with the following entities to provide a continuum of housing and support services necessary to assist eligible PLWHA to access and maintain stable housing:

- Home Forward – Short-term rent assistance including medical motel vouchers and Shelter Plus Care Vouchers (SPCV).
- Transition Projects, Inc. – Rent assistance for three chronically homeless individuals and priority access to emergency shelter beds at the Clark Center (men’s shelter) and at Jean’s Place (women’s shelter) reducing the wait time for HOPWA households to access emergency shelter while working toward permanent housing options.
- Washington County Department of Housing – Six SPCV for families, chronically homeless, and single households. Since the implementation of Coordinated Access, the number of households referred to CAP for SPCV from Washington County has drastically decreased due to the barriers households experience moving through Community Connect.
- Clackamas County Housing Authority – Two SPCV for single-person households. Since the implementation of Coordinated Access, the number of households referred to CAP for SPC through Clackamas County has drastically decreased due to the barriers households experience moving through that system.
- Cascadia Behavioral Healthcare (BHC) – An embedded Cascadia Mental Health Counselor onsite at the CAP office available to households connected to housing services or housing case management. Five vouchers for chronically homeless individuals with a mental health diagnosis through the Oregon Housing Opportunities in Partnership (OHOP) program and connection to Oregon Housing and Behavioral Health Initiative (OHBHI) Project TBRA and Support Services. In addition, HOPWA households receive priority for the affordable and subsidized housing waitlists at Cascadia BHC.
- Central City Concern – Priority access to four subsidized housing waitlists, including The Morrison, which has 15 designated units for homeless PLWHA. CAP and HIV clinics have direct access to Central City Concern’s BEST Program that provides assistance to households applying for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).
- Clark County Council for the Homeless – CAP’s housing staff and medical case managers regularly coordinate with the Council for the Homeless. Shelter beds in Clark County are in high demand and Council for the Homeless maintains a wait list for available beds through the Housing Solutions Center.
- REACH CDC – Six designated units in two buildings for PLWHA and their families.

- Our House of Portland – CAP provides housing case management and rent assistance for 7 individuals through the Neighborhood Housing & Care Program and Our House of Portland provides nursing support and occupational therapy.
- Innovative Housing, Inc. (IHI) – Six designated subsidized units for single households and prioritization at two of IHI’s family subsidized sites.
- Catholic Charities/Caritas, Inc. – Eleven designated subsidized units at three different sites for both families and singles.
- Luke Dorf – Two units designated for PLWHA who are also in need of more intensive mental health support.
- Outside In – Two units designated for PLWHA under the age of 26.
- Sunshine Division – Referral to HOPWA households for food and clothing services.
- Multnomah County – Ryan White funds used for short-term rental assistance, medical motel vouchers, housing case management, Early Intervention Services, Minority AIDS Initiative, Service Navigation, and Mental Health/Substance Abuse Peer Support. In addition, support services funded by Ryan White continue to support basic needs and social support that are associated with gaining or maintaining viral suppression. Ryan White funding helps address the Portland area housing crisis by assisting with housing and providing support for households as they try to find available rental units and compete with other applicants to be offered the unit.
- Washington State Department of Health (WA DOH)– Funding for ongoing and short-term housing subsidies, and funding to assist with eviction prevention, renter’s insurance, temporary storage during transition, moving costs, deposits, and miscellaneous housing expenses not covered by other funding sources.
- Washington Department of Corrections (WA DOC) – Partnership to find housing solutions for households historically and currently the most difficult to house: those with a violent criminal history and/or sexual offender registry. During this operating year, a partnership with the WA DOC, WA DOH, to house second chance households and to keep households housed who faced eviction or utility shutoff, established a clear process and plan for referrals, shared client coordination, client transfers, and medical case management for households receiving housing assistance.
- Oregon Health Authority – Permanent supportive housing program funding for people with SPMI (OHA AMH).
- Oak Knoll Apartments – Seamless placement for multiple second-chance housing applicants through their client-friendly appeal process and expanded housing application acceptance policy. Oak Knoll currently houses two HOPWA-eligible households as well as several other households who receive case management and housing services.
- Community Foundation for SW Washington – Grant funds to help provide and sustain stable housing for vulnerable households during the year, due to the COVID-19 crisis, through emergency rent and utility assistance.
- Marvin Properties – Newly developed community partner with rental properties throughout SW WA, has an expanded housing application acceptance policy, welcomes second chance housing tenants and tenants with long gaps without housing history or no rental history, and provides CAP with first choice with all vacancies.

Additionally, the CCC Resident Service Coordinator (RSC) at the Rose Wood Apartments continues to be an active member of the HIV Health Services Planning Council and is a participating member on the Efficiency of Administrative Mechanisms planning council, which reviews and ensures the effectiveness of the Ryan White HIV/AIDS program in Multnomah County. The RSC continues to focus on the need for increased coordination between other local organizations that serve PLWHA in the Portland EMSA and prioritize better connections with those agencies. They have successfully built professional relationships with the staff members of those organizations in an effort to better serve the residents of the Rose Wood. This has led to improved navigation and communication between organizations and has filled the gaps that mutual households were at risk of falling through.

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

N/A.

c. Barriers and Trends Overview

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

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

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

The number of households who are in need of mental health and/or substance abuse support coupled with the long wait times for households trying to access those services continues to be a significant challenge faced by households and case managers. Households often have to wait one or more months for an intake appointment with a mental health agency or to access a substance abuse treatment program. This delay can lead to households, who previously felt ready and motivated to engage in mental health or substance abuse support, to lose their motivation, leading to relapse or a return to less successful behavior patterns. This has been especially true during the ongoing pandemic.

CAP staff addresses these challenges by collaborating intensively with Medical Case Managers and other service providers to link households to care providers who might have immediate openings. Case Managers are also able to refer households to CAP’s peer mentor program for additional support to connect to mental health care or treatment programs. In the previous operating year, CAP received additional Ryan White funds to expand the peer support program to include connecting households to substance use treatment/recovery programs. CAP also works closely with Multnomah County’s Addictions Benefit Coordination Team to help PLWHA access treatment beds.

For CCC, the biggest challenge of this reporting period remains to be the ongoing COVID-19 pandemic. An important part of CCC’s COVID-19 response has been to supply all residents and staff with face masks and coverings. One of the biggest resident needs they have seen at the Rose Wood Apartments, is an increased need for food. The RSC has been regularly delivering food boxes from local food pantries to residents, continues to inform the community if they are in need, and a food pantry is onsite for urgent needs. CCC continued increased community messaging and communication efforts in order to ensure each resident stays up-to-date on the fast changing pandemic updates, CDC guidelines, tips on social distancing practices, updates on CCC’s COVID-19 program changes and other outside emergency relief resources.

Vacancy rates in the Portland area are extremely low at around 3.5%, (U.S. Census Bureau) and the average rent of all units increased 1% this year. The average rent for a unit is \$1,499 per month (CoStar 2020). However, HUD places the fair market rent (FMR) that is used as a threshold for many long-term housing subsidy programs at \$1,495, including utility costs (U.S. HUD), which is more expensive than 98% of other FMR areas (RentData.org). In such a market, it is especially challenging for PLWHA with other housing barriers to find available units. Households routinely have to compete with multiple other applicants for rental units.

Landlords have raised rents above the cut-off for the Housing Choice Voucher Program, resulting in more units being beyond affordability. Lack of affordable housing throughout the Portland metropolitan area is becoming severe for even higher income residents. The need is seriously exacerbated for those who are low-income and face other barriers.

Project Sponsors continue to advocate in the community for affordable housing that is accessible for households, and to work on building partnerships with landlords and service providers in areas that may be more affordable for households. Project Sponsors and the Grantee participates in and supports local efforts advocating for more affordable housing infrastructure in the Portland Metro area as well as for greater tenant protections.

On a similar note, the number of people needing long-term rent subsidies such as HOPWA TBRA and PBRA, Housing Choice Vouchers (HCV), Low Income Public Housing, Project-Based Rental Vouchers (PBRV), Low Income Housing Tax Credit is much greater than the availability of those subsidies in the community. As an example, there are currently 307 people on CAP’s waiting list for long-term housing. Additionally, the waiting lists at the

Housing Authorities in the Portland EMSA are closed to new applicants, and eligible applicants generally wait several years for the opportunity to apply for subsidized housing then be placed on a waiting list for an additional multi-year timeframe.

While the City of Portland and Multnomah County are putting significant resources, supported by voters, towards reducing homelessness and increasing affordable housing, many of the planned affordable housing and/or subsidized housing in the pipelines have not yet come online and production has since slowed due to the ongoing COVID-19 pandemic.

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.

In the Portland metro area, the lack of affordable housing and low vacancy rate is contributing to more unstable housing situations for households as well as increasing the length of time someone is homeless due to the amount of time it takes people to lease up in such a difficult market. There are also not nearly enough shelter beds or transitional housing options to meet the level of need. During COVID-19 shelter space has been especially challenging – while additional shelters were opened to help ensure the ability for social distancing, they did not increase capacity and shelters stopped taking new intakes for months. While there have been a number of local efforts in Portland to try to increase protections for tenants, especially during the pandemic – relocation assistance, rent increase limits, etcetera and to increase the number of affordable and permanent housing units available in the community, there is still a lot of work to be done to truly make housing affordable and accessible for low income people living with HIV/AIDS.

During this pandemic period, one of the most pronounced challenges is the lack of available housing units due primarily to the consequences for tenants seeking housing during the eviction moratorium. While this has allowed households to remain housed and gain time to find ways to pay or get assistance in paying rent balances due to job loss from COVID-19 illness or workplace closure, for households seeking housing the moratorium has complicated a landlord’s decision around risk taking. There is a marked decrease in a willingness to consider applicants with subprime rental histories or criminal backgrounds. There is also a lack of available housing due to pandemic pauses on elected moves and evictions.

Complicating the matter further, leasing up is even more difficult for households with criminal convictions, eviction history, and limited income in the current housing market. For households with a criminal record that includes a past sexual offense, housing is nearly impossible in Clark County. While CAP continues to work on this as an agency and in concert with other community partners, there has been very little housing available for people with a registered sexual offense, which is even more dramatic when parolees are often free on condition of permanent shelter. Additionally, the number of shelter beds available through the Council for the Homeless’ wait list are insufficient to meet the level of need in the community and there are even fewer options for women and families. By the end of this fiscal year we were heading into the end of the moratorium scheduled for July 31 and with it the probable return of lease-ups with increased rent and large bills for households who have not reached out for help during the moratorium. Project Sponsors express some concern about the future, with new COVID-19 variants and whether much of the protections of the last 18-months will expire just as cases increase, and how that will affect housing stability for households. Finally, households in SW Washington, particularly households of color and households from new immigrant communities, face continued stigma due to their HIV status and how that translates into who asks for help from CAP. We continue to work with medical case managers, the new Employment Services team, and peer support specialists at CAP and at community partner agencies to make sure that households who fear disclosure are not falling through the cracks and leaving themselves tied to housing debt they cannot and will not be able to pay off without assistance.

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

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	\$ 824,657	Housing	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	\$ 734,413	Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program	\$ 48,521	Housing	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Continuum of Care			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant			<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Project-Based Voucher Program	\$ 598,781	Housing	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Shelter Plus Care Program	\$ 321,733	Housing	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: Home Forward	\$ 126,073	Housing Operations	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Multnomah County	\$ 18,498	Housing, Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: Washington State Department of Housing	\$ 929,411	Housing, Case Management	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: Medicaid XIX	\$ 190,939	Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Private Funding			
Grants			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
In-kind Resources	\$ 370,929	Housing, Operations, Case Management	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Funding			
Grantee/Project Sponsor (Agency) Cash			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	\$ 96,017		
TOTAL (Sum of all Rows)	\$ 4,259,972		

2. Program Income and Resident Rent Payments

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

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

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

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	\$ 0
2.	Resident Rent Payments made directly to HOPWA Program	\$ 136,013
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	\$ 136,013

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

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

Program Income and Resident Rent Payment Expended on HOPWA programs		Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	\$ 0
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	\$ 136,013
3.	Total Program Income Expended (Sum of Rows 1 and 2)	\$ 136,013

End of PART 2

PART 3: Accomplishment Data Planned Goal and Actual Outputs

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

1. HOPWA Performance Planned Goal and Actual Outputs

HOPWA Performance 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	59	65	0	28	\$ 721,290	\$ 657,323
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)	65	63	39	41	\$ 379,230	\$ 363,277
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served)	2	49	0	0	\$ 149,757	\$ 149,757
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	\$ -	\$ -
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	\$ -	\$ -
4.	Short-Term Rent, Mortgage and Utility Assistance	72	109	53	53	\$ 319,260	\$ 304,059
5.	Permanent Housing Placement Services	30	32	0	0	\$ 38,000	\$ 26,181
6.	Adjustments for duplication (subtract)	0	20	0	0		
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)	228	298	92	122	\$ 1,607,537	\$ 1,500,597
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)	0	0	0	0	\$ -	\$ -
9.	Stewardship Units subject to 3- or 10- year use agreements	0	0				
10.	Total Housing Developed (Sum of Rows 8 & 9)	0	0	0	0	\$ -	\$ -
Supportive Services		[1] Output: Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors that also delivered HOPWA housing subsidy assistance	220	411			\$ 344,000	\$ 297,154
11b.	Supportive Services provided by project sponsors that only provided supportive services.	0	0			\$ -	\$ -
12.	Adjustment for duplication (subtract)	0	0				
13.	Total Supportive Services (Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)	220	411			\$ 344,000	\$ 297,154
Housing Information Services		[1] Output: Households				[2] Output: Funding	
14.	Housing Information Services	0	0			\$ -	\$ -
15.	Total Housing Information Services	0	0			\$ -	\$ -
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)					\$ 51,518	\$ 1,692
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$ 117,602	\$ 106,680
20.	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)					\$ 169,120	\$ 108,372
Total Expended						[2] Outputs: HOPWA Funds Expended	
						Budget	Actual
21.	Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)					\$ 2,120,657	\$ 1,906,123

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		
2.	Alcohol and drug abuse services		
3.	Case management	236	\$ 230,322
4.	Child care and other child services		
5.	Education		
6.	Employment assistance and training		
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
8.	Legal services		
9.	Life skills management (outside of case management)	138	\$ 14,530
10.	Meals/nutritional services		
11.	Mental health services		
12.	Outreach		
13.	Transportation		
14.	Other Activity (if approved in grant agreement). Specify: Warehouse program	71	\$ 52,302
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	445	
16.	Adjustment for Duplication (subtract)	34	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	411	\$ 297,154

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	109	\$ 304,059
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	1	\$ 3,723
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	0	\$ 0
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	99	\$250,054
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	2	\$8,755
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	7	\$ 4,334
g.	Direct program delivery costs (e.g., program operations staff time)		\$ 37,193

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	65	59	1 Emergency Shelter/Streets	0	<i>Unstable Arrangements</i>
			2 Temporary Housing	1	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	3	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	0	
			5 Other Subsidy	0	
			6 Institution	0	<i>Unstable Arrangements</i>
			7 Jail/Prison	0	
			8 Disconnected/Unknown	1	
			9 Death	1	<i>Life Event</i>
Permanent Supportive Housing Facilities/ Units	63	57	1 Emergency Shelter/Streets	0	<i>Unstable Arrangements</i>
			2 Temporary Housing	0	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing	3	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	0	
			5 Other Subsidy	0	
			6 Institution	0	<i>Unstable Arrangements</i>
			7 Jail/Prison	0	
			8 Disconnected/Unknown	1	
			9 Death	2	<i>Life Event</i>

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	49	1	1 Emergency Shelter/Streets	37	<i>Unstable Arrangements</i>
			2 Temporary Housing	2	<i>Temporarily Stable with Reduced Risk of Homelessness</i>
			3 Private Housing	3	<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA	0	
			5 Other Subsidy	3	
			6 Institution	1	<i>Unstable Arrangements</i>
			7 Jail/Prison	1	
			8 Disconnected/unknown	1	
			9 Death	0	<i>Life Event</i>
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'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
109	Maintain Private Housing without subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	85	<i>Stable/Permanent Housing (PH)</i>
	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	4	
	Other Housing Subsidy (PH)	8	
	Institution (e.g. residential and long-term care)	9	
	Likely that additional STRMU is needed to maintain current housing arrangements	2	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	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	<i>Unstable Arrangements</i>
	Jail/Prison	0	
	Disconnected	0	
	Death	0	<i>Life Event</i>
1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).			20
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).			5

Section 3. HOPWA Outcomes on Access to Care and Support

1a. Total Number of Households

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

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

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

Total Number of Households	
1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	318
b. Case Management	271
c. Adjustment for duplication (subtraction)	243
d. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)	346
2. For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	
b. Total Households Served by Project Sponsors without Housing Subsidy Assistance	

1b. Status of Households Accessing Care and Support

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

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

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

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	346	0	Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	346	0	Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	321	0	Access to Health Care
4. Accessed and maintained medical insurance/assistance	342	0	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	116	0	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"> • MEDICAID Health Insurance Program, or use local program name • MEDICARE Health Insurance Program, or use local program name | <ul style="list-style-type: none"> • Veterans Affairs Medical Services • AIDS Drug Assistance Program (ADAP) • State Children's Health Insurance Program (SCHIP), or use local program name | <ul style="list-style-type: none"> • Ryan White-funded Medical or Dental Assistance |
|--|--|--|

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

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

1c. Households that Obtained Employment

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

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

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

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

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	36	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)				
Permanent Facility-based Housing Assistance/Units				
Transitional/Short-Term Facility-based Housing Assistance/Units				
Total Permanent HOPWA Housing Subsidy Assistance				
Reduced Risk of Homelessness: Short-Term Assistance	Stable/Permanent Housing	Temporarily Stable, with Reduced Risk of Homelessness	Unstable Arrangements	Life Events
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)				
Total HOPWA Housing Subsidy Assistance				

Background on HOPWA Housing Stability Codes

Stable Permanent Housing/Ongoing Participation

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

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

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

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

Temporary Housing

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

Unstable Arrangements

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

7 = Jail /prison.

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

Life Event

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

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

Permanent Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Temporary 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 Report of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) OR-H13F001	Operating Year for this report <i>From (mm/dd/yy)</i> 07/01/19 <i>To (mm/dd/yy)</i> 06/30/20 <input checked="" type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10
Grantee Name Portland Housing Bureau, City of Portland	Date Facility Began Operations (<i>mm/dd/yy</i>) 03/16/10

2. Number of Units and Non-HOPWA Expenditures

Facility Name: Sandy Apartments	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2	\$ 7,561

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Sandy Apartments
Site Information: Project Zip Code(s)	97220
Site Information: Congressional District(s)	3
Is the address of the project site confidential?	<input checked="" type="checkbox"/> <i>Yes, protect information; do not list</i> <input type="checkbox"/> <i>Not confidential; information can be made available to the public</i>
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	

End of PART 6

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

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

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

In Chart a., provide the total number of eligible (and unduplicated) 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.	298

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	117
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)	21
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	26
4.	Transitional housing for homeless persons	2
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)	49
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	15
7.	Psychiatric hospital or other psychiatric facility	0
8.	Substance abuse treatment facility or detox center	1
9.	Hospital (non-psychiatric facility)	0
10.	Foster care home or foster care group home	1
11.	Jail, prison or juvenile detention facility	1
12.	Rented room, apartment, or house	103
13.	House you own	2
14.	Staying or living in someone else's (family and friends) room, apartment, or house	9
15.	Hotel or motel paid for without emergency shelter voucher	0
16.	Other	0
17.	Don't Know or Refused	0
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	298

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	9	12

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)	298
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	13
3. Number of ALL other persons NOT diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy	126
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1, 2, & 3)	437

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	0	0	0	0	0
2.	18 to 30 years	18	2	4	0	24
3.	31 to 50 years	114	46	8	0	168
4.	51 years and Older	87	19	0	0	106
5.	Subtotal (Sum of Rows 1-4)	219	67	12	0	298
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	47	26	0	0	73
7.	18 to 30 years	16	16	0	0	32
8.	31 to 50 years	14	7	0	0	21
9.	51 years and Older	8	5	0	0	13
10.	Subtotal (Sum of Rows 6-9)	85	54	0	0	139
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	304	121	12	0	437

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	9	2	2	1
2.	Asian	6	0	5	0
3.	Black/African American	63	2	45	0
4.	Native Hawaiian/Other Pacific Islander	1	0	1	0
5.	White	192	54	69	37
6.	American Indian/Alaskan Native & White	9	1	0	0
7.	Asian & White	0	0	0	0
8.	Black/African American & White	0	0	4	0
9.	American Indian/Alaskan Native & Black/African American	5	0	0	0
10.	Other Multi-Racial	13	10	13	5
11.	Column Totals (Sum of Rows 1-10)	298	69	139	43
<i>Data Check: Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a, Row 4.</i>					

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

Section 3. Households

Household Area Median Income

Report the 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 <https://www.huduser.gov/portal/datasets/il.html> for information on area median income in your community.

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	234
2.	31-50% of area median income (very low)	50
3.	51-80% of area median income (low)	14
4.	Total (Sum of Rows 1-3)	298

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

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: Project Open Door
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$69,144	\$65,985	
a. Purchase/lease of property:			Date (mm/dd/yy): 1995
b. Rehabilitation/Construction Dates:			Date started: 1996 Date Completed: 1997
c. Operation dates:			Date residents began to occupy: 1997 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 1997 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 9 Total Units = 9
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: Home Forward

Type of housing facility operated by the project sponsor	Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units		6	3			
d. Other housing facility <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 on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	10	65,832
d. Other Activity (if approved in grant agreement) <u>Specify:</u> Utility Assistance	4	3,312
e. Adjustment to eliminate duplication (subtract)	4	
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	10	69,144

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

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: Carriage Hill
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$ 33,324	\$24,077	
a. Purchase/lease of property:			Date (mm/dd/yy): 2000
b. Rehabilitation/Construction Dates:			Date started: 2001 Date Completed: 2002
c. Operation dates:			Date residents began to occupy: 2003 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 2003 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 3 Total Units = 3
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: Home Forward

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/ 0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units			1	2		
d. Other housing facility <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 on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	4	31,549
d. Other Activity (if approved in grant agreement) <u>Specify:</u> Utility Assistance	3	1,775
e. Adjustment to eliminate duplication (subtract)	3	
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	4	33,234

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

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: Nathaniel's Way
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$40,159	\$36,011	
a. Purchase/lease of property:			Date (mm/dd/yy): 1998
b. Rehabilitation/Construction Dates:			Date started: 1999 Date Completed: 1999
c. Operation dates:			Date residents began to occupy: 1999 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 1999 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 4 Total Units = 4
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: Home Forward

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/ 0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units				3	1	
d. Other housing facility <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 on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	4	37,802
d. Other Activity (if approved in grant agreement) <u>Specify:</u> Utility Assistance	3	2,357
e. Adjustment to eliminate duplication (subtract)	3	
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	4	40,159

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

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: Scattered Sites
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$ 45,327	\$76,639	
a. Purchase/lease of property:			Date (mm/dd/yy): 1998
b. Rehabilitation/Construction Dates:			Date started: 1998 Date Completed: 1998
c. Operation dates:			Date residents began to occupy: 1999 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 1999 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 8 Total Units = 8
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: Portland Community Reinvestment Initiatives

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/ 0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units			7	1		
d. Other housing facility <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 on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	8	43,547
d. Other Activity (if approved in grant agreement) <u>Specify:</u> Utility Assistance	3	1,780
e. Adjustment to eliminate duplication (subtract)	3	
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	8	45,327

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

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: Madrona Studios
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$54,681	\$36,313	
a. Purchase/lease of property:			Date (mm/dd/yy): 09/04
b. Rehabilitation/Construction Dates:			Date started: 03/09 Date Completed: 02/10
c. Operation dates:			Date residents began to occupy: 03/01/10 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 03/01/10 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 10 Total Units = 176
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: Central City Concern

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

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	12	54,681
d. Other Activity (if approved in grant agreement) <u>Specify:</u>		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	12	54,681

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

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: McCoy Village
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$38,478	\$10,653	
a. Purchase/lease of property:			Date (mm/dd/yy): 1999
b. Rehabilitation/Construction Dates:			Date started: 2000 Date Completed: 2001
c. Operation dates:			Date residents began to occupy: 2001 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 1999 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 4 Total Units = 51
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	4	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: Cascade Management

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/ 0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units		2	2			
d. Other housing facility <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 on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	5	36,021
d. Other Activity (if approved in grant agreement) <u>Specify:</u> Utility Assistance	3	2,457
e. Adjustment to eliminate duplication (subtract)	3	
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	5	38,478

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

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: Outside In Transitional Housing
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input type="checkbox"/> Permanent housing <input checked="" type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$15,358	\$18,498	
a. Purchase/lease of property:			Date (mm/dd/yy): 11/30/98
b. Rehabilitation/Construction Dates:			Date started: 10/01/99 Date Completed: 01/10/01
c. Operation dates:			Date residents began to occupy: 01/02 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 01/02 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 2 Total Units = 28
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: Outside In

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/ 0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence	2					
c. Project-based rental assistance units or leased units						
d. Other housing facility <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 on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	3	15,358
d. Other Activity (if approved in grant agreement) <u>Specify:</u>		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	3	15,358

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

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: Cornerstone
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$7,108	\$20,436	
a. Purchase/lease of property:			Date (mm/dd/yy): 08/21/97
b. Rehabilitation/Construction Dates:			Date started: 10/99 Date Completed: 12/00
c. Operation dates:			Date residents began to occupy: 11/00 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 2000 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 1 Total Units = 46
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: Innovative Housing, Inc

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/ 0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling	1					
b. Community residence						
c. Project-based rental assistance units or leased units						
d. Other housing facility <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 on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	1	6,484
d. Other Activity (if approved in grant agreement) <u>Specify:</u> Utility Assistance	1	624
e. Adjustment to eliminate duplication (subtract)	1	
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	1	7,108

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

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: McCallister Village
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$5,342	\$18,164	
a. Purchase/lease of property:			Date (mm/dd/yy): 02/08
b. Rehabilitation/Construction Dates:			Date started: 07/10 Date Completed: 04/11
c. Operation dates:			Date residents began to occupy: 07/01/11 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 07/01/11 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 3 Total Units = 48
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: REACH Community Development

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/ 0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units	2	1				
d. Other housing facility <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 on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	3	4,704
d. Other Activity (if approved in grant agreement) <u>Specify:</u> Utility Assistance	1	638
e. Adjustment to eliminate duplication (subtract)	1	
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	3	5,342

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

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: Cascadia Village
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$4,823	\$16,068	
a. Purchase/lease of property:			Date (mm/dd/yy): 2003
b. Rehabilitation/Construction Dates:			Date started: 03/15/03 Date Completed: 01/23/04
c. Operation dates:			Date residents began to occupy: 01/28/04 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 01/28/04 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 3 Total Units = 51
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: REACH Community Development

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/ 0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units		2		1		
d. Other housing facility <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 on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	3	4,152
d. Other Activity (if approved in grant agreement) <u>Specify:</u> Utility Assistance	1	671
e. Adjustment to eliminate duplication (subtract)	1	
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	3	4,823

Part 7: Summary Overview of Grant Activities
B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Central City Concern

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: Rose Wood Apartments
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$64,891	\$224,045	
a. Purchase/lease of property:			Date (mm/dd/yy): 12/97
b. Rehabilitation/Construction Dates:			Date started: 01/98 Date Completed: 12/31/98
c. Operation dates:			Date residents began to occupy: 12/31/98 <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: 12/31/98 <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = 15 Total Units = 36
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <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 – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab	0	0	0	0
Rental units rehabbed	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0

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

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: Central City Concern

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/ 0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence	2	13				
c. Project-based rental assistance units or leased units						
d. Other housing facility <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 on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	16	64,891
d. Other Activity (if approved in grant agreement) <u>Specify:</u>		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)	16	64,891