



**City Of Fort Lauderdale's  
Consolidated Annual Performance and  
Evaluation Report (CAPER)  
Measuring Performance Outcomes**



**Housing Opportunities for Persons With AIDS  
(HOPWA), Community Development Block Grant  
(CDBG), HOME Investments Partnership(HOME)  
Programs FY 2020-2021**

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.

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**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](mailto:HOPWA@hud.gov). Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 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.	<b>Tenant-Based Rental Assistance</b>	1
2a.	<b>Permanent Housing Facilities:</b> Received Operating Subsidies/Leased units	
2b.	<b>Transitional/Short-term Facilities:</b> Received Operating Subsidies	
3a.	<b>Permanent Housing Facilities:</b> Capital Development Projects placed in service during the operating year	
3b.	<b>Transitional/Short-term Facilities:</b> Capital Development Projects placed in service during the operating year	
4.	<b>Short-term Rent, Mortgage, and Utility Assistance</b>	1
5.	<b>Adjustment for duplication (subtract)</b>	1
6.	<b>TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)</b>	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.

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# 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

<b>HUD Grant Number</b> F-LH-20-F004, F-LH-20-FHW004, F-LH-18-F004	<b>Operating Year for this report</b> <i>From (mm/dd/yy) 10/01/2020 To (mm/dd/yy) 09/30/2021</i>	
<b>Grantee Name</b> City of Fort Lauderdale		
<b>Business Address</b> 100 North Andrews Ave		
<b>City, County, State, Zip</b> Fort Lauderdale Florida 33301 1016		
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b> 59-6000319		
<b>DUN &amp; Bradstreet Number (DUNS):</b> 072219595	<b>System for Award Management (SAM)::</b> Is the grantee's SAM status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide SAM Number: 1Y1P2	
<b>Congressional District of Grantee's Business Address</b> District FL 020		
<b>*Congressional District of Primary Service Area(s)</b> Districts FL 017 19 20 21 22 23		
<b>*City(ies) and County(ies) of Primary Service Area(s)</b> Cities: Fort Lauderdale, Hollywood, Pompano Beach and other Cities in Broward County.	<b>Counties:</b> Broward County	
<b>Organization's Website Address</b> WWW.Fortlauderdale.gov	<b>Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.</b> A Waiting list is maintained for the Tenant Based Rental Assistance and Project Base Rental assistance program	

**\* 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.*

<b>Project Sponsor Agency Name</b> Broward House, Inc		<b>Parent Company Name, if applicable</b> N/A	
<b>Name and Title of Contact at Project Sponsor Agency</b>		Stacy Hyde, Chief Executive Officer	
<b>Email Address</b>		<a href="mailto:Shyde@browardhouse.org">Shyde@browardhouse.org</a>	
<b>Business Address</b>		1726 SE 3 <sup>rd</sup> Avenue	
<b>City, County, State, Zip,</b>		Fort Lauderdale, Broward County, Florida 33316	
<b>Phone Number (with area code)</b>		954-522-4749	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		5-2913416	<b>Fax Number (with area code)</b> 954-522-9357
<b>DUN &amp; Bradstreet Number (DUNs):</b>		171270358	
<b>Congressional District of Project Sponsor's Business Address</b>		District FL-020 Districts FL-017, 19,20,21,22,23	
<b>Congressional District(s) of Primary Service Area(s)</b>		Districts FL-017, 19,20,21,22,23	
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		<b>Cities:</b> Fort Lauderdale, Hollywood, Pompano Beach, and other cities surrounding Broward County	<b>Counties:</b> Broward County
<b>Total HOPWA contract amount for this Organization for the operating year</b>		3,727,479.06	
<b>Organization's Website Address</b>		<a href="http://www.browardhouse.org">www.browardhouse.org</a>	
<b>Is the sponsor a nonprofit organization?</b> <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"/>		<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b> City of Fort Lauderdale has a waiting list for eligible clients for TBRV program, Broward House and Broward Regional Health Planning Council (BRHPC) administer the TBRV program and responsible to maintain the waiting list.	

## 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.*

<b>Project Sponsor Agency Name</b> Mount Olive Development Corporation		<b>Parent Company Name, if applicable</b> N/A	
<b>Name and Title of Contact at Project Sponsor Agency</b>		Dr. Rosalind Osgood, President	
<b>Email Address</b>		<a href="mailto:drosgood@yahoo.com">drosgood@yahoo.com</a>	
<b>Business Address</b>		1530 NW 6 <sup>th</sup> Street	
<b>City, County, State, Zip,</b>		Fort Lauderdale, Broward County Florida 33311	
<b>Phone Number (with area code)</b>		954-764-6488	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		65-0548855	<b>Fax Number (with area code)</b> 954-525-2235
<b>DUN &amp; Bradstreet Number (DUNS):</b>		152210340	
<b>Congressional District of Project Sponsor's Business Address</b>		District FL-020	
<b>Congressional District(s) of Primary Service Area(s)</b>		Districts FL-017, 19,20,21,22,23	
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		<b>Cities:</b> Fort Lauderdale, Hollywood, Pompano Beach, and other surrounding Broward County cities	<b>Counties:</b> Broward County
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$551,000.00	
<b>Organization's Website Address</b>		<a href="http://www.modco@modco cares.org">www.modco@modco cares.org</a>	
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b> Accepted applications are kept in a file. As apartments become available or as new apartments are acquired, applicants are advised of vacancies and are placed on a first come first serve basis. Applicants at the greatest risk for homelessness are sometimes given priority.	



## 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.*

<b>Project Sponsor Agency Name</b> Broward Regional Health Planning Council		<b>Parent Company Name, if applicable</b> N/A	
<b>Name and Title of Contact at Project Sponsor Agency</b>		Michael DeLuca, President & CEO	
<b>Email Address</b>		<a href="mailto:mdelucca@BRHPC.org">mdelucca@BRHPC.org</a>	
<b>Business Address</b>		200 Oakwood Lane Suite 100	
<b>City, County, State, Zip,</b>		Hollywood Broward County, Florida 33020	
<b>Phone Number (with area code)</b>		954-561-9681	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		59-2274772	<b>Fax Number (with area code)</b> 954-561-9685
<b>DUN &amp; Bradstreet Number (DUNs):</b>		101941052	
<b>Congressional District of Project Sponsor's Business Address</b>		District FL-020 Districts FL-017, 19,20,21,22,23	
<b>Congressional District(s) of Primary Service Area(s)</b>		Districts FL-017, 19,20,21,22,23	
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		<b>Cities:</b> Fort Lauderdale, Hollywood, Pompano Beach, and other surrounding Broward County cities	<b>Counties:</b> Broward County
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$2,420,448.25	
<b>Organization's Website Address</b>			
<b>Is the sponsor a nonprofit organization?</b> <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"/>		<b>Does your organization maintain a waiting list?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>  COFL TBRV has a waitlist for eligible clients when vacancies arise, Broward House and BRHPC are responsible for maintaining and the list and maintain TBRV program.	

## 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.*

<b>Project Sponsor Agency Name</b> Legal Aid Services of Broward County, Inc		<b>Parent Company Name, if applicable</b> N/A	
<b>Name and Title of Contact at Project Sponsor Agency</b>		Anthony Karrat, Esq, Executive Director	
<b>Email Address</b>		<a href="mailto:akarrat@legalaid.org">akarrat@legalaid.org</a>	
<b>Business Address</b>		491 North State Road &	
<b>City, County, State, Zip,</b>		Plantation, Broward County, Florida 33317	
<b>Phone Number (with area code)</b>		954-736-2434	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		59-1547191	<b>Fax Number (with area code)</b> 954-736-2482
<b>DUN &amp; Bradstreet Number (DUNs):</b>		844481478	
<b>Congressional District of Project Sponsor's Business Address</b>		District FL -020	
<b>Congressional District(s) of Primary Service Area(s)</b>		Districts FL-017, 19,20,21,22,23	
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		<b>Cities:</b> Fort Lauderdale, Hollywood, Pompano Beach, and other surrounding Broward County cities	<b>Counties:</b>
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$257,018.10	
<b>Organization's Website Address</b>		<a href="http://www.browardlegalaid.org">www.browardlegalaid.org</a>	
<b>Is the sponsor a nonprofit organization?</b> <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"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>	

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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.

<b>Project Sponsor Agency Name</b> Care Resource Community Health Centers, Inc dba Care Resource		<b>Parent Company Name, if applicable</b> N/A	
<b>Name and Title of Contact at Project Sponsor Agency</b>		Rick Siclari, President and CEO	
<b>Email Address</b>		<a href="mailto:rsiclari@careresource.org">rsiclari@careresource.org</a>	
<b>Business Address</b>		3510 Biscayne Boulevard	
<b>City, County, State, Zip,</b>		Miami, Dade County, Florida 33137	
<b>Phone Number (with area code)</b>		954-567-7141	
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>		65-0583089	<b>Fax Number (with area code)</b> 954-565-5624
<b>DUN &amp; Bradstreet Number (DUNs):</b>		829835222	
<b>Congressional District of Project Sponsor's Business Address</b>		District FL-020	
<b>Congressional District(s) of Primary Service Area(s)</b>		Districts FL-017, 19,20,21,22,23	
<b>City(ies) and County(ies) of Primary Service Area(s)</b>		<b>Cities:</b> Fort Lauderdale, Hollywood, Pompano Beach, and other surrounding Broward County cities	<b>Counties:</b> Broward County
<b>Total HOPWA contract amount for this Organization for the operating year</b>		\$329,673.69	
<b>Organization's Website Address</b>		www.careresource.org	
<b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>	

## 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.*

<b>Project Sponsor Agency Name</b> Sunshine Social Services dba SunServe		<b>Parent Company Name, if applicable</b> N/A	
<b>Name and Title of Contact at Project Sponsor Agency</b>	Gary Hensley		
<b>Email Address</b>	ghensley@sunserve.org		
<b>Business Address</b>	2312 Wilton Drive		
<b>City, County, State, Zip,</b>	Wilton Manors, Broward County, FL 33305		
<b>Phone Number (with area code)</b>	954-764-5150		
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	01-0582371	<b>Fax Number (with area code)</b> 954-764-5143	
<b>DUN &amp; Bradstreet Number (DUNs):</b>	078654560		
<b>Congressional District of Project Sponsor's Business Address</b>	District FL-022		
<b>Congressional District(s) of Primary Service Area(s)</b>	Districts FL-017, 19,20,21,22,23		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	<b>Cities:</b> Fort Lauderdale, Hollywood, Pompano Beach, and other surrounding Broward County cities	<b>Counties:</b>	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$406,055.45		
<b>Organization's Website Address</b>	<a href="http://www.sunserve.org">www.sunserve.org</a>		
<b>Is the sponsor a nonprofit organization?</b> <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"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>	

## 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.

<b>Project Sponsor Agency Name</b> Groupware Technologies, Inc		<b>Parent Company Name, if applicable</b> N/A	
<b>Name and Title of Contact at Project Sponsor Agency</b>	Bret Ballinger		
<b>Email Address</b>	<a href="mailto:bret.ballinger@grouptech.com">bret.ballinger@grouptech.com</a>		
<b>Business Address</b>	10437 Innovation Drive		
<b>City, County, State, Zip,</b>	Wauwatosa, Milwaukee, Wisconsin 53322		
<b>Phone Number (with area code)</b>	414-454-0161		
<b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>	39-1777873	<b>Fax Number (with area code)</b> 414-454-0162	
<b>DUN &amp; Bradstreet Number (DUNs):</b>	88-455-2654		
<b>Congressional District of Project Sponsor's Business Address</b>	District WI-04		
<b>Congressional District(s) of Primary Service Area(s)</b>	Districts FL-017, 19,20,21,22,23		
<b>City(ies) and County(ies) of Primary Service Area(s)</b>	<b>Cities:</b> Fort Lauderdale, Hollywood, Pompano Beach, and other surrounding Broward County cities	<b>Counties:</b>	
<b>Total HOPWA contract amount for this Organization for the operating year</b>	\$70,000.00		
<b>Organization's Website Address</b>	<a href="http://www.providecm.com">www.providecm.com</a>		
<b>Is the sponsor a nonprofit organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		<b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>If yes, explain in the narrative section how this list is administered.</b>	

## **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 Fort Lauderdale is an entitlement municipality that serves as the HOPWA grantee for Broward County Florida. The City partners with Project Sponsors and engages with Broward County's HIV Planning Council, Broward County Health Department, The City's Community Services Board, and other Stakeholders to develop programs that meet the needs of HOPWA eligible individuals and households.

The Community Services Board's (CSB) role is to serve as an advisory board to the City Commission for the HOPWA program. The scope of the CSB includes reporting funding and program recommendations to the City Commission. The Board is required to meet as often as required but not less than ten times per year. The Board is comprised of a representative from Broward County's Ryan White program, an HIV Community Advocate, a member of the local Public Housing Authority, and other representatives as appointed from each commission district.

The programs currently offered via Project Sponsors are as follows:

Temporary Emergency Hotel Voucher (TEHV)  
Permanent Housing Placement (PHP)  
Short-term Rent Mortgage Utility Assistance (STRMU)  
Facility Based Housing (FAC)  
Project Based Rental Assistance (PBR)  
Tenant Based Rental Assistance (TBRA)  
Legal Services  
Housing Case Management (HCM)

**Temporary Emergency Hotel Voucher (TEHV):** TEHV is a program designed to bridge a gap for individuals and families that are moving into permanent housing. In instances where permanent housing has been identified but is not ready for immediate move in, eligible individuals with no alternative temporary housing options can utilize this benefit. This program also supports households that do not have a habitable place to stay while they conduct the search for permanent housing. The program is limited to sixty days in a six-month period and as such participants must be actively searching for permanent housing or have already identified and secured a lease. Participants in this program are required to have an exit strategy that typically takes the form of a lease agreement for their permanent housing unit or concrete plans to obtain a lease or other permanent living arrangements.

In recent times, the program has seen an increased demand for emergency housing via hotel vouchers. This increase can be attributed to several factors. These factors include high housing cost, limited available housing stock, a preference of property owners for Air BNB rentals, and low wages, among other reasons. In direct response to this trend, the program developed a pilot project-based master lease shared housing concept.

### **About the Model**

#### **Lesson learned in the Pandemic and successes:**

The Pandemic continued to bring challenges. The master lease model was changed from shared living to housing a single family of four.

As the pandemic continues to unfold, the needs of the HOPWA community continue to become more complex for providers as well as clients. Staff at provider agencies were themselves impacted by the virus and could not see clients. This resulted in slow service delivery and lower performance outcomes in some programs, such as permanent housing placement, case management and legal services

For this fiscal year, the City contracted with the following project sponsors to administer and provide the following programs:

**Broward House, Inc.** Assisted Living Facility, Substance Abuse Housing, Project-Based Rental Assistance, Tenant Based Rental Voucher Programs and Facility Rehabilitation.

Broward House was also awarded CARES ACT funds for the Assisted Living Facility to maintain the shared living in quarantine due to AHCA restrictions for communal housing and provide Personal Protective Equipment (PPE)

**Broward Regional Health Planning Council, Inc. (BRHPC)** provides Short-term, Rent, Mortgage and Utilities (STRMU), and Permanent Housing Placement (PHP), Temporary Emergency Hotel Voucher (TEHV), and Tenant Based Rental Assistance (TBRV).

BRHPC was also awarded CARES ACT funds to serve clients effected with COVID-19 provding STRMU-CV and TEHV-CV program. Separate list was kept for CARES ACT funds.

**Care Resource Community Health Centers, Inc dba Care Resource** provides Housing Case Management.

**Legal Aid Services of Broward County, Inc** provides individual and community education, outreach, legal advice and/or direct legal representation to clients who have viable legal issues or defenses to maintain housing stability.

**Mount Olive Development Corporation (MODCO)** Project-Based Rental Assistance.

**Sunshine Social Services, Inc** provides Housing Case Management.

**Groupware Technologies, Inc.,** provides the development, implementation, and management of the Homeless Management Information System – Provide Enterprise, ensuring coordinated housing and care within our HIV/AIDS services continuum.

The City also purchased access to the Go Section 8 data base for providers to conduct rent reasonableness certification and housing information search.

These housing services provide linkages to supportive service arrangements with other HIV/AIDS-related service providers, which focuses our efforts while maximizing our resources. The City, through its Community Development Division, continues to administer the HOPWA grant program.

City of Fort Lauderdale  
Housing and Community Development  
914 W. Sistrunk Blvd Suite 103  
Fort Lauderdale, FL 33311  
954-828-4775

#### Special initiatives for the upcoming Fiscal Year

The City participated in several focus groups during FY 20-21. A recurring need that surfaced was the need to have case managers that were trauma informed.

## **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.

The shadow of uncertainty that was cast by the Modernization Act made planning for Community needs very challenging. A top priority of the City is to increase affordable housing options through the City as well as the County for HOPWA-eligible low-income households.

HOPWA funds were distributed in a manner consistent with the City's Consolidated Plan by ensuring that there was a variety of services that households could access.

Temporary Emergency Hotel Voucher (TEHV). The goal for the program was to serve a minimum of 20 individuals.

Permanent Housing Placement (PHP)

Short-term Rent Mortgage and Utility Assistance

Facility Based Housing (FAC)

Project Based Master Lease (Shared Housing Pilot)

Project Based Rental Assistance (PBR)

Tenant Based Rental Assistance (TBRA)

Legal Services

**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.

### **Specific program performance overview.**

Broward County continues to be a desirable area in which to reside. Despite the high housing cost and shrinking affordable housing stock, Broward County continues to see a consistent flow of individuals who are HIV positive relocating to the area and seeking housing assistance. These persons are often seeking warmer climate for better health outcomes.

The objectives for the PHP program for the contract period was to provide financial assistance for 100 unduplicated clients. Unfortunately, this target was not met because the clients continued to be jobless due to the pandemic. Lack of income directly impacted the number of clients requesting move-in assistance. In addition, the clients who were working were referred to Legal Aid for lease agreement review to prevent them from signing a lease that they would not be able to satisfy. The economy was still down. The Permanent Housing Placement PHP goal fell short by Thirty-six (36) households

A similar level of success was not achieved for the Tenant-Based Rental Assistance (TBRA). The program projected serving two hundred households (200) but fell short of this goal by thirty (30). There were multiple factors that contributed to this. Since the pandemic the project sponsors could not conduct home visits. The landlords complained that the clients are not maintaining their units, clients were constantly reminded of the program rules and regulations. The project sponsors were unable to continue with the monthly in-person financial workshops, etc. Also, there was expectation of receiving additional funds from the State of Florida which did not materialize. Secondly, with the uncertainty of an ongoing funding source to support new TBRA clients, project sponsors held back on adding new households until the final funding level through the HOPWA Modernization Act is determined.



The Short-Term Rent Mortgage and Utility (STRMU) program achieved the project goals. The continued economic downturn greatly affected Broward County and increased the prevalence of clients requesting for STRMU. The loss of employment and subsequent threats to maintaining stable housing were the two most significant factors that resulted in a one hundred and forty-one percent (141%) increase in the number of overall applications in the STRMU program.

Clients entering the Facility Based Housing (FAC) program faced multiple challenges including but not limited to chronic housing instability or homelessness, substance use, mental health and lack of medical care. The project sponsors address all of their needs, while maintaining a COVID free environment. As the County decreased COVID restrictions, the project sponsors were able to increase admission to FAC program.

Having a single data base for both HOPWA and Ryan White participants has given the City the unique advantage of tracking health outcomes of persons who are housed and in care. For 2020-2021 all persons that received financial assistance and maintained contact with a case manager also reflected suppressed viral loads and were also retained in care. This data supports the theory that stable housing equates to good health outcomes. Approximately 92% of persons who maintained contact with a Housing Case Manager (HCM) also reflected stable and consistent medical care.

Data integrity continues to be a challenge of non-HOPWA qualifying household members. The City plans to combat this by continued training of the case management project sponsors. The program continues to see incomplete household demographic data, which has a direct correlation on our ability to capture complete data on HOPWA household members. The training will focus on the importance of capturing the data for household members and not just the qualifying beneficiary.

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

The City has a strong interest in investing HOPWA funding in mixed use housing developments. Obtaining appropriate and specific guidance has been a challenge.

The City would like to participate in mixed use affordable housing development. Examples of other areas that have successfully used HOPWA funding as incentive for developers in mixed use affordable housing developments would be helpful. How is unit set-aside established without disclosing health information?

### **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.

Broward County continues to work to overcome the barriers of lack of affordable housing stock, high rent cost, and State regulations that are in favor of landlords and not tenants. In a study conducted by Florida International University, Metropolitan Center, June 2019, another barrier identified was low or depressed wages. The study identified the median household income for Broward County as \$54,895.00 and indicated that households were more than 40% rent burdened. The cost of high rents, HUD-established fair Market Rents, which are often very low, and regulations that strongly favor landlords often make it difficult to house clients.

On the Client side: factors such as poor work history, criminal misdemeanors, and inadequate income make it difficult for them to secure leases. The program has attempted circumvent these barriers by master leasing housing units. This has proven to be a very expensive model and does not house as many clients as could be housed using a TBRA model.

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.

For FY 2020-2021 the HOPWA program tried a shared housing model in response to the rising cost of housing and the limited stock of affordable housing units. This pilot project revealed two important areas that the City will address by incorporating these elements in the next RFP cycle: 1. There is need to have trauma-informed case management as part of the care continuum. 2. There is a need to re-invent the housing model that supports the lifestyle of a cross-generational population.

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

Focus Groups were conducted during the Fiscal Year specific to HOPWA and housing affordability in Broward County and the role of housing in ending the epidemic. The information will be made available to the public soon.

**End of PART 1**

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

**1. Sources of Leveraging**

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

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

**A. Source of Leveraging Chart**

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	\$2,355,499.00 \$88,000,000.00 \$1,233,352.85	Outpatient Ambulatory , Case Management, Substance Abuse and Mental Health, CQM, PCS & HICP, Mental Health, Medical Case Management, Food Services	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Ryan White-Other			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Housing Choice Voucher Program			<input 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 type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:	\$146,333.00	MH & SA for HIV Community	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public:	\$9,020.00	(Federal) Rental Assistance/ Food Services	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Private Funding			
Grants	\$10,000.00	ABHS Homeless Initiative and food distribution	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Grants	\$26,344.50	Rental Assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
In-kind Resources	\$39,083.00	Food/clothes/hygiene items to low income individuals & 480 volunteer hr. @\$22 = 10,560	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support

In-kind Resources	\$80,000.00	Moneys for program support & incidental expenses	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: ELIZABETH TAYLOR AIDS FUND	\$15,237.00	Rent Assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private: OUR FUND	\$9,810.00	Rent Assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private: MAC VIVA GLAM	\$10,533.00	Rent Assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private: GILEAD HIV AGE POSITIVELY	\$10,830.00	Rent Assistance	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:	\$120,000.00	Elderly Services Social Engagement & Feeding Program	<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:	\$90,000.00	COVID 19 Grant (Testing and Vaccination)	<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 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			
<b>TOTAL (Sum of all Rows)</b>	<b>\$92,156,042.35</b>		

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## 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

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

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

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

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

**End of PART 2**

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

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

**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
<b>HOPWA Housing Subsidy Assistance</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
1.	Tenant-Based Rental Assistance	200	170			\$2,152,927.76	\$1,993,044.44
2a.	<b>Permanent Housing Facilities:</b> Received Operating Subsidies/Leased units (Households Served)	100	106			\$995,957.94	\$720,658.83
2b.	<b>Transitional/Short-term Facilities:</b> Received Operating Subsidies/Leased units (Households Served)	88	215			\$1,209,600.73	\$1,045,015.59
3a.	<b>Permanent Housing Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)						
3b.	<b>Transitional/Short-term Facilities:</b> Capital Development Projects placed in service during the operating year (Households Served)						
4.	Short-Term Rent, Mortgage and Utility Assistance	150	212			\$987,923.92	\$538,147.89
5.	Permanent Housing Placement Services	100	64			\$273,437.55	\$184,574.80
6.	Adjustments for duplication (subtract)		6				
7.	<b>Total HOPWA Housing Subsidy Assistance</b> (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	634	761			\$5,619,847.90	\$4,481,441.55
<b>Housing Development (Construction and Stewardship of facility based housing)</b>		<b>[1] Output: Housing Units</b>				<b>[2] Output: Funding</b>	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)						
9.	Stewardship Units subject to 3- or 10- year use agreements						
10.	<b>Total Housing Developed</b> (Sum of Rows 8 & 9)						
<b>Supportive Services</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
11a.	Supportive Services provided by project sponsors that also delivered HOPWA housing subsidy assistance	634	761			\$1,721,799.59	\$1,548,761.24
11b.	Supportive Services provided by project sponsors that only provided supportive services.	1090	1303			\$1,233,931.26	\$922,651.10
12.	Adjustment for duplication (subtract)		212				
13.	<b>Total Supportive Services</b> (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)		1524			\$2,955,730.85	\$2,471,412.34
<b>Housing Information Services</b>		<b>[1] Output: Households</b>				<b>[2] Output: Funding</b>	
14.	Housing Information Services					\$73,000.00	\$43,690.00
15.	<b>Total Housing Information Services</b>					\$73,000.00	\$43,690.00

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)					\$275,539.88	\$266,878.00
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$400,603.67	\$381,363.66
20.	<b>Total Grant Administration and Other Activities (Sum of Rows 16 – 19)</b>					\$676,143.55	\$648,241.66
<b>Total Expended</b>							
						<b>[2] Outputs: HOPWA Funds Expended</b>	
						<b>Budget</b>	<b>Actual</b>
21.	<b>Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)</b>					\$9,324,722.30	\$7,644,785.55

## 2. Listing of Supportive Services

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

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

Supportive Services		[1] Output: Number of Households	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance		
2.	Alcohol and drug abuse services		
3.	Case management	1852	\$2,229,750.70
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	212	\$241,661.63
9.	Life skills management (outside of case management)		
10.	Meals/nutritional services		
11.	Mental health services		
12.	Outreach		
13.	Transportation		
14.	Other Activity (if approved in grant agreement). <b>Specify:</b>		
15.	<b>Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)</b>	2064	
16.	<b>Adjustment for Duplication (subtract)</b>	212	
17.	<b>TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)</b>	1852	\$947,914.77

### 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	215	\$538,147.89
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	1	\$4,667.86
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.		
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	213	\$304,184.81
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.		
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	1	\$315.73
g.	Direct program delivery costs (e.g., program operations staff time)		\$228,979.49

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	170	166	1 Emergency Shelter/Streets		Unstable Arrangements
			2 Temporary Housing	1	Temporarily Stable, with Reduced Risk of Homelessness
			3 Private Housing		Stable/Permanent Housing (PH)
			4 Other HOPWA		
			5 Other Subsidy	1	
			6 Institution		Unstable Arrangements
			7 Jail/Prison		
			8 Disconnected/Unknown		
			9 Death	2	Life Event
Permanent Supportive Housing Facilities/ Units	106	97	1 Emergency Shelter/Streets		Unstable Arrangements
			2 Temporary Housing	1	Temporarily Stable, with Reduced Risk of Homelessness
			3 Private Housing	4	Stable/Permanent Housing (PH)
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		Unstable Arrangements
			7 Jail/Prison		
			8 Disconnected/Unknown	2	
			9 Death	2	Life Event

**B. Transitional Housing Assistance**

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Transitional/ Short-Term Housing Facilities/ Units	215	140	1 Emergency Shelter/Streets		Unstable Arrangements
			2 Temporary Housing	75	Temporarily Stable with Reduced Risk of Homelessness
			3 Private Housing		Stable/Permanent Housing (PH)
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		

			8 Disconnected/unknown		<i>Unstable Arrangements</i>
			9 Death		<i>Life Event</i>
B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months					

**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
215	<b>Maintain Private Housing without subsidy</b> <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	125	<i>Stable/Permanent Housing (PH)</i>
	<b>Other Private Housing without subsidy</b> <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>		
	Other HOPWA Housing Subsidy Assistance		
	Other Housing Subsidy (PH)		
	<b>Institution</b> <i>(e.g. residential and long-term care)</i>		
	Likely that additional STRMU is needed to maintain current housing arrangements	74	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	<b>Transitional Facilities/Short-term</b> <i>(e.g. temporary or transitional arrangement)</i>		
	<b>Temporary/Non-Permanent Housing arrangement</b> <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>		
	Emergency Shelter/street	3	<i>Unstable Arrangements</i>
	Jail/Prison	2	
Disconnected	11		
Death		<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).			18
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).			3

### 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	
<b>1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	761
b. Case Management	1303
c. Adjustment for duplication (subtraction)	1303
<b>d. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)</b>	<b>761</b>
<b>2. For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	1303
<b>b. Total Households Served by Project Sponsors without Housing Subsidy Assistance</b>	<b>1303</b>

#### 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	761	1303	<i>Support for Stable Housing</i>
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)	761	1277	<i>Access to Support</i>
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	761	1277	<i>Access to Health Care</i>
4. Accessed and maintained medical insurance/assistance	639	1277	<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income	563	1277	<i>Sources of Income</i>

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

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

- MEDICARE Health Insurance Program, or use local program name (SCHIP), or use local program name

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

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

**1c. Households that Obtained Employment**

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

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

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

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

Categories of Services Accessed	[1 For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	13	4

**End of PART 4**

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

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

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

**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**

DRAFT

**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)	<b>Operating Year for this report</b> <i>From (mm/dd/yy) To (mm/dd/yy)</i> <input type="checkbox"/> <b>Final Yr</b>  <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	Date Facility Began Operations (mm/dd/yy)

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

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

**3. Details of Project Site**

Project Sites: Name of HOPWA-funded project	
Site Information: Project Zip Code(s)	
Site Information: Congressional District(s)	
Is the address of the project site confidential?	<input 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>
<b>If the site is not confidential:</b> 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.

<b>Individuals Served with Housing Subsidy Assistance</b>	<b>Total</b>
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	761

**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.*

<b>Category</b>		<b>Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance</b>
1.	<u>Continuing</u> to receive HOPWA support from the prior operating year	488
<b>New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year</b>		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	18
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	
4.	Transitional housing for homeless persons	5
5.	<b>Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)</b>	23
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	
7.	Psychiatric hospital or other psychiatric facility	1
8.	Substance abuse treatment facility or detox center	1
9.	Hospital (non-psychiatric facility)	1
10.	Foster care home or foster care group home	
11.	Jail, prison or juvenile detention facility	3
12.	Rented room, apartment, or house	183
13.	House you own	2
14.	Staying or living in someone else’s (family and friends) room, apartment, or house	27
15.	Hotel or motel paid for without emergency shelter voucher	10
16.	Other	6
17.	Don’t Know or Refused	16
18.	<b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)</b>	761



**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	1	13

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

**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.

		A.	B.	C.	D.	E.
		Male	Female			TOTAL (Sum of Columns A-D)
1.	Under 18					
2.	18 to 30 years	18	22	10		50
3.	31 to 50 years	158	145			303
4.	51 years and Older	234	174			408
5.	<b>Subtotal (Sum of Rows 1-4)</b>	410	341	10		761
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	61	51			112
7.	18 to 30 years	24	29			53
8.	31 to 50 years	11	16	1		28
9.	51 years and Older	29	11			40
10.	<b>Subtotal (Sum of Rows 6-9)</b>	125	107	1		233
<b>Total Beneficiaries (Chart a, Row 4)</b>						
11.	<b>TOTAL (Sum of Rows 5 &amp; 10)</b>	535	448	11		

**c. Race and Ethnicity\***

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

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a, Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a, Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native			2	
2.	Asian	12			
3.	Black/African American	428	18	199	1
4.	Native Hawaiian/Other Pacific Islander		6		
5.	White	275	68	30	17
6.	American Indian/Alaskan Native & White	27			
7.	Asian & White				
8.	Black/African American & White	13		2	
9.	American Indian/Alaskan Native & Black/African American	6			
10.	Other Multi-Racial		6		
11.	Column Totals (Sum of Rows 1-10)	761	100	233	18
<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)	487
2.	31-50% of area median income (very low)	221
3.	51-80% of area median income (low)	53
4.	<b>Total (Sum of Rows 1-3)</b>	<b>761</b>

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

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)**

N/A
-----

**2. Capital Development**

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

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

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

	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 <u>with or without</u> rehab				
Rental units rehabbed				
Homeownership units constructed (if approved)				

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

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:** **Broward House**

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						
d. Other housing facility <b>Specify: ALF</b>	53 (2 or 3 persons per unit)					

**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	215	\$1,045,015.59
c. Project-Based Rental Assistance (PBRA) or other leased units		
d. Other Activity (if approved in grant agreement) <b>Specify:</b>		
e. <b>Adjustment to eliminate duplication (subtract)</b>		
f. <b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>	215	\$1,045,015.59

**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: **Broward House**

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
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units	4	46	23	1	
d.	Other housing facility <u>Specify: ALF</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	75	\$427,074.65
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	<b>Adjustment to eliminate duplication (subtract)</b>		
f.	<b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>	75	\$427,074.65

**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: **Mount Olive Development Corporation**

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
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units	1	12	10	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.

<b>Housing Assistance Category: Facility Based Housing</b>		<b>Output: Number of Households</b>	<b>Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor</b>
a.	Leasing Costs		
b.	Operating Costs	31	\$293,584.18
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <b>Specify:</b>		
e.	<b>Adjustment to eliminate duplication (subtract)</b>		
f.	<b>TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)</b>	31	\$293,584.18

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## CR-05 - Goals and Outcomes

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

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

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

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

Goal	Category	Source / Amount	Indicator	Unit of Measure	Expected 5 Year Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected 1 year Annual Action Plan Program Year	Actual – Program Year	Percent Complete
Capital Projects	Non-Housing Community Development	CDBG: \$500,0000	Site Clearance for the new YMCA Buildings Demolished	Buildings	0	0		1	1	100%
Economic Empowerment	Non-Housing Community Development	CDBG-CV: \$160,000.00	Jobs created/retained	Jobs	0	0		30	16	53.33%



HOPWA Services	Affordable Housing Homeless Non-Homeless Special Needs	HOPWA: \$7,644,786	HIV/AIDS Housing Operations	Household Housing Unit	7000	2070	29.57%	1400	2070	147%
Housing Rehabilitation	Affordable Housing Homeless	HOME: \$201,896.42\$	Homeowner Housing Rehabilitated	Household Housing Unit	75	0	0.00%	30	18	60.00%
Public Services	Non-Housing Community Development	CDBG: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	500	207	41.40%	100	79	79.00%
Public Services	Non-Housing Community Development	CDBG: \$50,000.00	Homeless Person Overnight Shelter	Persons Assisted	700	730	104.29%	700	730	104.29%
Public Services	Non-Housing Community Development	CDBG: \$37,500.00	Overnight/Emergency Shelter/Transitional Housing Beds added WID	Beds	0	0		150	178	118%
Purchase Assistance	Affordable Housing	HOME: \$75,000.00	Homeowner Housing Added	Household Housing Unit	2	1	50.00%	2	1	50.00%

Purchase Assistance	Affordable Housing	HOME: \$300,000.00	Direct Financial Assistance to Homebuyers	Households Assisted	20	4	20.00%	5	4	80%
Rental Assistance	Affordable Housing Homeless	HOME TBRA: \$200000	Housing for Homeless added	Household Housing Unit	10	11	110.00%	10	11	110.00%
Rental Assistance	Affordable Housing Homeless	Coronavirus Funds \$700000	HIV/AIDS Housing Operations	Household Housing Unit	307	416	135.50%	305	767	251.48%

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

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

## **Narrative**

HOME(\$201,896.42), CDBG (\$97,213.54) and SHIP(\$959,124.17) funding was used for seventeen(17) home repairs and one (1) home reconstruction including 1 White low-income, 12 Black 10 low-income and two very-low income and 1 Hispanic very-low income Households within the Fort Lauderdale Community.

Also, HOME funds in the amount of \$240,990.00 was provided for three(3) black low-income female households and 1 low-income hispanic household for a total of four(4) purchase assistance housing units.

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

**Identify the resources made available**

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
CDBG	public - federal	1,738,347	
HOME	public - federal	726,392	
HOPWA	public - federal	8,114,059	

**Table 2 - Resources Made Available**

**Narrative**

**Identify the geographic distribution and location of investments**

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
Broward County	100	100	Local County
CITY OF FORT LAUDERDALE	20	20	
NEIGHBORHOOD REVITALIZATION STRATEGY AREA	70	70	
NRSA - NORTHWEST REVITALIZATION AREA	10	10	

**Table 3 – Identify the geographic distribution and location of investments**

## Leveraging

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

The City leverages the State Housing Initiatives Partnership (SHIP) funds to address the needs identified in the plan. For grant year 2020, no publicly owned land was utilized in meeting the needs listed in the plan. During this reporting period the City has identified and designated publicly owned land that will be used to address these need for the remaining duration of the consolidated plan.

<b>Fiscal Year Summary – HOME Match</b>	
1. Excess match from prior Federal fiscal year	\$14,669,828.34
2. Match contributed during current Federal fiscal year	\$959,124.17
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	\$15,628,950.51
4. Match liability for current Federal fiscal year	\$51,919.15
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	\$15,577,031.36

**Table 4 – Fiscal Year Summary - HOME Match Report**

Match Contribution for the Federal Fiscal Year								
Project No. or Other ID	Date of Contribution	Cash (non-Federal sources)	Foregone Taxes, Fees, Charges	Appraised Land/Real Property	Required Infrastructure	Site Preparation, Construction Materials, Donated labor	Bond Financing	Total Match
RS 17-013	10/14/2020	\$59,885.65						\$59,885.65
RS 19-008	12/15/2020	\$32,180.45						\$32,180.45
RS 20-002	12/08/2020	\$32,378.77						\$32,378.77
RS 19-013	03/17/2021	\$60,000.00						\$60,000.00
RS 20-007	03/24/2021	\$59,213.00						\$59,213.00
RS 20-003	03/24/2021	\$59,440.50						\$59,440.50
RS 19-012	03/24/2021	\$59,769.78						\$59,769.78
RS 20-006	04/28/2021	\$60,000.00						\$60,000.00
RS 20-005	04/07/2021	\$57,112.68						\$57,112.68
RS 20-016	05/20/2021	\$29,554.38						\$29,554.38
RS 19-007	05/26/2021	\$60,000.00						\$60,000.00
RS 20-015	07/21/2021	\$59,997.00						\$59,997.00
RS 20-012	08/04/2021	\$30,000.00						\$30,000.00
RS-20-002	08/18/2021	\$60,000.00						\$60,000.00
RS 20-011	08/11/2021	\$60,000.00						\$60,000.00
RS 20-021	09/27/2021	\$59,998.96						\$59,998.96
RS 20-008	09/22/2021	\$59,593.00						\$59,593.00
RS 20-013	09/22/2021	\$60,000.00						\$60,000.00

Table 5 – Match Contribution for the Federal Fiscal Year

**HOME MBE/WBE report**

Program Income – Enter the program amounts for the reporting period				
Balance on hand at beginning of reporting period \$	Amount received during reporting period \$	Total amount expended during reporting period \$	Amount expended for TBRA \$	Balance on hand at end of reporting period \$
\$106,897.68	\$391,936.00	\$271,305.32	\$96,242.77	\$28,673.19

Table 6 – Program Income

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<b>Minority Business Enterprises and Women Business Enterprises – Indicate the number and dollar value of contracts for HOME projects completed during the reporting period</b>						
	Total	Minority Business Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
<b>Contracts</b>						
Number	2			2		
Dollar Amount	\$60,000.00			\$60,000.00		
<b>Sub-Contracts</b>						
Number						
Dollar Amount						
	Total	Women Business Enterprises	Male			
<b>Contracts</b>						
Number	2	1				
Dollar Amount	\$37,213.52	\$37,213.52				
<b>Sub-Contracts</b>						
Number						
Dollar Amount						

**Table 7 - Minority Business and Women Business Enterprises**

<b>Minority Owners of Rental Property – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted</b>						
	Total	Minority Property Owners				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	7	0	0	7		
Dollar Amount	\$42,524.00	0	0	\$42,524.00		

**Table 8 – Minority Owners of Rental Property**



<b>Relocation and Real Property Acquisition</b> – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition						
Parcels Acquired						
Businesses Displaced						
Nonprofit Organizations Displaced						
Households Temporarily Relocated, not Displaced						
Households Displaced	Total	Minority Property Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0					
Cost	0					

Table 9 – Relocation and Real Property Acquisition

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

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

The City establish a Tenant Based Rental Assistance ( TBRA) funded by HOME Investment Partnerships program to address this need

	One-Year Goal	Actual
Number of homeless households to be provided affordable housing units TBRA	10	11
Number of non-homeless households to be provided affordable housing units		
Number of special-needs households to be provided affordable housing units		
<b>Total</b>		

Table 10 – Number of Households

The City implemented and Conronavirus Rent, Mortgage and utility assistance. The need was met by leveraging multiple funding sources which includes Coronavirus Relief Funds, HOME Funds for families occupying HOME assisted rent units, and CDBG- CV .

The City provided fundind to a Community Housing Development Organization to rehabilitate one existing rental property with seven units

	One-Year Goal	Actual
Number of households supported through rental assistance	200	
Number of households supported through the production of new units	0	0
Number of households supported through the rehab of existing units	7	7
Number of households supported through the acquisition of existing units	0	0
<b>Total</b>		

Table 11 – Number of Households Supported

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

Discuss how these outcomes will impact future annual action plans.

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

Number of Households Served	CDBG Actual	HOME Actual
Extremely Low-income	730	0
Low-income	290	18
Moderate-income	1	0
<b>Total</b>	<b>1021</b>	<b>18</b>

Table 12 – Number of Households Served

### Narrative Information

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

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

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

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

**Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: likely to become homeless after being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); and, receiving assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs**

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

The City hosts a collaborative of the State's only Community Court that addresses the needs of those experiencing homelessness in Fort Lauderdale. Those appearing before the Community Court are triaged to the appropriate support services to minimize their risk of returning to the streets. The Court centralizes access to various services within the Continuum of Care (CoC) for individuals and families experiencing homelessness. Persons experiencing homelessness can appear onsite as walk-ins even if they are not on the docket to appear before the judge. They will be assessed by providers that are present and will be linked to appropriate services.

To support this effort the City has funded a Tenant Based Rental Assistance Program with Hope South Florida specifically to meet the needs of eligible homeless individuals and families. To date 11 persons have been permanently housed

The City has partnered with Housing Opportunities Mortgage Assistance and Effective Neighborhood Solutions (H.O.M.E.S., Inc.) to provide housing and support services for youth aging out of foster care. This program provides housing, jobs/ internships, and support services for a minimum of 16 youths aging out of foster care.

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

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

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

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

The City works closely with Housing Authority of the City of Fort Lauderdale (HACFL) to the greatest extent possible to meet the needs of the City's residents.

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

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

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

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

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

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

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

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

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

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

Currently the City monitors properties for two (2) certified CHDOs:

### Fort Lauderdale Community Development Corporation-CHDO

1. 520 NW 18<sup>th</sup> Avenue- 1 unit
2. 1405 NW 3<sup>rd</sup> Street-1 unit
3. 1429 NW 3<sup>rd</sup> Street-1 unit
4. 100 NW 14<sup>th</sup> Avenue-10 units
5. 735 NW 10<sup>th</sup> Terrace-6 units
6. 1215 NW 1<sup>st</sup> Street-8 units
7. 1221 NW 1<sup>st</sup> Street-10 units
8. 1324 NW 2<sup>nd</sup> Street- 5 units

**No inspections completed due to the Covid Pandemic. A copy of the most recent inspection report completed by the CHDO for each property was submitted as part of the monitoring.**

**City staff reviewed the inspection reports submitted to ensure that inspections were adequate.**

### Housing Opportunities, Mortgage Assistance & Effective Neighborhood Solutions, Inc. (H.O.M.E.S. Inc.)

1. 1341 N. Andrews Avenue, Units 1 & 2
2. 1113 NE 2<sup>nd</sup> Avenue, Units 1 & 2.

No inspections were completed due to the Covid-19 Pandemic. A copy of the most recent inspection report completed by the Community Housing Development Organization (CHDO) for each property was submitted as part of the monitoring.

City staff reviewed the inspection reports submitted to ensure that inspections were adequate.

## **Citizen Participation Plan 91.105(d); 91.115(d)**

**Describe the efforts to provide citizens with reasonable notice and an opportunity to comment on performance reports.**

A Fifteen-days public comment period notice was published in the local newspaper, posted on the City's website, sent out vial all social media platforms and distributed via email to

stakeholders. A copy of the notice is attached to this report.

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## **CR-50 - HOME 91.520(d)**

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

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

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

The City requires that each HOME subrecipient develop an affirmative marketing plan that is submitted to the City for Review. The City also provides funding to Housing Opportunities Project of Excellence, (HOPE, Fair Housing) a non-profit fair housing organization, to provide fair housing education and out reaching to the community but specifically to non-profits receiving funding via the City's entitlement programs.

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

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

The City has established a local housing trust fund. The proceeds from this funding source is used to provide gap funding to LIHTC developments. The City in 2021 awarded approximately \$700,000.00 for support in the rebuilding of HACFL sailboat Bend affordable housing project.

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

Refer to attached HOPWA CAPER

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