

Housing Opportunities for Persons With AIDS (HOPWA) Program

Annual Progress Report (APR) Measuring Performance Outcomes

Tri-State HELP Montana, South Dakota and North Dakota MTH180003 HOPWA PLUS Year 2 9/1/2019 through 8/31/2020

OMB Number 2506-0133 (Expiration Date: 01/31/2021)

The APR report for HOPWA competitively selected grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes related to: maintain housing stability; prevent homelessness; and improve access to care and support. Reporting is required for all HOPWA competitive grantees. The public reporting burden for the collection of information is estimated to average 55 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Previous editions are obsolete

Overview. The Annual Progress Report (APR) provides annual performance reporting on clients' outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The APR fulfills statutory reporting requirements and provides the grantee and HUD with the necessary information to assess the overall performance and accomplishment of the grantee's program activities under the approved goals and objectives.

HOPWA competitive grantees are required to submit an APR for each operating year in which HOPWA grant funds were expended. Information on each competitive grant is to be reported in a separate APR. Grantees must complete Parts 1-5 on standard reporting elements. Grantees approved for "Other Activities", as detailed in their grant agreement, are requested to adapt the APR to report on their unique program accomplishments.

In addition, grantees must comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282), which requires grant recipients to provide general information for all entities (including contractors and sub-contractors) receiving \$25,000+ in federal funding.

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Continued Use Periods. Grantees that received HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA-eligible beneficiaries for a ten (10) year period. If no further HOPWA funds are used to support the facility, in place of filing the APR, the grantee must submit an Annual Report of Continued Project Operation throughout the required use periods. This report is included in Part 5E Annual Report of Continued Use for HOPWA Facility-Based Stewardship in this APR. The required use period is three years if 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 Tcell 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 competitive grants are awarded for a threeyear period of performance with APRs submitted for each of the three operating years. The information contained in this APR should reflect the grantee's operating year with the beginning date determined at the time the grant agreement is signed. Project sponsor accomplishment information must coincide with the operating year this APR covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for one additional operating year. A renewal grant start date would be coordinated with the close out of the existing grant.

Grantees with an approved extension period of less than 6-months must submit the APR for the third year of the grant term at the end of the approved extension period and incorporate data from the additional months. Grantees with an approved extension period of 6-months or more must turn in an APR at the end of the operating year and submit a separate extension APR at the end of the extension period.

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

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

Definitions

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

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

| 6. | TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 | 1 |
|----|--|---|
| | minus Row 5) | |

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.to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year. See Worksheet - Determining HOPWA Outcomes and Connections with HMIS for definitions of stable and unstable housing situations.

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

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

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

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

of sufficient income.

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

Outcome: The degree to which the HOPWA assisted household has been enabled to establish or better 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 is required for facilities that are subject to the minimum use requirements (three-year use agreement if rehabilitation is non-substantial and 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 his/her gender at birth.

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

Housing Opportunities for Persons With AIDS (HOPWA)

Annual Progress Report – Measuring Performance Outcomes PART 1: Grantee Summary

OMB Number 2506-0133 (Expiration Date: 01/31/2021)

This section requests general grantee information. Please use Chart 1to provide more detailed information about the agency(ies) and/or organization(s) responsible for the administration and implementation of this HOPWA program. When completing the chart(s), provide a response for every question using "N/A" to indicate if a particular question is not applicable to the Grantee. Do not leave any sections blank.

Note: Report all general information pertaining to project sponsors that perform housing and supportive services in Part 5A: Summary of Project Sponsor Information.

1. Grantee Information

| HUD Grant Number | | | . 0 | Year for this repor (dd/yy) 09/01/2019 | t <i>To (mm/dd/yy)</i> 08/31/2020 |
|---|--------------------|-----------------------|--|---|---|
| MTH180003 | | | TTOM (mm/ | <i>aa/yy)</i> 09/01/2019 | 10 (mm/au/yy) 08/31/2020 |
| | | | □ Yr 1; ⊠ | Yr 2; □ Yr 3; □ | Ext Yr |
| Grantee Name | | | Parent Cor | npany <i>if applicable</i> | |
| MT Department of Health and Human Services | | | N/A | | |
| Business Address | PO Box 202956 | | | | |
| City, State, Zip, County | Helena | | MT | 59620 | Lewis and Clark |
| Employer Identification Number (EIN) or Tax Identification Number (TIN) | 81-0302402 | | | | |
| DUN & Bradstreet Number (DUNs) | | | System for Award Management (SAM): : Is the grantee's SAM status currently active? ⊠ Yes □ No If yes, provide SAM Number: 1XYF7 | | |
| Congressional District of Grantee's Business Address | MT District 1 | | | | |
| *Congressional District(s) of Primary Service Area | N/A | | | | |
| *City(ies) and County(ies) of Primary Service | Cities: N/A | | | Counties: N/A | |
| Area | | | | | |
| Organization's Website Address www.dphhs.mt.gov | | in the G If yes, e | rantee Servic | e Area? ⊠ Yes arrative section wł | using Subsidy Assistance Services No nat services maintain a waiting list |
| Is the grantee a nonprofit organization? | es 🛛 No | | | | |
| Please check if yes and a faith-based organization. Please check if yes and a grassroots organization? | | | | | |
| * Service delivery area information only | v needed for progr | am activit | ies being di | rectly carried o | ut by the grantee. |

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will refer for prosecution false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802) Name and Title of Authorized Official Signature & Date (mm/dd/yy) Sara Loewen, Bureau Chief, Intergovernmental Human Services Bureau 11/24/2020 ver Name and Title of Contact at Grantee Agency **Email Address** (person who can answer questions about the report and program) Marcia Lemon, Energy and Community Services Manager mlemon@mt.gov Phone Number (include area code) Fax Number (include area code) (406) 447-4276 (406) 447-4287

Part 2: Grantee Narrative and Performance Assessment

Use the Grantee Narrative and Performance Assessment (items A through D) to succinctly describe in a one to three page narrative how activities enabled client households to improve housing stability, increased access to care and support, and reduced their risk of homelessness. Describe the organization of the HOPWA Program and how the program interacts with other housing and supportive service programs in the community and/or state. The narrative should detail program accomplishments, barriers to achieving stated performance goals, technical assistance needs and innovative outreach and support strategies utilized by project sponsors or partner organizations to achieve program goals. In addition, provide information on any evaluations of the project's accomplishments conducted during the operating year. This narrative will be used for public information, including posting on HUD's web page.

A. Outputs Reported. Describe program accomplishments including the number of housing units supported and the number households assisted with HOPWA funds during this operating year. <u>Include a comparison between proposed (as approved in the grant agreement) and actual accomplishments</u>, as demonstrated in Part 3: Overview of Grant Activities. In the narrative, describe how the different types of housing assistance are coordinated to serve clients. If your organization has a waiting list, please explain how it is administered.

Montana: Missoula, Open Aid Alliance: A total of 32 households were assisted with HOPWA funds this operating year. This represents TBRA assistance for 28 households, eight more than their goal of 22. The agency assisted only 2 households with STRMU earlier in the program year, after which they transitioned to using a different funding source to provide these services in order to better meet client needs and reduce barriers. By doing so, the agency can provide longer and more comprehensive assistance while they wait to get on more sustainable programs like HOPWA TBRA or an HCV program. 28 households benefited from on-going Supportive Services which was 6 less than our goal, however everyone did receive initial counseling through their housing stabilization plan, care coordination, and referrals plus follow up in accessing additional community resources to address all needs and concerns on the Housing Plan, including obtaining health insurance, applying for unemployment or SSI/SSDI benefits, or other COVID related grants.

The agency maintains a waitlist for TBRA guided by a waitlist policy. Housing Assistance Fund manages the waitlist with a needs-based approach and strives to serve those most in need. Need is scored based on the Vi-Spdat, as administered by housing staff and the score is kept confidential. Homeless families or individuals, those who are medically fragile, or those with the lowest incomes are assessed through the Vi-Spdat and prioritized accordingly. There is a bi-annual check-in with households or individuals to verify waitlist status, and a regular on-going conversation if meeting with housing navigators more regularly. If a client on the wait list no longer requires HOPWA assistance or no longer qualifies, all parties involved with the applicant's care are notified prior to being removed from the waitlist. Once an opening becomes available, the next applicant is contacted, as well as the next top three applicants on the waitlist to inform them of their status and to assist in planning for the upcoming move. Dates households are added or removed are documented on the Waitlist Tracker.

<u>Montana: Billings, HRDC7:</u> The program was able to serve 21 households though this grant. All goals were not met due to attrition and higher average financial assistance per household. Households were afforded the opportunity to receive monthly transportation assistance through bus passes and readily available access to intensive case management in addition to their housing subsidy. In addition to HOPWA, the agency administered four other emergency and long-term housing programs; and the community received diversion funds to be utilized in diverting clients to self-sufficiency if their housing needs could be met though a one-time, nominal payment. All of these programs work closely with one-another to provide the best possible service to clients within the community.

There were clients on the agency waitlist towards the beginning of the year, but as attrition out of the program rose though the year, all clients who applied were able to be served. Applicants are first screened to determine housing status and are given priority based on their degree of homelessness. Applicants are then prioritized based on application received/assessment date. As the recertification meetings are completed or as clients experience changes to their circumstances, the agency determines if rent portions need any adjustments. In some instances, the agency may determine a decrease in the HOPWA portion of funds necessary for clients to maintain housing. The program works to connect clients with mainstream benefits, permanent housing options, and to sources of earned income such as employment or training.

South Dakota: Sioux Falls, SF Housing and Redevelopment Commission: Eighteen households received TBRA funding, which exceeded the goal of 15. Six clients on this grant left during the program year, with five out of six going into stable housing. No applicants qualified for STRMU assistance in this grant year. The need for long term assistance is the primary housing need in

South Dakota. Two households received PHP funds to assist with security deposits. This did not meet the goal of 3 households since few new households were added in this grant year. In part, this was due to the Covid 19 Pandemic. Both the application process and housing search were affected. Obtaining required records, such as birth certificates, took up to 4 months to get. Others were sick or even hospitalized, which delayed their housing search.

There is a waiting list for TBRA. A prospective client completes the waiting list form. When a spot opens and TBRA funds are made available, a letter is sent to the person(s) at the top of the waiting list with an application for housing assistance.

<u>North Dakota: Bismarck, Community Action Region VII:</u> No households were assisted with these funds this program year. The agency has had a difficult time finding applicants interested in the program or completing eligibility requirements. It continues to work with partner agencies for outreach and reducing barriers to assistance. At this time, a wait list is not needed. One will be maintained in the future, if there is need.

B. 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.

Montana: Missoula, Open Aid Alliance: There have been some challenges this year including, housing staff turn-over, and the unprecedented COVID-19 pandemic occurring in March. The agency is pleased to have been able to provide support and housing assistance to clients despite these challenges. As a result of Covid-19, they have seen a significant increase in residents moving to Montana. Montana and Missoula specifically, has seen a drastic decrease in housing availability and a severe increase in rental costs. Due to the pandemic, landlords and property management companies have struggled to assist with housing inspections. Technology has become a monumental barrier for housing clients to connect with us and other supportive services, including applying for housing. Increasing rental costs that do not fall within the FMR paired with a competitive market that strongly favors people with strong rental histories, cash up front and established employment verification. Despite these issues, assisted households maintained stable/permanent housing through the HOPWA program. STRMU clients received temporary stability with a reduced risk of homelessness, although they were likely to need additional STRMU or other more stable housing assistance. Other great outcomes resulting from housing stability reflected in the APR are attributed to the tailored supportive services the agency provides for the households. Increasing rents that do not fall within the FMR, rental history checks, credit history and income requirements are tremendous barriers to the majority of people who participate in the program. Partnership with the region's Coordinated Entry System (CES) allows the agency limited access to a Landlord Liaison and more robust communication with community partners for housing retention, stabilization and referrals.

<u>Montana: Billings, HRDC7:</u> All clients were able to access safe, decent and sanitary homes though HOPWA. While the agency serves a vast area of Montana, all clients live within the larger cities of the state, and as a result have access to the clinics within those cities. Beyond this, they work closely with the Ryan White and public health offices to ensure that they are creating a collaborative team to better serve our clients. Due to the age and disability status of clients, not many clients gained employment, but all received ongoing case management to assist them in their self-sufficiency as well as continued positive health outcomes.

South Dakota: Sioux Falls, SF Housing and Redevelopment Commission: 94% of households that received TBRA assistance remained in stable/permanent housing. 88% of the households had contact with a case manager and a health care provider. 88% of the households obtained/maintained health insurance. 88% of the households on this grant were able to obtain/maintain a source of income. One of the keys to the successes in this program is client contact with his/her case managers. Clients were more stable in their housing when they maintain their support system with the HOPWA staff.

<u>North Dakota: Bismarck, Community Action Region VII:</u> No households were assisted with these funds this program year. The agency has had a difficult time finding applicants interested in the program or completely eligibility requirements. It continues to work with partner agencies for outreach and reducing barriers to assistance.

C. Barriers and Recommendations. 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, as well as recommendations for program improvement. You may select more than one from the following list. Specify a barrier for each explanation or description.

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

Montana: Missoula, Open Aid Alliance: Barrier: Inability to use STRMU for individuals presenting homeless. Most of our new participants would be considered homeless. We have requested our STRMU funds be moved into TBRA to alleviate the challenges with using STRMU at this time. Barrier: High rents, low tolerance for risk. We are increasingly using double deposits or other strategies to incentivize landlords to rent to individuals with challenging rental, credit or employment records. Several of our biggest challenges have been addressed by the grantee and that is greatly appreciated. We appreciate using an Adjusted FMR and utilizing a standardized tool to determine Rent Reasonableness. Recommendation: Additional grant funding to provide in-home care by hiring staff that is responsible for ensuring housing stability by in-person visits to teach clients how to clean, cook, organize, and maintain a home as many clients have never had this role modeled to them. There is a gap between transitioning clients from homelessness into housing and then getting them set up with adequate technology and internet needed to access and maintain care. Often this is due to an outstanding internet or utility bill. We are working with other community partners to address these mounting concerns, however, if it could be streamlined through HOPWA/CARES funding it would expedite the process significantly.

<u>Montana: Billings, HRDC7:</u> As with many facets of our daily life, HOPWA and its clients were impacted in myriad ways at the onset of the pandemic and ever since then. Luckily, HUD saw that both contractors and clients would be ill-served if certain changes were not made, but with the addition of optional waivers to utilize to circumnavigate some of these new barriers, we were able to continue providing exceptional, yet altered service to our clients.

South Dakota: Sioux Falls, SF Housing and Redevelopment Commission: Major barriers to obtaining housing for HOPWA clients are credit and rental history, and limited English skills. Majority of HOPWA clients have poor credit history and rental history. This limits clients to certain rental properties/landlords who will provide housing. In addition, some clients who immigrated to the United States encounter discrimination by some landlords who will not rent to them because they are from another country. The rural nature of South Dakota made it difficult to find housing within the rental rate limits in the HOPWA program. What is available for renters is too expensive in the smaller communities. Another barrier, new to this grant year, was the Co-vid 19 pandemic. The application and/or housing search process was impacted. Also obtaining necessary documents, contacting/meeting with landlords and not meeting the housing case manager/housing coordinator in person are examples of barriers faced by the applicants for the HOPWA program.

D. Technical Assistance. Describe any technical assistance needs and how they will benefit program beneficiaries.

Montana: Missoula, Open Aid Alliance: Continuing technical assistance around navigating Covid-19 challenges and associated funding is very helpful. Affordable, comprehensive Case Management program with a housing focus. This would allow the agency to increase quality of care and coordination of services between housing providers and in-office housing coordinators. A program with a housing focus would greatly benefit the HOPWA program. Training around landlord engagement and mediation. Guiding positive interactions with landlords and clients may increase housing outcomes and decrease conflict/evictions, saving money and bettering client's rental history. Landlords often have high barrier rental expectations; having the skills to navigate these concerns, while also applying fair housing guidelines may help mitigate risks for landlords and clients. Legal assistance for complicated housing situations (fair housing rights, criminal history, credit history, evictions). Laws applied between landlords and tenants are challenging to navigate and often air on the side of the landlord. Having legal assistance or a legal TA would greatly benefit our program and would better protect our program participants.

Montana: Billings, HRDC7: Many of the COVID related webinars have been helpful, but not always relevant to the ways that smaller, frontier programs operate. More specialized TA pertaining to our region would be a welcomed addition.

South Dakota: Sioux Falls, SF Housing and Redevelopment Commission: We would like ongoing clarifications of mandated forms for client files, especially for supportive service only clients. Also continued clarifications of HOPWA policies coming from the federal level.

Part 3: 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. Do not count Supportive Services in this section)

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 3C, Chart 1, Row 7 (e.g., do not include households that received HOPWA supportive services ONLY).

Section 1. Individuals

a. Total HOPWA eligible individuals* receiving HOPWA Housing Subsidy Assistance

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

| Individuals Served with HOPWA Housing Subsidy Assistance | Total Number |
|--|--------------|
| Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy | 71 |
| assistance | /1 |

*See definition section for clarification on HOPWA eligible individuals

b. Prior Living Situation

In chart b, Indicate the prior living arrangements for all the 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 HOPWA housing subsidy assistance reported in Chart a above.

| | Category | Total HOPWA Eligible Individuals Receiving HOPWA Housing Subsidy Assistance |
|-----|---|--|
| 1. | Continuing to receive HOPWA housing subsidy assistance from the prior operating year | 66 |
| Ne | w Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year | |
| 2. | Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside) | 1 |
| 3. | Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher) | 0 |
| 4. | Transitional housing for homeless persons | 1 |
| 5. | Total number new individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4) | 2 |
| 6. | Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab) | 0 |
| 7. | Psychiatric hospital or other psychiatric facility | 0 |
| 8. | Substance abuse treatment facility or detox center | 0 |
| 9. | Hospital (non-psychiatric facility) | 0 |
| 10. | Foster care home or foster care group home | 0 |
| 11. | Jail, prison or juvenile detention facility | 1 |
| 12. | Rented room, apartment, or house | 1 |
| 13. | House you own | 1 |
| 14. | Staying or living in someone else's (family and friends) room, apartment, or house | 0 |
| 15 | Hotel or motel paid for by individual | 0 |
| 16. | Other | 0 |
| 17. | Don't Know or Refused | 0 |
| 18. | TOTAL of HOPWA Eligible Individuals (Sum of Rows 1 and 5-17) | 71 |

c. Homeless Individuals Summary

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

| Category | Homeless Veteran(s) | Chronically Homeless |
|--|---------------------|----------------------|
| HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance | 1 | 2 |

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 3A, Section 1, Chart a*), and all associated members of their household who benefitted from receiving HOPWA housing subsidy assistance (resided with HOPWA eligible individuals).

Note: See definition of HOPWA Eligible Individual.

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

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

Note: The sum of <u>each</u> of the Charts b & c on the following two pages equals the total number of beneficiaries served with HOPWA housing subsidy assistance as determined below 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 3A, Section 1, Chart a, Row 7) | 71 |
| 2. Number of ALL other persons diagnosed as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance | 3 |
| 3. Number of ALL other persons not diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy | 29 |
| 4. TOTAL Number of ALL <u>Beneficiaries</u> Served with HOPWA Housing Subsidy Assistance (Sum of Rows 1, 2, & 3) | 103 |

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 Chart a, Row 4.

| | HOPWA Eligible Individuals (Chart a, Row 1) | | | | | | |
|-----|---|------|-------------------|-------------------------|--------------------|-------------------------------|--|
| | | А. | B. | С. | D. | Е. | |
| | | Male | Female | Transgender M to F | Transgender F to M | TOTAL (Sum of Columns A-D) | |
| 1. | Under 18 | 0 | 0 | D | Ø | Ø | |
| 2. | 18 to 30 years | 2 | 2 | O | Ø | 4 | |
| 3. | 31 to 50 years | 12 | 16 | 1 | Ø | 29 | |
| 4. | 51 years and Older | 27 | 11 | Ø | Ø | 38 | |
| 5. | Subtotal (Sum of Rows 1-4) | 41 | 29 | 1 | Ø | 71 | |
| | · · · · | A | ll Other Benefici | aries (Chart a, Rows 2 | and 3) | | |
| | | А. | В. | С. | D. | Е. | |
| | | Male | Female | Transgender M to F | Transgender F to M | TOTAL (Sum of Columns A-D) | |
| 6. | Under 18 | 9 | 5 | 0 | Ø | 14 | |
| 7. | 18 to 30 years | 6 | 3 | Ø | 0 | 9 | |
| 8. | 31 to 50 years | 3 | 0 | Ø | Ø | 3 | |
| 9. | 51 years and Older | 3 | 3 | D | 0 | б | |
| 10. | Subtotal (Sum of Rows 6-9) | 21 | 11 | D | 0 | 32 | |
| | | | Total Benefic | ciaries (Chart a, Row 4 | .) | | |
| 11. | TOTAL (Sum of Rows 5 & 10) | 62 | 40 | 1 | 0 | 103 | |

c. Race and Ethnicity*

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

| Category | | HOPWA Eligi | ble 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 | 10 | 1 | 6 | 0 | |
| 2. | Asian | 1 | 0 | 0 | Ο | |
| 3. | Black/African American | 10 | 0 | 7 | 0 | |
| 4. | Native Hawaiian/Other Pacific Islander | 0 | 0 | 0 | 0 | |
| 5. | White | 48 | 3 | 18 | 1 | |
| 6. | American Indian/Alaskan Native & White | O | O | 0 | O | |
| 7. | Asian & White | 0 | 0 | 0 | 0 | |
| 8. | Black/African American & White | 1 | 0 | 0 | 0 | |
| 9. | American Indian/Alaskan Native & Black/African American | Ø | O | O | Q | |
| 10. | Other Multi-Racial | 1 | 0 | 1 | 1 | |
| 11. Column Totals (Sum of Rows 1-10) | | 71 | 4 | 32 | 2 | |
| Data 4. | 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 | | | | | |

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

Section 3. Households

Household Area Median Income

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

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

Note: Refer to <u>https://www.huduser.gov/portal/datasets/il.html</u> 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) | 61 |
| | 2. | 31-50% of area median income (very low) | 8 |
| Γ | 3. | 51-80% of area median income (low) | 2 |
| | 4. | Total (Sum of Rows 1-3) | 71 |

Part 3: Summary Overview of Grant Activities B. 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 grant proposal/renewal application 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.

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 | \$69,398.00 | Hotels, deposits, arrears | ☑Housing Subsidy Assistance □Other Support |
| Ryan White-Other | \$73,600.00 | Supportive Services | □Housing Subsidy Assistance ⊠Other Support |
| Ryan White-Medical | \$894,606.00 | Medical care, Case management, Services | ☐Housing Subsidy Assistance ⊠Other Support |
| CSBG | \$1,698.34 | Program Support Management | □Housing Subsidy Assistance ⊠Other Support |
| HOME | | | □Housing Subsidy Assistance □Other Support |
| Continuum of Care | | | □Housing Subsidy Assistance □Other Support |
| Emergency Solutions Grant | | | □Housing Subsidy Assistance □Other Support |
| Other Public: | | | □Housing Subsidy Assistance □Other Support |
| Private Funding | | | |
| Grants | \$4,600.00 | Funds used for case management and peer support. | ☐Housing Subsidy Assistance ⊠Other Support |
| In-kind Resources | | | □Housing Subsidy Assistance □Other Support |
| Other Private: Donations | \$500.00 | Funds for winter warmth supplies | □Housing Subsidy Assistance ⊠Other Support |
| Other Private: | | | □Housing Subsidy Assistance □Other Support |
| Other Funding | | | |
| Grantee/Project Sponsor (Agency) Cash | \$3,190 | Office Space | ☐Housing Subsidy Assistance ⊠Other Support |
| Resident Rent Payments by Client to Private Landlord | \$159,099.00 | | |
| TOTAL (Sum of all Rows) | \$1,206,691.34 | | |

2. Program Income and Resident Rent Payments

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

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

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

| | Program Income and Resident Rent Payments Collected | Total Amount of Program Income (for this operating year) |
|----|---|--|
| 1. | Program income (e.g. repayments) | \$520 |
| 2. | Resident Rent Payments made directly to HOPWA Program | 0 |
| 3. | Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2) | \$520 |

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.

| Prog | ram Income and Resident Rent Payment Expended on HOPWA programs | Total Amount of Program Income Expended (for this operating year) |
|------|---|---|
| 1. | Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs | \$520 |
| 2. | Program Income and Resident Rent Payment Expended on Supportive Services and other non- direct housing costs | 0 |
| 3. | Total Program Income Expended (Sum of Rows 1 and 2) | \$520 |

Part 3: Summary Overview of Grant Activities C. Performance and Expenditure Information

Report the total number of households that received HOPWA assistance and the amount of HOPWA funds expended for each program activity provided. In each activity section, the total Row must contain an **unduplicated** total number of households assisted. An adjustment for duplication Row is provided in each section to ensure that the total is correct. *Note:* See definition section for more information about Adjustment for Duplication.

Data Check: Data in this section is summarized from all project sponsors PART 5A-E submissions and therefore should match the combined total for those submissions. HOPWA housing subsidy assistance, supportive services, and housing placement activities are measured in households served while housing development activities are measured in units developed.

| HOPWA Housing Subsidy Assistance | | [1] Outputs: Number of Households | [2] Outputs: Amount of HOPWA Funds Expended |
|----------------------------------|--|---|--|
| 1. | Tenant-Based Rental Assistance | 62 | \$269,510.68 |
| 2a. | Permanent Housing Facilities: Received Operating Subsidies/Leased units | N/A | 0 |
| 2b. | Transitional/Short-term Facilities: Received Operating Subsidies/Leased units | N/A | 0 |
| 3a. | Permanent Housing Facilities: Capital Development Projects placed in service during the operating year | N/A | 0 |
| 3b. | Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year | N/A | 0 |
| 4. | Short-term Rent, Mortgage, and Utility Assistance | 5 | \$3,866.27 |
| 5. | Permanent Housing Placement Services | 12 | \$11,430.54 |
| 6. | Adjustment for duplication (subtract) | 8 | |
| 7. | TOTAL HOPWA Housing Subsidy Assistance (Column 1 equals sum of Rows 1-5 minus Row 6; Column 2 equals the sum of Rows 1-5) | 71 | \$284,807.49 |
| (0 | Housing Development Construction and Stewardship of Facility-Based Housing) | [1] Outputs: Number of Housing Units | [2] Outputs: Amount of HOPWA Funds Expended |
| 8. | Facility-Based Units; Capital Development Projects not yet opened | N/A | 0 |
| 9. | Stewardship units subject to 3- or 10- year use periods | N/A | |
| 10. | TOTAL Housing Development (Sum of Rows 8 and 9) | N/A | 0 |
| | Supportive Services | [1] Outputs: Number of Households | [2] Outputs: Amount of HOPWA Funds Expended |
| 11a. | Supportive Services provided by project sponsors that also delivered HOPWA housing assistance (as reported in Part 5D, 1a.) | 73 | \$69,003.73 |

1. Performance and Expenditure Information by Activity Type

| 11b. | Supportive Services provided by project sponsors that only provided supportive services (as reported in Part 5, D, 1b) | N/A | 0 |
|------|---|--------------------------------------|--|
| 12. | Adjustment for duplication (subtract) | N/A | |
| 13. | TOTAL Supportive Services (Column 1 equals Sum of Rows 11a. & 11b. minus Row 12; Column 2 equals Sum of Row 11a & 11b) | 73 | \$69,003.73 |
| | Housing Information Services | [1] Outputs: Number of Households | [2] Outputs: Amount of HOPWA Funds Expended |
| 14. | Housing Information Services | N/A | 0 |
| 15. | TOTAL Housing Information Services | N/A | 0 |
| 0 | Frant Administration and Other Activities | [1] Outputs: Number of Households | [2] Outputs: Amount of HOPWA Funds Expended |
| 16. | Resource Identification to establish, coordinate and develop housing assistance resources | | 0 |
| 17. | Technical Assistance (if approved in grant agreement) | | 0 |
| 18. | Project Outcomes/Program Evaluation (if approved in grant agreement) | | 0 |
| 19. | Grantee Administration (maximum 3% of total of HOPWA grant) | | \$10.428.07 |
| 20. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | \$21,202.52 |
| 21. | Other Activity (if approved in grant agreement). Specify: | N/A | 0 |
| 22. | TOTAL Grant Administration and Other Activities (Sum of Rows 16-21) | | \$31,630.59 |
| | TOTAL Expended | | [2] Amount of HOPWA Funds Expended |
| 23. | TOTAL Expenditures (Sum of Rows 7, 10, 13, 15 & 22) | | \$385,441.81 |

End of Part 3

Part 4: Summary of Performance Outcomes Housing Stability, Prevention of Homelessness, and Access to Care

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

Note: Refer to the destination codes that appear in Part 6: Appendix: Worksheet on Determining HOPWA Outcomes and Connections with HMIS. Data Check: The sum of Columns [2] (Number of Households Continuing) and [3] (Exited Households) equals the total households reported in Column [1].

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

| | [1] Output: Total Number of Households | [2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year | [3] Assessment: Nur Households that exited th Program; their Housing Exiting | nis HOPWA | [4] HOPWA Client Outcomes |
|------------------------|--|---|---|-----------|--|
| | | | 1 Emergency Shelter/Streets | 0 | Unstable Arrangements |
| | | | 2 Temporary Housing | 2 | Temporarily Stable, with Reduced Risk of Homelessness |
| | | | 3 Private Housing | 7 | |
| Tenant-based Rental | 62 | 49 | 4 Other HOPWA | 0 | Stable/Permanent Housing |
| Assistance | | | 5 Other Subsidy | 3 | (PH) |
| | | | 6 Institution | 0 | |
| | | | 7 Jail/Prison | 1 | |
| | | | 8 Disconnected/Unknown | 0 | Unstable Arrangements |
| | | | 9 Death | 0 | Life Event |
| | | | 1 Emergency Shelter/Streets | | Unstable Arrangements |
| | | | 2 Temporary Housing | | Temporarily Stable, with Reduced Risk of Homelessness |
| Permanent | | | 3 Private Housing | | |
| Supportive Housing | N/A | | 4 Other HOPWA | | Stable/Permanent Housing |
| Facilities | | | 5 Other Subsidy | | (<i>PH</i>) |
| /Units | | | 6 Institution | | |
| | | | 7 Jail/Prison | | Unstable Arrangements |
| | | | 8 Disconnected/Unknown | | |
| | | | 9 Death | | Life Event |

B. Transitional Housing Assistance [2] Assessment: Number of [3] Assessment: Number of [4] HOPWA Client [1] Output: Total Households that Continued Receiving Households that exited this Number of Households **HOPWA Housing Subsidy Assistance HOPWA Program; their Housing** Outcomes into the Next Operating Year **Status after Exiting** 1 Emergency Shelter/Streets Unstable Arrangements Temporarily Stable, with 2 Temporary Housing Reduced Risk of Homelessness 3 Private Housing Transitional Total number of 4 Other HOPWA Stable/Permanent Housing /Short-term households that N/A Housing (PH)5 Other Subsidy will continue in Facilities residences: 6 Institution /Units 7 Jail/Prison Unstable Arrangements 8 Disconnected/unknown 9 Death Life Event B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months

Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Rent, Mortgage, and Utility 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. 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 3C, Chart 1, Row 4, Column [1].

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

| [1] Output: Number of Households | of | | [3] HOPWA C | lient Outcomes | |
|---|--|---|----------------|---------------------------------|--|
| | Maintain private housing <u>without</u> subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support) | 0 | | | |
| | Other Private Housing without subsidy (e.g. client switched housing units and is now stable, not likely to seek additional support) | 0 | Stable/Permane | nt Housing (PH) | |
| | Other HOPWA Housing Subsidy Assistance (PH) | 2 | | | |
| | Other Housing Subsidy (PH) | 0 | | | |
| | Institution (e.g. residential and long-term care) | 0 | | | |
| 5 | Likely that additional STRMU is needed to maintain current housing arrangements | 3 | | | |
| | Transitional Facilities/Short-term (e.g. temporary or transitional arrangement) | 0 | | with Reduced Risk of essness | |
| | Temporary/Non-Permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days) | 0 | | | |
| | Emergency Shelter/street | 0 | | | |
| | Jail/Prison | 0 | Unstable A | rrangements | |
| | Disconnected | 0 | | - | |
| | Death 0 | | Life | Life Event | |
| 1a. Total number of those households that received STRMU Assistance in the operating received STRMU assistance in the prior operating year (e.g. households that received S consecutive operating years). | | | | 2 | |
| 1b. Total number of those households that received STRMU Assistance in the operatin received STRMU assistance in the two prior operating years (e.g. households that rece consecutive operating years). | | | | 2 | |

Assessment of Households that Received STRMU Assistance

Section 3. Access to Care and Support: Assessment of Client 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-funded housing subsidy assistance (TBRA, STRMU, Facility-Based, Permanent Housing Placement Services 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

| Iotai i | umber o | | | | | |
|---------|---|---|-----|--|--|--|
| 1. | 1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance : Identify the total number of households that received the following <u>HOPWA-funded</u> services: | | | | | |
| | a. | Housing Subsidy Assistance(duplicated)- TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing | 79 | | | |
| | b. | Case Management | 73 | | | |
| | c. Adjustment for duplication (subtraction) | | | | | |
| | d. | Total Households Served by Project Sponsors with HOPWA Housing Subsidy Assistance (Sum of Rows a & b minus Row c) | 77 | | | |
| 2. | | ect Sponsors did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received HOPWA-funded service: | the | | | |
| | a. | Case Management | N/A | | | |
| | b. | Total Households Served by Project Sponsors without Housing Subsidy Assistance | N/A | | | |

1b. Status of Households Accessing Care and Support

Column [1]: Of the households identified as receiving services from project sponsors that provide 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 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 | 77 | | Support for Stable Housing |
| 2. Had contact with a 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) | 76 | | Access to Support |
| 3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan | 76 | | Access to Health Care |
| 4. Accessed and maintained medical insurance/assistance | 74 | | Access to Health Care |
| 5. Successfully accessed or maintained qualification for sources of income | 72 | | Sources of Income |

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

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

| Earned Income | Child Support | General Assistance (GA), or use local |
|------------------------------------|--|--|
| Veteran's Pension | Social Security Disability Income (SSDI) | program name |
| Unemployment Insurance | Alimony or other Spousal Support | Private Disability Insurance |
| Pension from Former Job | Veteran's Disability Payment | Temporary Assistance for Needy |
| Supplemental Security Income (SSI) | Retirement Income from Social Security | Families (TANF) |
| | Worker's Compensation | 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 programs, employment assistance, education or related case management/counseling services.

Note: This includes jobs created by project sponsors or obtained from an outside 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 sponsor 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 | 4 | |

End of Part 4

Part 5A: Summary of Each Project Sponsor Information – OAA (Missoula, MT)

This section requests information on direct HOPWA service delivery activities for client households by organization or agency. For each organization or agency designated or selected to serve as a project sponsor, please complete the entirety of Parts 5A-E. Order the report as Part 5A-E for Project Sponsor 1, then Part 5A-E for Project Sponsor 2, etc.

Note: If the grantee undertakes service delivery activities directly, complete the respective performance sections (Parts 5A-E) for all activities conducted by the grantee.

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

1. Project Sponsor Information

| Project Sponsor Agency Name | | | Parent Company Name, if applicable | | | |
|---|---|----------------------|------------------------------------|---|-----------------------------|--|
| Open Aid Alliance | | | N/A | | | |
| Name and Title of Contact at Project Christa Weathers, Executive Director Sponsor Agency Christa Weathers, Executive Director | | | | | | |
| Email Address | christa@openaidalliance.org | | | | | |
| Business Address | 1500 W. Broadway, Unit A | | | | | |
| City, County, State, Zip, | Missoula | City, County, State, | , Zip, | Missoula | City, County, State, Zip, | |
| Phone Number (with area code) | (406) 543-4770 | • | Phone Number (with area code) | | | |
| Employer Identification Number (EIN) or Tax Identification Number (TIN) | 36-3652244 | | | | | |
| DUN & Bradstreet Number (DUNs) | 929-128-155 | | | | | |
| Congressional District of Sponsor's Business Address District 1 | | | | | | |
| Congressional District(s) of Primary Service Area | District 1 | | | | | |
| City(ies) <u>and</u> County(ies) of Primary Service Area | Cities: *All cities included in Counties listed in Primary Service Area | | | Counties: Beaverhead, Broadwater, Deer Lodge, Flathead, Granite, Jefferson, Lake, Lewis and Clark, Lincoln, Madison, Mineral, Missoula, Powell, Ravalli, Sanders, and Silverbow | | |
| Total HOPWA contract amount for this Organization for the operating year | \$154,275 | | | | | |
| Organization's Website Address | | | Does yo | our organizatio | on maintain a waiting list? | |
| www.openaidalliance.org | | | 🛛 Yes | □ No | | |
| Is the sponsor a nonprofit organization? 🛛 🛛 Yes 🗌 No | | | | | | |
| Please check if yes and a faith-based organization | | | | | | |

Part 5: Summary of Each Project Sponsor InformationB. Rental Assistance, Short-Term Rent, Mortgage and Utility Assistance Programs and Permanent Housing Placement Assistance

1. Rental Assistance (RA)

Enter the total number of households served in Column [1] and the amount of HOPWA funds expended Column [2] by the project sponsor on RA.

| но | PWA Housing Subsidy Assistance Category: RA | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor | |
|----|---|--|--|--|
| a. | Tenant-based rental assistance (TBRA) | 28 | \$86,866.15 | |
| b. | Other Rental Assistance (RA) Programs (if approved in grant agreement) | 0 | 0 | |
| c. | Direct program delivery costs (e.g., program staff time) | | \$13,814.63 | |
| d. | TOTAL Rental Housing Assistance (For Column [1] sum of Row a. & Row b., for Column [2] sum of rows a - c) | 28 | \$100,680.78 | |

2. Short-Term Rent, Mortgage and Utility Assistance (STRMU)

In Row a, enter the total number of households served and the amount of HOPWA funds expended by each project sponsor on Short Term Rent, Mortgage, and Utility assistance (STRMU).

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 by the project sponsor 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 by the project sponsor 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 by the project sponsor assisting these households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row f, enter the total number of STRMU assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended by the project sponsor 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 3C, Chart 1, Row 4.

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

| н | ousing Subsidy Assistance Categories (STRMU) | [1] Output: Number of <u>Households</u> Served | [2] Output: Total HOPWA Funds Expended on STRMU during Operating Year |
|----|--|---|--|
| a. | Total Short-term mortgage, rent and/or utility (STRMU) assistance | 2 | \$885.37 |
| b. | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY. | 0 | 0 |
| c. | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. | 0 | 0 |
| d. | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY. | 2 | \$750.00 |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs. | 0 | 0 |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY. | 0 | 0 |
| g. | Direct program delivery costs (e.g., program operations staff time) | | \$135.37 |

3. Permanent Housing Placement Services

In Row a, Column [1] report the households served with HOPWA-funded Permanent Housing Placement Assistance and in Row a, Column [2] report the HOPWA funds expended on Permanent Housing Placement Services. Use Row b, to report on direct program delivery costs used to operate the Permanent Housing Placement Program. Use Row c, to report household and expenditure totals for Permanent Housing Placement Services.

| | PWA Housing Subsidy Assistance Category: Permanent Housing Placement Assistance | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor | |
|----|--|--|--|--|
| a. | Permanent Housing Placement Services | 4 | \$2,647.90 | |
| b. | Direct program delivery costs (e.g., program staff time) | | \$2,480.00 | |
| c. | TOTAL Permanent Housing Placement Services (sum of Rows a. and b.) | 0 | \$5,127.90 | |

Part 5: Summary of Each Project Sponsor Information C. Facility-based Housing Assistance – N/A

Complete one Part 5C for each facility developed and/or supported through HOPWA funds.

Do not complete this Chart 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 Section 5E: Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 1a, Project Site Information, and 1b, 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.

1a. Project Site Information for HOPWA Capital Development of Projects Only (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(s) of Development this operating year | | this Expended this Non-HOPWA funds | | Name of 1 | Facility: | |
|--|---|-------------------------------------|--|---|-----------------|--|
| | ew construction habilitation cquisition perating | abilitation \$ \$ uisition \$ \$ | | Type of Facility [Check only one box.] □ Permanent housing □ Short-term Shelter or Transitional housing □ Supportive services only facility | | |
| a. | Purchase/lease of | f property: | | Date (mm/dd/yy): | | |
| b. | Rehabilitation/Co | onstruction Dates: | | Date started: | Date Completed: | |
| c. | Operation dates: | | Date residents began to occupy: | | | |
| d. | Date supportive s | services began: | | Date started: □ Not yet providing services | | |
| e. | Number of units | in the facility: | | HOPWA-funded units = | Total Units = | |
| f. | Is a waiting list maintained for the facility? | | Yes No If yes, number of participants on the l | list at the end of operating year | | |
| g. | What is the address of the facility (if different from business address)? | | | | | |
| h. | Is the address of the project site confidential? | | Yes, protect information; do not p No, can be made available to the | | | |

1b. Number and Type of HOPWA Capital Development Project (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

For units entered above (1a) please list the number of HOPWA units that fulfill the following criteria:

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

| Homeownership units | | |
|---------------------|--|--|
| constructed | | |
| (if approved) | | |

2. Number of Units Assisted in Types of Housing Facility/Units Leased or Operated by Project Sponsor <u>Charts 2a, 2b, and 3 are required for each facility</u>. In Charts 2a and 2b, indicate the type of facility and number of units in it.

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 on one page.

a. Check one only.

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

b. 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:

| | | Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units | | | | | |
|--|--|--|--------|-------|--------|--------|--------|
| Type of housing facility operated by the project sponsor | | SRO/Studio/0 bdrm | 1 bdrm | 2bdrm | 3 bdrm | 4 bdrm | 5+bdrm |
| a. | Single room occupancy (SRO) dwelling | | | | | | |
| b. | Community Residence | | | | | | |
| c. | Project-based Rental Assistance Units or Leased Units (including Master-leased Units) | | | | | | |
| d. | Other housing facility <u>Specify:</u> | | | | | | |

3. 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 | | |
|----|---|--|--|
| a. | Leasing Costs | | |
| b. | Operating Costs | | |
| с. | Project-Based Rental Assistance (PBRA) or other leased units | | |
| d. | Other Activity (if approved in grant agreement) Specify: | | |
| e. | Adjustment to eliminate duplication (subtract) | | |
| f. | TOTAL Facility-Based Housing Assistance | | |

Part 5: Summary of Each Project Sponsor Information D. Supportive Services and Other Activities - – OAA (Missoula, MT)

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor did not provide any HOPWA funded supportive services, check Box 1c.

1. Type of Project Sponsor (Check one only)

| \boxtimes |
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2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor Agency

In Chart 2, project sponsors who provided HOPWA supportive services during the operating year (checked off Box 1a or 1b in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

Note: Every project sponsor who checked off Box 1a or 1b above should report households served and funds expended by supportive service type in Chart 2 below.

| | 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 | 28 | \$26,848.00 |
| 4. | Child care and other child services | | |
| 5. | Education | | |
| 6. | Employment assistance and training | | |
| 7. | Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310 | | |
| 8. | Legal services | | |
| 9. | Life skills management (outside of case management) | | |
| 10. | Meals/nutritional services | | |
| 11. | Mental health services | | |
| 12. | Outreach | | |
| 13. | Transportation | | |
| 14. | Other Activity (if approved in grant agreement). Specify: MSU SS Coordination | 28 | \$4,000.00 |
| 15 | Sub-Total Households receiving Supportive Services (Sum of Rows 1-14) | 56 | |
| 16. | Adjustment for Duplication (subtract) | 28 | |
| 17. | TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14) | 28 | \$30,848.00 |

3. Listing of Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds

In Chart 3, all project sponsors should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.

| | Housing Information Services | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
|-----|--|-------------------------------------|---|
| 18. | Housing Information Services | N/A | |
| 19. | TOTAL Housing Information Services | N/A | |
| G | rant Administration and Other Activities | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources | | |
| 21. | Technical Assistance to Community Residences | | |
| 22. | Project Outcomes/Program Evaluation (if approved) | | |
| 23. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | \$9,796.86 |
| 24. | Other Activity (if approved in grant agreement) Specify: | | |
| 25. | TOTAL Grant Administration and Other Activities | | \$9,796.86 |
| 26. | TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 19 and 25) | | \$40,644.86 |

Part 5A: Summary of Each Project Sponsor Information – HRDC7 (Billings, MT)

This section requests information on direct HOPWA service delivery activities for client households by organization or agency. For each organization or agency designated or selected to serve as a project sponsor, please complete the entirety of Parts 5A-E. Order the report as Part 5A-E for Project Sponsor 1, then Part 5A-E for Project Sponsor 2, etc.

Note: If the grantee undertakes service delivery activities directly, complete the respective performance sections (Parts 5A-E) for all activities conducted by the grantee.

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

| Project Sponsor Agency Name | | | Parent (| Company Nan | ne, <i>if applicable</i> | |
|---|---|---|--|---|-----------------------------|--|
| HRDC7-Billings | | | N/A | | | |
| Name <u>and</u> Title of Contact at Project Sponsor Agency | Denise Jordan | | | | | |
| Email Address | djordan@hrdc7.org | | | | | |
| Business Address | PO Box 2016 | | | | | |
| City, County, State, Zip, | Billings | Yellowstone | | MT | 59103 | |
| Phone Number (with area code) | (406) 247-4752 | | Fax Nur | nber (with ar | ea code) | |
| Employer Identification Number (EIN) or Tax Identification Number (TIN) | 81-0300207 | | | | | |
| DUN & Bradstreet Number (DUNs) | 173851387 | | | | | |
| Congressional District of Sponsor's Business Address | District 1 | | | | | |
| Congressional District(s) of Primary Service Area | District 1 | | | | | |
| City(ies) <u>and C</u> ounty(ies) of Primary Service Area | Cities: *All cities included in Primary Service Area | Chouteau Gallatin, G Basin, Lit Petroleum Richland, | , Custer, Daniels Garfield, Glacier berty, McCone, M n, Phillips, Ponde Roosevelt, Rose ton, Toole, Treas | ne, Carbon, Carter, Cascade, , Dawson, Fallon, Fergus, , Golden Valley, Hill, Judith Meagher, Musselshell, Park, era, Powder River, Prairie, .bud, Sheridan, Stillwater, Sweet sure, Valley, Wheatland, Wibaux, | | |
| Total HOPWA contract amount for this Organization for the operating year | \$150,492 | | | | | |
| Organization's Website Address | · | | Does you | ur organizatio | on maintain a waiting list? | |
| www.hrdc7.org | | | 🛛 Yes | 🗆 No | | |
| Is the sponsor a nonprofit organization? | | | | | | |
| Please check if yes and a faith-based organization | | | | | | |
| Please check if yes and a grassroots organization | | | | | | |

1. Project Sponsor Information

Part 5: Summary of Each Project Sponsor Information B. Rental Assistance, Short-Term Rent, Mortgage and Utility Assistance Programs and Permanent Housing Placement Assistance – HRDC7 (Billings, MT)

1. Rental Assistance (RA)

Enter the total number of households served in Column [1] and the amount of HOPWA funds expended Column [2] by the project sponsor on RA.

| но | PWA Housing Subsidy Assistance Category: RA | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|----|--|--|--|
| a. | Tenant-based rental assistance (TBRA) | 16 | \$69,297.37 |
| b. | Other Rental Assistance (RA) Programs (if approved in grant agreement) | N/A | |
| c. | Direct program delivery costs (e.g., program staff time) | | \$9,940.19 |
| d. | TOTAL Rental Housing Assistance (For Column [1] sum of Row a. & Row b., for Column [2] sum of rows $a - c$) | 16 | \$79,237.56 |

2. Short-Term Rent, Mortgage and Utility Assistance (STRMU)

In Row a, enter the total number of households served and the amount of HOPWA funds expended by each project sponsor on Short Term Rent, Mortgage, and Utility assistance (STRMU).

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 by the project sponsor 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 by the project sponsor 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 by the project sponsor assisting these households. In Row d, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row f, enter the total number of STRMU assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended by the project sponsor 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 3C, Chart 1, Row 4.

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

| н | ousing Subsidy Assistance Categories (STRMU) | [1] Output: Number of <u>Households</u> Served | [2] Output: Total HOPWA Funds Expended on STRMU during Operating Year |
|----|--|---|--|
| a. | Total Short-term mortgage, rent and/or utility (STRMU) assistance | 3 | \$2,980.90 |
| b. | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY. | 1 | \$820.00 |
| c. | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. | 0 | |
| d. | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY. | 2 | \$1,804.92 |
| e. | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs. | 0 | |
| f. | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY. | 0 | |
| g. | Direct program delivery costs (e.g., program operations staff time) | | \$355.98 |

3. Permanent Housing Placement Services

In Row a, Column [1] report the households served with HOPWA-funded Permanent Housing Placement Assistance and in Row a, Column [2] report the HOPWA funds expended on Permanent Housing Placement Services. Use Row b, to report on direct program delivery costs used to operate the Permanent Housing Placement Program. Use Row c, to report household and expenditure totals for Permanent Housing Placement Services.

| | PWA Housing Subsidy Assistance Category: Permanent Housing Placement Assistance | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|----|--|--|--|
| a. | Permanent Housing Placement Services | б | \$4,537.83 |
| b. | Direct program delivery costs (e.g., program staff time) | | \$ 901.00 |
| c. | TOTAL Permanent Housing Placement Services (sum of Rows a. and b.) | б | \$5,438.83 |

Part 5: Summary of Each Project Sponsor Information D. Supportive Services and Other Activities – HRDC7 (Billings, MT)

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor did not provide any HOPWA funded supportive services, check Box 1c.

1. Type of Project Sponsor (Check one only)

| \boxtimes |
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2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor Agency

In Chart 2, project sponsors who provided HOPWA supportive services during the operating year (checked off Box 1a or 1b in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

Note: Every project sponsor who checked off Box 1a or 1b above should report households served and funds expended by supportive service type in Chart 2 below.

| | 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 | 21 | \$7,187.34 |
| 4. | Child care and other child services | | |
| 5. | Education | | |
| 6. | Employment assistance and training | | |
| 7. | Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310 | | |
| 8. | Legal services | | |
| 9. | Life skills management (outside of case management) | | |
| 10. | Meals/nutritional services | | |
| 11. | Mental health services | | |
| 12. | Outreach | | |
| 13. | Transportation | 6 | \$489.49 |
| 14. | Other Activity (if approved in grant agreement). Specify: MSU SS Coordination | 21 | \$4,000 |
| 15 | Sub-Total Households receiving Supportive Services (Sum of Rows 1-14) | 48 | |
| 16. | Adjustment for Duplication (subtract) | (27) | |
| 17. | TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14) | 21 | \$11,676.83 |

3. Listing of Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds

In Chart 3, all project sponsors should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.

| | Housing Information Services | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
|-----|--|-------------------------------------|---|
| 18. | Housing Information Services | N/A | |
| 19. | TOTAL Housing Information Services | | |
| G | rant Administration and Other Activities | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources | | N/A |
| 21. | Technical Assistance to Community Residences | | N/A |
| 22. | Project Outcomes/Program Evaluation (if approved) | | N/A |
| 23. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | \$3,083.76 |
| 24. | Other Activity (if approved in grant agreement) Specify: | | N/A |
| 25. | TOTAL Grant Administration and Other Activities | | \$3,083.76 |
| 26. | TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 19 and 25) | | \$14,760.59 |

Part 5A: Summary of Each Project Sponsor Information – Sioux Falls, SD

This section requests information on direct HOPWA service delivery activities for client households by organization or agency. For each organization or agency designated or selected to serve as a project sponsor, please complete the entirety of Parts 5A-E. Order the report as Part 5A-E for Project Sponsor 1, then Part 5A-E for Project Sponsor 2, etc.

Note: If the grantee undertakes service delivery activities directly, complete the respective performance sections (Parts 5A-E) for all activities conducted by the grantee.

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

1. Project Sponsor Information

| Project Sponsor Agency Name | | | Parent Company Name, if applicable | | |
|--|--------------------------------|---|------------------------------------|---------------------------------|-----------------------------|
| Sioux Falls Housing and Redevelopment Commission | | | N/A | | |
| Name <u>and</u> Title of Contact at Project Sponsor Agency | Karl Fulmer, Executive Directo | r | | | |
| Email Address | K_Fulmer@siouxfallshousing.c | org | | | |
| Business Address | 630 South Minnesota | | | | |
| City, County, State, Zip, | Sioux Falls | Minnehaha | | SD | 57104 |
| Phone Number (with area code) | (605) 332-0704 | | Fax Nu (605) 33 | mber (with are 9-9305 | ea code) |
| Employer Identification Number (EIN) or Tax Identification Number (TIN) | 46-0333222 | | | | |
| DUN & Bradstreet Number (DUNs) | 093401669 | | | | |
| Congressional District of Sponsor's Business Address | 1 st District | | | | |
| Congressional District(s) of Primary Service Area | 1 st District | | | | |
| City(ies) and County(ies) of Primary Service Cities: *All cities included in Counties listed in Primary Service Area | | Counties: Minnehaa, Pennington, Clay, Meade, Lincoln, Hughes, Lawrence, Tripp | | | |
| Total HOPWA contract amount for this Organization for the operating year\$137,896 | | | | | |
| Organization's Website Address | | | Does yo | our organizatio | on maintain a waiting list? |
| www.siouxfallshousing.org | | | 🛛 Yes | □ No | |
| Is the sponsor a nonprofit organization? | | |] | | |
| Please check if yes and a faith-based organizati | on 🗆 | | | | |
| Please check if yes and a grassroots organization | on 🗆 | | | | |

Part 5: Summary of Each Project Sponsor Information B. Rental Assistance, Short-Term Rent, Mortgage and Utility Assistance Programs and Permanent Housing Placement Assistance – Sioux Falls, SD

1. Rental Assistance (RA)

Enter the total number of households served in Column [1] and the amount of HOPWA funds expended Column [2] by the project sponsor on RA.

| но | PWA Housing Subsidy Assistance Category: RA | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|----|--|--|--|
| a. | Tenant-based rental assistance (TBRA) | 18 | \$81,763.33 |
| b. | Other Rental Assistance (RA) Programs (if approved in grant agreement) | N/A | |
| c. | Direct program delivery costs (e.g., program staff time) | | \$7,829.01 |
| d. | TOTAL Rental Housing Assistance (For Column [1] sum of Row a. & Row b., for Column [2] sum of rows $a - c$) | 18 | \$89,592.34 |

2. Short-Term Rent, Mortgage and Utility Assistance (STRMU)

In Row a, enter the total number of households served and the amount of HOPWA funds expended by each project sponsor on Short Term Rent, Mortgage, and Utility assistance (STRMU).

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 by the project sponsor 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 by the project sponsor 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 by the project sponsor assisting these households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row f, enter the total number of STRMU assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended by the project sponsor 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 3C, Chart 1, Row 4.

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

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

3. Permanent Housing Placement Services

In Row a, Column [1] report the households served with HOPWA-funded Permanent Housing Placement Assistance and in Row a, Column [2] report the HOPWA funds expended on Permanent Housing Placement Services. Use Row b, to report on direct program delivery costs used to operate the Permanent Housing Placement Program. Use Row c, to report household and expenditure totals for Permanent Housing Placement Services.

| | PWA Housing Subsidy Assistance Category: Permanent Housing Placement Assistance | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|----|--|--|--|
| a. | Permanent Housing Placement Services | 2 | \$849.00 |
| b. | Direct program delivery costs (e.g., program staff time) | | \$14.81 |
| с. | TOTAL Permanent Housing Placement Services (sum of Rows a. and b.) | 2 | \$863.81 |

Part 5: Summary of Each Project Sponsor Information D. Supportive Services and Other Activities – Sioux Falls, SD

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor did not provide any HOPWA funded supportive services, check Box 1c.

1. Type of Project Sponsor (Check one only)

| \boxtimes |
|-------------|
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2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor Agency

In Chart 2, project sponsors who provided HOPWA supportive services during the operating year (checked off Box 1a or 1b in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

Note: Every project sponsor who checked off Box 1a or 1b above should report households served and funds expended by supportive service type in Chart 2 below.

| | 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 | 24 | \$19,478.90 |
| 4. | Child care and other child services | | |
| 5. | Education | | |
| 6. | Employment assistance and training | | |
| 7. | Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310 | | |
| 8. | Legal services | | |
| 9. | Life skills management (outside of case management) | | |
| 10. | Meals/nutritional services | | |
| 11. | Mental health services | | |
| 12. | Outreach | | |
| 13. | Transportation | | |
| 14. | Other Activity (if approved in grant agreement). Specify: MSU SS Coordination | 24 | \$4,000 |
| 15 | Sub-Total Households receiving Supportive Services (Sum of Rows 1-14) | 48 | |
| 16. | Adjustment for Duplication (subtract) | (24) | |
| 17. | TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14) | 24 | \$23,478.90 |

3. Listing of Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds

In Chart 3, all project sponsors should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.

| Housing Information Services | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended | |
|---|--|-------------------------------------|---|--|
| 18. | Housing Information Services | N/A | | |
| 19. | TOTAL Housing Information Services | | | |
| Grant Administration and Other Activities | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended | |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources | | N/A | |
| 21. | Technical Assistance to Community Residences | | N/A | |
| 22. | Project Outcomes/Program Evaluation (if approved) | | N/A | |
| 23. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | \$7,975.45 | |
| 24. | Other Activity (if approved in grant agreement) Specify: | | N/A | |
| 25. | TOTAL Grant Administration and Other Activities | | \$7,975.45 | |
| 26. | TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 19 and 25) | | \$31,454.35 | |

Part 5A: Summary of Each Project Sponsor Information - CAP Region VII, ND

This section requests information on direct HOPWA service delivery activities for client households by organization or agency. For each organization or agency designated or selected to serve as a project sponsor, please complete the entirety of Parts 5A-E. Order the report as Part 5A-E for Project Sponsor 1, then Part 5A-E for Project Sponsor 2, etc.

Note: If the grantee undertakes service delivery activities directly, complete the respective performance sections (Parts 5A-E) for all activities conducted by the grantee.

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

1. Project Sponsor Information

| Project Sponsor Agency Name | | | Parent | Company Na | me, <i>if applicable</i> |
|---|---------------------------------|------------------------|--|-----------------------------------|-----------------------------|
| Community Action Region VII | | N/A | | | |
| Name <u>and</u> Title of Contact at Project Sponsor Agency | Andrea Werner, Executive Dire | ector | | | |
| Email Address | andreaw@cap7.com | | | | |
| Business Address | 2105 Lee Avenue | | | | |
| City, County, State, Zip, | Bismarck | Burleigh | | ND | 58504 |
| Phone Number (with area code) | (701) 258-2240 | | | mber (with a) 258-2245 | rea code) |
| Employer Identification Number (EIN) or45-0333816Tax Identification Number (TIN)45-0333816 | | | | | |
| DUN & Bradstreet Number (DUNs) 06-266-3570 | | | | | |
| Congressional District of Sponsor's Business Address At Large Congressional District | | | | | |
| Congressional District(s) of Primary Service Area | Δt Large Congressional District | | | | |
| City(ies) and County(ies) of Primary Service Cities: *All cities included in Counties listed in Primary Service Area Bismarck, Mandan, Dickinson, Fargo, Minot, Williston, Grand Forks, Jamestown and Devils Lake | | ck, Mandan, Dickinson, | Counties: Burleigh, Morton, Cass, Grand Forks, Ward, Stark, Stutsman, Williams, and Ramsey | | |
| Total HOPWA contract amount for this Organization for the operating year | \$37,878 | | | | |
| Organization's Website Address | | | Does yo | our organizati | on maintain a waiting list? |
| www.cap7.com | | | 🛛 Yes | 🗆 No | |
| Is the sponsor a nonprofit organization? | 🛛 Yes 🗆 No | | | | |
| Please check if yes and a faith-based organization | ion 🗆 | | | | |
| Please check if yes and a grassroots organization | on 🗆 | | | | |

Part 5: Summary of Each Project Sponsor Information B. Rental Assistance, Short-Term Rent, Mortgage and Utility Assistance Programs and Permanent Housing Placement Assistance – CAP Region VII, ND

1. Rental Assistance (RA)

Enter the total number of households served in Column [1] and the amount of HOPWA funds expended Column [2] by the project sponsor on RA.

| но | PWA Housing Subsidy Assistance Category: RA | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor | |
|----|---|--|--|--|
| a. | Tenant-based rental assistance (TBRA) | 0 | \$0 | |
| b. | Other Rental Assistance (RA) Programs (if approved in grant agreement) | N/A | | |
| c. | Direct program delivery costs (e.g., program staff time) | | 0 | |
| d. | TOTAL Rental Housing Assistance (For Column [1] sum of Row a. & Row b., for Column [2] sum of rows a - c) | 0 | \$0 | |

2. Short-Term Rent, Mortgage and Utility Assistance (STRMU)

In Row a, enter the total number of households served and the amount of HOPWA funds expended by each project sponsor on Short Term Rent, Mortgage, and Utility assistance (STRMU).

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 by the project sponsor 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 by the project sponsor 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 by the project sponsor assisting these households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row e, enter the total number of STRMU assisted households. In Row f, enter the total number of STRMU assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended by the project sponsor 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 3C, Chart 1, Row 4.

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

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

3. Permanent Housing Placement Services

In Row a, Column [1] report the households served with HOPWA-funded Permanent Housing Placement Assistance and in Row a, Column [2] report the HOPWA funds expended on Permanent Housing Placement Services. Use Row b, to report on direct program delivery costs used to operate the Permanent Housing Placement Program. Use Row c, to report household and expenditure totals for Permanent Housing Placement Services.

| HOPWA Housing Subsidy Assistance Category: Permanent Housing Placement Assistance | | [1] Output: Number of Households Served | [2] Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor |
|--|--|--|--|
| a. | Permanent Housing Placement Services | N/A | |
| b. | Direct program delivery costs (e.g., program staff time) | | |
| c. | TOTAL Permanent Housing Placement Services (sum of Rows a. and b.) | | |

Part 5: Summary of Each Project Sponsor Information D. Supportive Services and Other Activities – CAP Region VII, ND

In this section, report on the use of HOPWA funds for supportive services and other activities.

In Chart 1, if the project sponsor provided both HOPWA funded supportive services AND HOPWA housing subsidy assistance check Box 1a. If the project sponsor provided supportive services but did not also provide HOPWA housing subsidy assistance, check Box 1b. If the project sponsor did not provide any HOPWA funded supportive services, check Box 1c.

1. Type of Project Sponsor (Check one only)

| \boxtimes |
|-------------|
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2. Listing of Supportive Services paid for with HOPWA funds provided by Project Sponsor Agency

In Chart 2, project sponsors who provided HOPWA supportive services during the operating year (checked off Box 1a or 1b in Chart 1) should report the total of all households and expenditures for each type of HOPWA-funded supportive service delivered. Use Row 16 to adjust for duplication and Row 17 to provide an unduplicated household count. All project sponsors who provided supportive services with HOPWA funds during the operating year should report by supportive services activity type the number of households served and HOPWA dollars expended.

Note: Every project sponsor who checked off Box 1a or 1b above should report households served and funds expended by supportive service type in Chart 2 below.

| | 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 | | |
| 4. | Child care and other child services | | |
| 5. | Education | | |
| 6. | Employment assistance and training | | |
| 7. | Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310 | | |
| 8. | Legal services | | |
| 9. | Life skills management (outside of case management) | | |
| 10. | Meals/nutritional services | | |
| 11. | Mental health services | | |
| 12. | Outreach | | |
| 13. | Transportation | | |
| 14. | Other Activity (if approved in grant agreement). Specify: MSU SS Coordination | 0 | \$3,000 |
| 15 | Sub-Total Households receiving Supportive Services (Sum of Rows 1-14) | 0 | |
| 16. | Adjustment for Duplication (subtract) | | |
| 17. | TOTAL Households receiving Supportive Services (unduplicated) (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14) | 0 | \$3,000 |

3. Listing of Housing Information Services, Grant Administration, and Other Activities paid for with HOPWA funds

In Chart 3, all project sponsors should report Housing Information Services and Grant Administration and Other activities, as applicable. Use Chart 3, Rows 18 and 19 to report the number of unduplicated households receiving HOPWA housing information services and HOPWA dollars spent providing housing Information services. Use Rows 20 through 24 to report HOPWA expenditures on other activities including Grant Administration.

Note: The sum total reported in Row 26 includes the total supportive services dollars reported in Chart 2 Row, 17.

| Housing Information Services | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended | |
|---|--|-------------------------------------|---|--|
| 18. | Housing Information Services | N/A | | |
| 19. | TOTAL Housing Information Services | | | |
| Grant Administration and Other Activities | | [1] Output: Number of Households | [2] Output: Amount of HOPWA funds Expended | |
| 20. | Resource Identification to establish, coordinate, and develop housing assistance resources | | N/A | |
| 21. | Technical Assistance to Community Residences | | N/A | |
| 22. | Project Outcomes/Program Evaluation (if approved) | | N/A | |
| 23. | Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded) | | \$346.45 | |
| 24. | Other Activity (if approved in grant agreement) Specify: | | N/A | |
| 25. | TOTAL Grant Administration and Other Activities | | \$346.45 | |
| 26. | TOTAL Supportive Services and Grant Administration Expenditures (Sum of Chart 2, Row 17 and Chart 3, Rows 19 and 25) | | \$3,346.45 | |

Part 5: Summary of Each Project Sponsor Information E. Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY) – N/A

The Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units is to be used in place of Section 5C of the APR if the facility was 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

| Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) □ Final Yr | | |
|---|---|--|
| Yr 1; □ Yr 2; □ Yr 3; □ Yr 4; | □ Yr 5; □ Yr 6; | |
| Yr 7; 🗆 Yr 8; 🗆 Yr 9; 🗆 Yr 10 | | |
| Grantee Name Date Facility Began Operations | | |
| Y Yr | Yr 1; □ Yr 2; □ Yr 3; □ Yr 4; •7; □ Yr 8; □ Yr 9; □ Yr 10 | |

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? | Yes, protect information; do not list Not confidential; information can be made available to the public |
| If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address | |

End of Part 5

Part 6: Worksheet - Determining HOPWA Outcomes and Connections with HMIS

1. This Chart is designed to help you assess program results based on the information reported in Part 4. Completion of this worksheet is optional.

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

Background on HOPWA Housing Stability Codes

Stable Permanent Housing/Ongoing Participation

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

- 4 = Other HOPWA-funded housing assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.
- 5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, Public Housing).
- 6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

Temporary Housing

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

Unstable Arrangements

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

7 = Jail /Prison.

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

Life Event

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

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

Permanent Facility-Based Housing Assistance: <u>Stable Housing</u> is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Temporary <u>Housing</u> is the number of households

that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. <u>Unstable Situations</u> is the sum of numbers reported under items: 1, 7, and 8.

Transitional/Short-Term Facility-Based Housing Assistance: <u>Stable Housing</u> 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 <u>Temporary Housing</u> is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. <u>Unstable Situations</u> is the sum of numbers reported under items: 1, 7, and 8.

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

STRMU Assistance: <u>Stable Housing</u> 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. <u>Temporarily Stable</u>, 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. <u>Unstable Situation</u> is the sum of number of households reported under housing status: Emergency Shelter; Jail/Prison; and Disconnected.

End of Part 6