



Housing Opportunities for Persons with AIDS (HOPWA) Program

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

OMB Number 2506-0133 (Expiration Date: 10/31/2014)

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

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

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

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

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

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, and Housing Status or Destination at the end of the operating year. Other suggested but optional elements are: Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Date of Contact, Date of Engagement, Financial Assistance, Housing Relocation & Stabilization Services, Employment, Education, General Health Status, , Pregnancy Status, Reasons for Leaving, Veteran’s Information, and Children’s Education. Other HOPWA projects sponsors may also benefit from collecting these data elements.

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

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee’s State or Local HUD Field Office, and to the HOPWA Program Office: Office of HIV/AIDS Housing, Room 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C. 20410 or at Hopwa@hud.gov. **Record Keeping.** Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. **In the case that HUD must review client level data, no client names or identifying information will be retained or recorded. Information is reported in aggregate to HUD without personal identification. Do not submit client or personal information in data systems to HUD.**

Definitions

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

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

	Row 5)	
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Administrative Costs: Costs for general management, oversight, coordination, evaluation, and reporting. By statute, grantee administrative costs are limited to 3% of total grant award, to be expended over the life of the grant. Project sponsor administrative costs are limited to 7% of the portion of the grant amount they receive.

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

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

Chronically Homeless Person: An unaccompanied homeless individual (age 18 years or older) with a disabling condition or a family with at least one adult member (age 18 years or older) who has a disabling condition who has either been continuously homeless for a year or more **OR** has had at least four episodes of homelessness in the past three years." For this purpose, the term "homeless" means "a person sleeping in a place not meant for human habitation (e.g., living on the streets) or in an emergency homeless shelter." This does not include doubled-up or overcrowding situations.

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

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

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

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

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

HOPWA Housing Placement Assistance Activity Total: The unduplicated number of households receiving assistance with either

housing information services or permanent housing placement. These services are dedicated to helping persons living with HIV/AIDS and their families to identify, locate, and acquire housing.

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

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

Housing Stability: The degree to which the HOPWA project assisted beneficiaries remain in stable housing during the operating year. See Part 6: Worksheet definitions of stable and unstable housing situations.

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

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

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

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 HOPWA assisted households who have 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.

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.

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income for state and local governments at 24 CFR 85.25, or for non-profits at 24 CFR 84.24.

Project Sponsor Organizations: Any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee or subrecipient to provide housing and other support services as defined in 24 CFR 574.300.

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. Report information for the units is subject to the three-year use agreement if rehabilitation is non-substantial and to the ten-year use agreement if rehabilitation is substantial.

Subrecipient Organization: Organizations that hold an agreement with the grantee or sponsor agencies to provide administrative or limited implementation activities that do not involve direct services to clients. Examples of these organizations are as follows: evaluation firms, construction firms, administrative agencies, etc. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders.

Tenant-Based Rental Assistance (TBRA): TBRA is a rental subsidy program similar to Section 8 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.

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

OMB Number 2506-0133 (Expiration Date: 10/31/2014)

Part 1: Grantee Executive Summary

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. In Part 4, please submit a written narrative to questions a. through c., and the completion of Chart d.. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their administrative or evaluation activities. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

1. Grantee Information

HUD Grant Number ORH16F001		Operating Year for this report From (mm/dd/yy) 07/01/16 To (mm/dd/yy) 06/30/17		
Grantee Name Portland Housing Bureau, City of Portland				
Business Address		421 SW 6 th Avenue, Suite 500		
City, County, State, Zip		Portland	Multnomah	OR 97204
Employer Identification Number (EIN) or Tax Identification Number (TIN)		93-6002236		
DUN & Bradstreet Number (DUNs):		054971197	Central Contractor Registration (CCR): Is the grantee's CCR status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide CCR Number: 3FLZ8	
*Congressional District of Grantee's Business Address		OR-001		
*Congressional District of Primary Service Area(s)		n/a		
*City(ies) and County(ies) of Primary Service Area(s)		Cities: n/a		Counties: n/a
Organization's Website Address http://www.portlandonline.com/phb/index.cfm?c=26428		Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered. CAP has a waiting list. It is described in the narrative.		

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

2. Project Sponsor Information

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

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

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

Note: Please see Definition section for distinctions between project sponsor and subrecipient

Project Sponsor Agency Name Cascade AIDS Project		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency		Kendra Castaldo, Director of Housing and Support Services		
Email Address		kcastaldo@cascadeaids.org		
Business Address		520 NW Davis St., Suite 215		
City, County, State, Zip,		Portland	Multnomah	OR 97209
Phone Number (with area code)		503-278-3840	Fax Number (with area code) 503-223-6437	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		93-0903383		
DUN & Bradstreet Number (DUNs):		180464919		
Congressional District of Project Sponsor's Business Address		OR-001		
Congressional District(s) of Primary Service Area(s)		OR-001, OR-003, OR-005		
City(ies) and County(ies) of Primary Service Area(s)		Cities: Portland, Gresham, Milwaukie, Beaverton, and Hillsboro	Counties: Multnomah, Washington, Columbia, Yamhill, and Clackamas Counties	
Total HOPWA contract amount for this Organization for the operating year		\$971,684		
Organization's Website Address www.cascadeaids.org		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		If yes, explain in the narrative section how this list is administered.		

2. Project Sponsor Information

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

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

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

Note: Please see Definition section for distinctions between project sponsor and subrecipient

Project Sponsor Agency Name Central City Concern		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Sharon Fitzgerald			
Email Address	sharon.fitzgerald@cccconcern.org			
Business Address	232 NW 6 th Avenue			
City, County, State, Zip,	Portland	Multnomah	OR	97209
Phone Number (with area code)	503-525-8483		Fax Number (with area code) 503-228-1696	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	93-0728816			
DUN & Bradstreet Number (DUNs):	054344676			
Congressional District of Project Sponsor's Business Address	OR-001			
Congressional District(s) of Primary Service Area(s)	OR-003			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Portland		Counties: Multnomah	
Total HOPWA contract amount for this Organization for the operating year	\$68,663			
Organization's Website Address www.centralcityconcern.org	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>				

2. Project Sponsor Information

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

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

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

Note: Please see Definition section for distinctions between project sponsor and subrecipient

Project Sponsor Agency Name Clark County Public Health		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Kristi Addis			
Email Address	KAddis@cascadeaids.org			
Business Address	1601 E. Fourth Plain Blvd., Building 17, Suite A320			
City, County, State, Zip,	Vancouver	Clark	WA	98661
Phone Number (with area code)	503-278-3830		Fax Number (with area code) n/a	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	91-6001299			
DUN & Bradstreet Number (DUNs):	03078757			
Congressional District of Project Sponsor's Business Address	WA-003			
Congressional District(s) of Primary Service Area(s)	WA-003			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Vancouver, Camas, Washougal, Battle Ground, Yacolt, Amboy Ridgefield, La Center, Woodland,		Counties: Clark and Skamania	
Total HOPWA contract amount for this Organization for the operating year	\$145,596			
Organization's Website Address www.clark.wa.gov	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>	If yes, explain in the narrative section how this list is administered.			

3. Program Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists the grantee or project sponsors to carry out their administrative services. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

Note: Please see Definition section for distinctions between project sponsor and subrecipient

Subrecipient Name	Affordable Community Environments			Parent Company Name, if applicable REACH Community Development	
Name and Title of Contact at Subrecipient	Melissa Baker, Asset Management Coordinator				
Email Address	mbaker@reachcdc.org				
Business Address	PO Box 61446				
City, State, Zip, County	Vancouver	WA	98666	Clark	
Phone Number (with area code)	503-501-5723			Fax Number (include area code) 503-236-3429	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	91-189806				
DUN & Bradstreet Number (DUNs):	16-698-3036				
North American Industry Classification System (NAICS) Code	531390				
Congressional District of Subrecipient's Business Address	WA-003				
Congressional District of Primary Service Area	WA-003				
City (ies) and County (ies) of Primary Service Area(s)	Cities: Vancouver			Counties: Clark	
Total HOPWA Subcontract Amount of this Organization for the operating year	\$15,000				

3. Program Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists the grantee or project sponsors to carry out their administrative services. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

Note: Please see Definition section for distinctions between project sponsor and subrecipient

Subrecipient Name	Caritas Housing Initiatives LLC		Parent Company Name, if applicable Catholic Charities	
Name and Title of Contact at Subrecipient	Sandra Perez			
Email Address	sperez@catholiccharitiesoregon.org			
Business Address	2740 SE Powell Blvd. #5			
City, State, Zip, County	Portland	OR	97202	Multnomah
Phone Number (with area code)	503-688-2651		Fax Number (include area code) 503-231-4327	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	93-0814490			
DUN & Bradstreet Number (DUNs):	180756132			
North American Industry Classification System (NAICS) Code	N/A			
Congressional District of Subrecipient's Business Address	OR-003			
Congressional District of Primary Service Area	OR-003			
City (ies) and County (ies) of Primary Service Area(s)	Cities: Portland		Counties: Multnomah	
Total HOPWA Subcontract Amount of this Organization for the operating year	\$36,472			

3. Program Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists the grantee or project sponsors to carry out their administrative services. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

Note: Please see Definition section for distinctions between project sponsor and subrecipient

Subrecipient Name	Central City Concern			Parent Company Name, if applicable
Name and Title of Contact at Subrecipient	Sharon Fitzgerald			
Email Address	Sharon.fitzgerald@ccconcern.org			
Business Address	232 NW Sixth Avenue			
City, State, Zip, County	Portland	OR	97209	Multnomah
Phone Number (with area code)	503-200-5024			Fax Number (include area code) 503-294-4321
Employer Identification Number (EIN) or Tax Identification Number (TIN)	93-0728816			
DUN & Bradstreet Number (DUNs):	054344676			
North American Industry Classification System (NAICS) Code	813410			
Congressional District of Subrecipient's Business Address	OR-001			
Congressional District of Primary Service Area	OR-001			
City (ies) <u>and</u> County (ies) of Primary Service Area(s)	Cities: Portland			Counties: Multnomah
Total HOPWA Subcontract Amount of this Organization for the operating year	\$37,293			

3. Program Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists the grantee or project sponsors to carry out their administrative services. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

Note: Please see Definition section for distinctions between project sponsor and subrecipient

Subrecipient Name	Home Forward			Parent Company Name, if applicable	
Name and Title of Contact at Subrecipient	Peter Beyer, Controller				
Email Address	peterb@hapdx.org				
Business Address	135 SW Ash Street				
City, State, Zip, County	Portland	OR	97204	Multnomah	
Phone Number (with area code)	503-802-8538			Fax Number (include area code)	
				503-802-8320	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	93-6001547				
DUN & Bradstreet Number (DUNs):	083643098				
North American Industry Classification System (NAICS) Code	531110				
Congressional District of Subrecipient's Business Address	OR-001				
Congressional District of Primary Service Area	OR-001, OR-003, OR-005				
City (ies) <u>and</u> County (ies) of Primary Service Area(s)	Cities: Gresham, Portland, Troutdale			Counties: Multnomah	
Total HOPWA Subcontract Amount of this Organization for the operating year	\$77,003				

3. Program Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists the grantee or project sponsors to carry out their administrative services. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

Note: Please see Definition section for distinctions between project sponsor and subrecipient

Subrecipient Name	Innovative Housing, Inc.			Parent Company Name, if applicable
Name and Title of Contact at Subrecipient	Sarah Stevenson			
Email Address	sstevenson@innovativehousing.com			
Business Address	219 NW Second Avenue			
City, State, Zip, County	Portland	OR	97209	Multnomah
Phone Number (with area code)	503-226-4368			Fax Number (include area code) 503-226-2509
Employer Identification Number (EIN) or Tax Identification Number (TIN)	93-0877440			
DUN & Bradstreet Number (DUNs):	786674929			
North American Industry Classification System (NAICS) Code	N/A			
Congressional District of Subrecipient's Business Address	OR-001			
Congressional District of Primary Service Area	OR-003			
City (ies) <u>and</u> County (ies) of Primary Service Area(s)	Cities: Portland			Counties: Multnomah
Total HOPWA Subcontract Amount of this Organization for the operating year	\$3,282			

3. Program Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists the grantee or project sponsors to carry out their administrative services. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

Note: Please see Definition section for distinctions between project sponsor and subrecipient

Subrecipient Name	Outside In			Parent Company Name, if applicable	
Name and Title of Contact at Subrecipient	Heather Brown				
Email Address	hb@outsidein.org				
Business Address	1132 SW 13 th Avenue				
City, State, Zip, County	Portland	OR	97205	Multnomah	
Phone Number (with area code)	503-535-3803			Fax Number (include area code)	
				503-223-6837	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	93-0567549				
DUN & Bradstreet Number (DUNs):	867947061				
North American Industry Classification System (NAICS) Code	624110				
Congressional District of Subrecipient's Business Address	OR-001				
Congressional District of Primary Service Area	OR-001				
City (ies) <u>and</u> County (ies) of Primary Service Area(s)	Cities: Portland			Counties: Multnomah	
Total HOPWA Subcontract Amount of this Organization for the operating year	\$13,640				

3. Program Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists the grantee or project sponsors to carry out their administrative services. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors or other organizations beside the grantee.) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

Note: Please see Definition section for distinctions between project sponsor and subrecipient

Subrecipient Name	Portland Community Reinvestment Initiative			Parent Company Name, if applicable
Name and Title of Contact at Subrecipient	Kimberley Jackson, Property Management Manager			
Email Address	kimberley@pcrhome.org			
Business Address	6329 NE MLK Jr. Blvd.			
City, State, Zip, County	Portland	OR	97211	Multnomah
Phone Number (with area code)	503-288-2923x111		Fax Number (include area code) 503-288-2891	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	93-1059146			
DUN & Bradstreet Number (DUNs):	809851199			
North American Industry Classification System (NAICS) Code	531110, 531120, 624190, 624229			
Congressional District of Subrecipient's Business Address	OR-003			
Congressional District of Primary Service Area	OR-003			
City (ies) <u>and</u> County (ies) of Primary Service Area(s)	Cities: Portland		Counties: Multnomah	
Total HOPWA Subcontract Amount of this Organization for the operating year	\$47,786			

4. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

The Grant Organization is the City of Portland's Housing Bureau (PHB). PHB passes the HOPWA funds through to the Joint Office of Homeless Services (JOHS) at Multnomah County. JOHS was established in 2016 to oversee the delivery of services to people experiencing homelessness in Multnomah County. The office represents a shared commitment between Multnomah County and the City of Portland to making services easier to access for those in need.

JOHS holds HOPWA contracts directly with three project sponsors, who manage seven subrecipient agreements with HOPWA funding. In this reporting year, project sponsor and subrecipient HOPWA activities include: TBRA, STRMU, Transitional Facilities Operations, Permanent Facilities Operations, Permanent Housing Placement, Administrative costs, and Supportive Services, including case management, employment and training, and limited household supplies to new permanent housing residents.

The Portland Eligible Metropolitan Statistical Area (EMSA) serves seven-counties in Oregon and Washington. Oregon counties include Multnomah, Clackamas, Columbia, Washington, and Yamhill. Washington counties include Clark and Skamania. There are 5,250 people in the Portland EMSA living with HIV/AIDS. People Living With HIV/AIDS (PLWH/A) in this EMSA are very low income -- 51% of PLWH/A live below the Federal Poverty Level (FPL). The FPL is equal to 17% of Median Family Income (MFI). In real dollars, that is \$12,060 per year for one person.

PHB partnered with 11 community development corporations (1994-2010) to construct 15 projects with a total of 105 affordable, permanent housing units for PLWH/A in four counties. They offer units for large families, chronically mentally ill, as well as set-asides for "housing first" approaches and alcohol/drug free living. These properties are included in PHB's Asset Management Portfolio.

PHB has successfully administered federal funding for housing and economic development for two decades. As a HUD entitlement jurisdiction, PHB manages CDBG, HOME, ESG, and Lead Hazard Control grants, and is the lead agency of the Homeless Management Information System (HMIS). Multnomah County receives and administers federal funding in excess of \$50 million annually. As a HUD entitlement jurisdiction, Multnomah County manages CDBG funding, and administers ESG and HOPWA entitlement and competitive grants.

JOHS is the lead agency for the regional Continuum of Care and A Home for Everyone (Plan to End Homelessness). JOHS has a total budget of \$48 million that includes federal and state entitlement grants, federal competitive grants, and City and County general funds. JOHS staff members are highly experienced and skilled in contracting, monitoring, and reporting on use of HUD funds, including tenant relocation, documenting income eligibility and other regulatory compliance. Dawn Martin and Ryan Deibert are the primary HOPWA staff contacts at JOHS.

Waitlist:

We started the year with three project sponsors. Clark County Public Health shifted their Ryan White Care Case Management Program to CAP's SW Washington office. JOHS followed suit by shifting the HOPWA Housing Case Management program to CAP's SW Washington office, as well.

CAP is the only project sponsor that maintains a waitlist. CAP's HOPWA Supportive Housing Program applicants are screened and placed on a waitlist for emergency, short-term, and long-term housing programs, based on program availability, program eligibility and unit availability. There are currently 195 households on

the waitlist (189 main CAP program/6 in SW Washington). Clients with a severe medical need, clients fleeing domestic violence and families with children, medically vulnerable, and chronically homeless individuals are prioritized.

HIV Prevention and Care (HPAC) clients eligible for subsidized housing assistance through PBRA and TBRA are placed on a waiting list until funding becomes available.

b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

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

The goal in the FY 16-17 Action Plan was to serve 28 households with TBRA. In FY 16-17, providers exceeded the goal by serving 37 household, as well as 56 households served with leverage. The goal for units in facilities supported with operating costs was 67. The actual number served was 70.

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

- 23% Supportive Services
- 25% TBRA
- 29% PBRA
- 13% STRMU
- 1% Permanent Housing Placement
- 6% Project Sponsor Administration
- 3% Grantee Administration

During the program year, funds were geographically distributed based on HIV/AIDS prevalence. CAP now serves the entire EMSA. CAP receives almost the entirety of the entitlement (Save for the \$68,663 that goes to CCC and the grantee admin). Approximately 11% of the HOPWA funds are dedicated to Clark County. CAP's SW Washington Office serves both Clark and Skamania counties in Washington.

2. Outcomes Assessed. Assess your program's success in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and improve access to care. Compare current year results to baseline results for clients. Describe how program activities/projects contributed to meeting stated goals. If program did not achieve expected targets, please describe how your program plans to address challenges in program implementation and the steps currently being taken to achieve goals in next operating year. If your program exceeded program targets, please describe strategies the program utilized and how those contributed to program successes.

We had a very successful year in HOPWA housing for the EMSA. Out of 184 households that received Permanent Housing Subsidy Assistance, only three households are unstably housed and two are in temporary housing. That is a 97% success rate!

Success strategies for helping clients maintain housing include creating and maintaining positive relationships with landlords to help avoid terminations and evictions. Housing case managers are also paired with Medical Case Managers for more streamlined care.

Shifting Project Sponsors mid-year from Clark County Public Health to CAP's brand new SW Washington office was a big lift (particularly for CAP). CCPH's Housing Coordinator, which was a new position and had only existed since July 1st, the start of the fiscal year, became the Program Manager for CAP's new program in Clark County. This helped create a more seamless transition for the HOPWA program, especially for all existing program participants, and rents were able to be paid immediately from CAP. The Program Manager from CCPH worked closely with CAP's Program Manager throughout the process, together creating a purposeful and client-centered timeline for the transition to CAP.

Clark County/SW Washington did not quite make their goal of providing 26 households with housing assistance. However, they served 23 households which was pretty astonishing given the shift in Project Sponsors. The new

office needed to hire 11 staff members, find an office to rent, and do all the myriad details that are involved in getting a new office up and running.

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

Our Consolidated Plan does not address the use of committed leveraging, however, Project Sponsors have acquired a significant amount of leverage. During the program year \$1,312,010 was leveraged.

There are many partnerships among HOPWA Project Sponsors and mainstream organizations. Housing staff coordinate with numerous organizations and housing providers throughout the EMSA. Housing Case Managers are connected with medical teams at all the HIV clinic sites. Housing staff attend a variety of housing-related meetings to stay in direct contact with major housing agencies. Meetings include Continuum of Care for Multnomah, Washington, Clark, and Clackamas counties, Housing Partnership Workgroup, Housing Services Network in Washington County, and resident services meetings. Cascade AIDS Project coordinates with the following entities to provide housing subsidies or housing units to People Living with HIV:

- Home Forward – Short-term rent assistance including medical motel vouchers and Shelter Plus Care Vouchers
- Transition Projects, Inc. – Rent assistance for seven chronically homeless individuals. CAP is also part of TPI's guest bed program at the Clark Center (men's shelter) and at Jean's Place (women's shelter) reducing the time CAP clients must wait to access shelter.
- Washington County Department of Housing – currently 12 Shelter Plus Care Vouchers for families, chronically homeless, and single households.
- Clackamas County Housing Authority – currently three Shelter Plus Care Vouchers for single-person households. This number is lower than last year as a number of Clackamas County Shelter Plus Care participants were awarded Section 8 vouchers.
- Cascadia Behavioral Healthcare – CAP partners with Cascadia for three different programs. The most beneficial partnership is having a Cascadia counselor on site at the CAP office. The counselor can meet with anyone that is connected to CAP housing services and/or a client's housing case manager. There are also five vouchers for chronically homeless individuals with a mental health diagnosis. Clients receive priority for Cascadia's affordable and subsidized housing waitlists.
- Central City Concern – Clients get priority access at four subsidized buildings, including The Morrison, which has 15 designated units for people with HIV that are homeless. The Morrison offers office space for case managers to hold office hours and meet with clients weekly. CAP and HIV clinics have direct access to Central City Concern's BEST Program that provides assistance to clients applying for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).
- REACH/Affordable Community Environments – There are six designated units in two buildings for People Living with HIV and their families.
- Our House of Portland – CAP provides housing case management and rent assistance for 10 individuals through the Neighborhood Housing & Care Program and Our House provides nursing support and occupational therapy.
- Innovative Housing, Inc. – CAP has six designated subsidized units for single households. CAP also receives prioritization at two of IHI's family subsidized sites.
- Catholic Charities/Caritas, Inc. – CAP has 11 designated subsidized units at three different sites for both families and singles.
- Luke Dorf – Two units are designated for PLWHA who are also in need of more intensive mental health support.
- Outside In – Two units designated for PLWHA under the age of 26.
- Sunshine Division – Sunshine Division accepts referrals for food boxes for CAP clients.
- Multnomah County – CAP receives Ryan White funds through Multnomah County. Ryan White funds are used for short-term rental assistance, medical motel vouchers, housing case management, Early Intervention Services, Minority AIDS Initiative, Service Navigation, and Peer Mental Health Support.

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

Ongoing technical assistance is always a need and a benefit for HOPWA Project Sponsors. Building Changes provided training on the new CAPER to all Project Sponsors.

Project Sponsors continue to struggle with generating HOPWA reports using ServicePoint, the Homeless Management Information System. ServicePoint is used for all housing programs in which most follow HUD Supportive Housing documentation standards. Because HOPWA standards use different language and do not always align with other HUD programs, it causes data conflicts especially when two different funding sources are leveraged.

c. Barriers and Trends Overview

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

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

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

One significant challenge faced by clients and case managers at this time is the number of clients who are in need of mental health and/or substance abuse support and the long wait-times for clients trying to access those services. It can often take one or more months just for clients to get an intake appointment with a mental health agency or to get into an in-patient substance abuse treatment program. This delay can lead clients, who previously felt ready and motivated to engage in mental health or substance abuse support, to lose their motivation, leading to relapse or a return to less successful behavior patterns.

One of the most significant trends is the great challenges with finding housing for clients that meets Fair Market Rent (FMR) standards as required by HOPWA. This continues to be challenging despite the relatively significant increase to FMR that our community received based on the results of a local rent survey submitted to HUD. Our community continues to have an incredibly low vacancy rate which means that landlords are much less willing to accept tenants with rental barriers (such as criminal background, or weak rental or credit histories) and are able to charge rents much higher than FMR standard for their units. Additionally, if a client is able to find a unit within FMR, they are often forced to move at the first rent increase. Service providers have had limited success negotiating lower rent increases with landlords.

A tighter rental market means that locating affordable housing, particularly for clients who are receiving financial benefits and on a fixed income, is more and more difficult. Clients sometimes have to move to areas farther away from the downtown/city center – where many of the social services, including HIV services, they are accustomed to accessing are located. CAP will continue to advocate in the community for affordable housing that is accessible for clients, and to work on building partnerships with landlords and service providers in areas that may be more affordable for clients.

Another challenge is the difficulty some participants, especially those in short term rental assistance programs like STRMU, have had increasing their income sufficiently enough, either through employment or applying for SSI/SSDI, to be able to pay rent on their own before they reach the end of the subsidy. On a similar note, the number of people needing long term rent subsidies like HOPWA, Section 8, Public Housing, etc. is much greater than the availability of those subsidies in the community. As an example, there are currently about 195 people on CAP’s waitlist for long term housing. Section 8 and Public housing waitlists generally open only every few years on a lottery system, and the waitlists are years long.

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

As described above, the lack of mental health and addiction services in the community presents a significant challenge for the population we are serving. People ready and willing to engage in these services are, more often than not, unable to do so in a timely manner. When people are struggling to access or maintain housing because of their mental health or substance issues and are unable to access treatment, there is often a negative effect on their housing situation which sometimes results in the loss of that housing.

HIV in the EMSA continues to primarily impact adults. The EMSA’s PLWH/A is aging -- persons over age 45 account for 64% of PLWHA while this age group only makes up 26.2% of the EMSA’ general population.

Overall, the composition of the PLWHA in the EMSA has remained fairly constant over the past several years, with only slight increases in the percentages of women, Hispanics, and older PLWH/A.

Blacks/African Americans are dramatically overrepresented among HIV/AIDS cases: 8.6% of HIV cases and 7.9% of AIDS cases, but account for only 2.8% of the population. This disparity has been long-standing in the Portland EMSA.

It is estimated that there are 34,173 homeless individuals in a one-year period living within the Portland EMSA, representing 1.5% of the total EMSA population. Based on case management and medical care databases and recent PLWH/A surveys, there were an estimated 500 homeless individuals in 2015, representing 9% of the total PLWH/A population within the EMSA. PLWH/A are almost ten times more likely to experience homelessness than the general population.

3. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public. There are no new evaluations available.

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

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

In Row 1, report the total unmet need of the geographical service area, as reported in *Unmet Needs for Persons with HIV/AIDS*, Chart 1B of the Consolidated or Annual Plan(s), or as reported under HOPWA worksheet in the Needs Workbook of the Consolidated Planning Management Process (CPMP) tool. **Note:** Report most current data available, through Consolidated or Annual Plan(s), and account for local housing issues, or changes in HIV/AIDS cases, by using combination of one or more of the sources in Chart 2.

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

Refer to Chart 2, and check all sources consulted to calculate unmet need. Reference any data from neighboring states’ or municipalities’ Consolidated Plan or other planning efforts that informed the assessment of Unmet Need in your service area. **Note:** In order to ensure that the unmet need assessment for the region is comprehensive, HOPWA formula grantees should include those unmet needs assessed by HOPWA competitive grantees operating within the service area.

1. Planning Estimate of Area’s Unmet Needs for HOPWA-eligible Households

1. Total number of households that have unmet housing subsidy assistance need.	500
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2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance:	
a. Tenant-Based Rental Assistance (TBRA)	243
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	77
• Assistance with rental costs	63
• Assistance with mortgage payments	7
• Assistance with utility costs.	7
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	180

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

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

End of PART 1

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging

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

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

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance (CAP and CCPH)	\$227,207	Housing	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other (CAP, CCPH)	\$285,600	Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program – Howard House	\$49,799	Housing	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Housing Choice Voucher Program – IHI	\$47,855	Housing	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Housing Choice Voucher Program – PCRI	\$7,284	Housing	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Housing Choice Voucher Program – Sandy Apts.	\$7,927	Housing	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Shelter Plus Care (CAP)	\$89,000	Housing Subsidy	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Home Forward (CAP)	\$146,334	Housing Operations	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: Multnomah County via Outside In	\$41,704	Housing & Services	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: State Foundational (CCPH)	\$41,290	Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: Washington State ADAP Local Rebate (CCPH)	\$11,002	Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: Medicaid XIX CM Revenue (CCPH)	\$23,884	Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: HUD Supportive Services (CCC Resident Services)	\$47,277	Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Cl. Co. Other Public: Section 8 (Cascadia Village)	\$9,900	Housing Subsidy	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: Project-Based Section 8 Rose Wood	\$94,386	Housing Subsidy	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Private Funding			
Other Private: CCC Expenses Rose Wood and Madronna (prop.mgmt)	\$51,667		<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: REACH	\$5,580	Housing Subsidy	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private: Innovative Housing, Inc.	\$5,401	Housing Operations	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support

Other Private: Rose Wood Operating (CCC)	\$54,824	Housing Operations	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private: Luke-Dorf	\$11,706	Housing Operations	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private: Outside In	\$13,152	Housing Operations	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: PCRI	\$2,212	Housing Operations	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Funding			
Resident Rent Payments by Client to Private Landlord (CAP, CCPH)	\$37,019		
TOTAL (Sum of all Rows)	\$1,312,010		

2. Program Income and Resident Rent Payments

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

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

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

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	0
2.	Resident Rent Payments made directly to HOPWA Program (CAP, CCC, CCPH)	\$130,028
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	\$130,028

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, Master Leased Units, and Facility-Based Housing). Use Row 2 to report on the Program Income and Resident Rent Payment expended on Supportive Services and other non-direct Housing Costs.

Program Income and Resident Rent Payment Expended on HOPWA programs		Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	\$130,028
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)	\$130,028

End of PART 2



PART 3: Accomplishment Data Planned Goal and Actual Outputs

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

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

1. HOPWA Performance Planned Goal and Actual Outputs

HOPWA Performance Planned Goal and Actual		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
HOPWA Housing Subsidy Assistance		[1] Output: Households				[2] Output: Funding	
1.	Tenant-Based Rental Assistance	40	37	31	32	\$321,262	\$257,208
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)	67	70	43	50	\$318,482	\$285,244
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served) (Households Served)	2	4	0	0	\$13,640	\$13,640
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	0	0
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)	0	0	0	0	0	0
4.	Short-Term Rent, Mortgage and Utility Assistance	38	73	190	151	140,315	127,714
5.	Permanent Housing Placement Services	12	11	5	0	\$11,000	\$10,685
6.	Adjustments for duplication (subtract)	0	8	0	0		
7.	Total HOPWA Housing Subsidy Assistance (Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)	159	187	269	233	\$804,699	\$694,491
Housing Development (Construction and Stewardship of facility based housing)		[1] Output: Housing Units				[2] Output: Funding	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)	0	0	0	0	0	0
9.	Stewardship Units subject to 3 or 10 year use agreements	2	2				
10.	Total Housing Developed (Sum of Rows 8 & 9)	2	2	0	0	0	0
Supportive Services		[1] Output Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance	240	381			\$270,861	\$233,179
11b.	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.	0	0			0	0
12.	Adjustment for duplication (subtract)	0	48			0	0
13.	Total Supportive Services (Columns a. – d. equal the sum of Rows 11 a. & b. minus Row 12; Columns e. and f. equal the sum of Rows 11a. & 11b.)	240	333			\$270,861	\$233,179
Housing Information Services		[1] Output Households				[2] Output: Funding	
14.	Housing Information Services	0	0			0	0
15.	Total Housing Information Services	0	0			0	0

Grant Administration and Other Activities		[1] Output Households				[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources					\$4,292	\$0
17.	Technical Assistance (if approved in grant agreement)					0	0
18.	Grantee Administration (maximum 3% of total HOPWA grant)					\$32,753	\$32,631
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$73,575	\$57,109
20.	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)					\$110,620	\$89,740
Total Expended							
						[2] Outputs: HOPWA Funds Expended	
						Budget	Actual
21.	Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)					\$1,186,180	\$1,017,410

2. Listing of Supportive Services

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

Note: Total unduplicated households and expenditures reported in Row 17 equal totals reported in Part 3, Chart 1, Row 12.

Supportive Services		[1] Output: Number of <u>Households</u>	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance		
2.	Alcohol and drug abuse services		
3.	Case management	210	\$110,100
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)	52	\$16,263
10.	Meals/nutritional services		
11.	Mental health services		
12.	Outreach		
13.	Transportation		
14.	Other Activity (if approved in grant agreement). Specify: Household Supplies for Clients	122	\$6,696
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	384	
16.	Adjustment for Duplication (subtract)	51	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	333	\$233,179

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

In Row a., enter the total number of households served and the amount of HOPWA funds expended on Short-Term Rent, Mortgage and Utility Assistance. In Row b., enter the total number of STRMU-assisted households that received assistance with mortgage costs only (no utility costs) and the amount expended assisting these households. In Row c., enter the total number of STRMU-assisted households that received assistance with both mortgage and utility costs and the amount expended assisting these households. In Row d., enter the total number of STRMU-assisted households that received assistance with rental costs only (no utility costs) and the amount expended assisting these households. In Row e., enter the total number of STRMU-assisted households that received assistance with both rental and utility costs and the amount expended assisting these households. In Row f., enter the total number of STRMU-assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended assisting these households. The total number of households reported in Column [1], Rows b., c., d., e., and f. equal the total number of STRMU households reported in Column [1], Row a. The total amount reported as expended in Column [2], Rows b., c., d., e., and f. equals the total amount of STRMU expenditures reported in Column [2], Row a.

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of Households	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Short-term mortgage, rent and/or utility (STRMU) assistance	73	127,534
b.	<u>Of the total STRMU reported on Row a.</u> , total who received assistance with mortgage costs ONLY.	7	5,425
c.	<u>Of the total STRMU reported on Row a.</u> , total who received assistance with mortgage and utility costs.	0	0
d.	<u>Of the total STRMU reported on Row a.</u> , total who received assistance with rental costs ONLY	59	82,156
e.	<u>Of the total STRMU reported on Row a.</u> , total who received assistance with rental and utility costs.	1	580
f.	<u>Of the total STRMU reported on Row a.</u> , total who received assistance with utility costs ONLY.	6	1,685
g.	<u>Direct program delivery costs (e.g., program operations staff time)</u>	n/a	\$37,688

End of PART 3

Part 4: Summary of Performance Outcomes

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

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

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

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

A. Permanent Housing Subsidy Assistance

	[1] Output: Total Number of Households	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Tenant-Based Rental Assistance	37	31	1 Emergency Shelter/Streets	0	Unstable Arrangements
			2 Temporary Housing	1	Temporarily Stable, with Reduced Risk of Homelessness
			3 Private Housing	1	Stable/Permanent Housing (PH)
			4 Other HOPWA	1	
			5 Other Subsidy		
			6 Institution		Unstable Arrangements
			7 Jail/Prison		
			8 Disconnected/Unknown		
			9 Death	3	Life Event
Permanent Supportive Housing Facilities/ Units	70	62	1 Emergency Shelter/Streets	0	Unstable Arrangements
			2 Temporary Housing	1	Temporarily Stable, with Reduced Risk of Homelessness
			3 Private Housing	1	Stable/Permanent Housing (PH)
			4 Other HOPWA	0	
			5 Other Subsidy	1	
			6 Institution		Unstable Arrangements
			7 Jail/Prison	1	
			8 Disconnected/Unknown	2	
			9 Death	2	Life Event

B. Transitional 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: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Transitional/ Short-Term Facilities/ Units	4	Total number of households that will continue in residences: 2	1 Emergency Shelter/Streets		Unstable Arrangements
			2 Temporary Housing	0	Temporarily Stable with Reduced Risk of Homelessness
			3 Private Housing	1	Stable/Permanent Housing (PH)
			4 Other HOPWA	0	
			5 Other Subsidy	1	
			6 Institution		Unstable Arrangements
			7 Jail/Prison		
			8 Disconnected/unknown		

				9 Death		<i>Life Event</i>
B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months				0		

Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Housing Subsidy Assistance)

Report the total number of households that received STRMU assistance in Column 1.

In Column 2, identify the outcomes of the households reported in Column 1 either at the time that they were known to have left the STRMU program or through the project sponsor’s best assessment for stability at the end of the operating year.

In Column 3 provides a description of housing outcomes; therefore, data is not required.

At the bottom of the chart:

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

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

Assessment of Households that received STRMU Assistance

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
73	Maintain Private Housing without subsidy <i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>	63	<i>Stable/Permanent Housing (PH)</i>
	Other Private Housing without subsidy <i>(e.g. client switched housing units and is now stable, not likely to seek additional support)</i>	0	
	Other HOPWA Housing Subsidy Assistance	0	
	Other Housing Subsidy (PH)	10	
	Institution <i>(e.g. residential and long-term care)</i>		
	Likely that additional STRMU is needed to maintain current housing arrangements		<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	Transitional Facilities/Short-term <i>(e.g. temporary or transitional arrangement)</i>	0	
	Temporary/Non-Permanent Housing arrangement <i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>	0	
	Emergency Shelter/street		<i>Unstable Arrangements</i>
	Jail/Prison		
	Disconnected		
Death		<i>Life Event</i>	
1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year. <i>(e.g. households that received STRMU assistance in two consecutive operating years)</i>			10
1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years <i>(e.g. households that received STRMU assistance in three consecutive operating years)</i>			1

Section 3. HOPWA Outcomes on Access to Care and Support

1a. Total Number of Households

Line [1]: For project sponsors/subrecipients that provided HOPWA housing subsidy assistance during the operating year identify in the appropriate row the number of households that received HOPWA housing subsidy assistance (TBRA, STRMU, Facility-Based, 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/subrecipients that did NOT provide HOPWA housing subsidy assistance identify in the appropriate row the number of households that received HOPWA funded case management services.

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

Total Number of Households	
1. For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	187
b. Case Management	210
c. Adjustment for duplication (subtraction)	147
d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a. + b. minus Row c.)	250
2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	0
b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance	0

1b. Status of Households Accessing Care and Support

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

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

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

Categories of Services Accessed	[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	250	0	Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	246	0	Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	203	0	Access to Health Care
4. Accessed and maintained medical insurance/assistance	164	0	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	106	0	Sources of Income

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

• MEDICAID Health Insurance Program, or use local program name	• Veterans Affairs Medical Services • AIDS Drug Assistance Program (ADAP)	Ryan White-funded Medical or Dental Assistance
--	--	--

<ul style="list-style-type: none"> • MEDICARE Health Insurance Program, or use local program name 	<ul style="list-style-type: none"> • State Children’s Health Insurance Program (SCHIP), or use local program name
--	--

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

<ul style="list-style-type: none"> • Earned Income • Veteran’s Pension • Unemployment Insurance • Pension from Former Job • Supplemental Security Income (SSI) 	<ul style="list-style-type: none"> • Child Support • Social Security Disability Income (SSDI) • Alimony or other Spousal Support • Veteran’s Disability Payment • Retirement Income from Social Security • Worker’s Compensation 	<ul style="list-style-type: none"> • General Assistance (GA), or use local program name • Private Disability Insurance • Temporary Assistance for Needy Families (TANF) • Other Income Sources
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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 1e. above, report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA 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 2d., report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA Job training, employment assistance, education or related case management/counseling services.

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

Categories of Services Accessed	[1 For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	36	0

End of PART 4

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

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

Permanent Housing Subsidy Assistance	Stable Housing (# of households remaining in program plus 3+4+5+6=#)	Temporary Housing (2)	Unstable Arrangements (1+7+8=#)	Life Event (9)
Tenant-Based Rental Assistance (TBRA)	33	1	0	3
Permanent Facility-based Housing Assistance/Units	64	1	3	2
Transitional/Short-Term Facility-based Housing Assistance/Units	4	0	0	0
Total Permanent HOPWA Housing Subsidy Assistance	101	2	3	5
Reduced Risk of Homelessness: Short-Term Assistance	Stable/Permanent Housing	Temporarily Stable, with Reduced Risk of Homelessness	Unstable Arrangements	Life Events
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)	73	0	0	0
Total HOPWA Housing Subsidy Assistance	174	2	3	5

Background on HOPWA Housing Stability Codes

Stable Permanent Housing/Ongoing Participation

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

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

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

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

Temporary Housing

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

Unstable Arrangements

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

7 = Jail /prison.

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

Life Event

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

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

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

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

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

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

End of PART 5

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

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

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

Note: See definition of "Stewardship Units"

1. General information

HUD Grant Number(s) ORH13F001	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input checked="" type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Portland Housing Bureau, City of Portland	Date Facility Began Operations (mm/dd/yy) 3/16/10

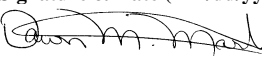
2. Number of Units and Non-HOPWA Expenditures

	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2	\$19,633

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Sandy Apartments
Site Information: Project Zip Code(s)	97220
Site Information: Congressional District(s)	Congressional District 3
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list. <input type="checkbox"/> 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.	

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

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: John Trinh, Asset Manager	Signature & Date (mm/dd/yy)  8/31/17
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Dawn Martin Housing Program Specialist	Contact Phone (with area code) 503-988-2521

End of PART 6

Part 7: Summary Overview of Grant Activities

A. Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, Facility-Based Units, Master Leased Units ONLY)

Note: Do not include in this section any individuals, beneficiaries, or households who received Supportive Services.

Section 1. HOPWA-Eligible Individuals who Received HOPWA Housing Subsidy Assistance

a. Total HOPWA Eligible Individuals Living with HIV/AIDS

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

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	187

Chart b. Prior Living Situation

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

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

Category		Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	<u>Continuing</u> to receive HOPWA support from the prior operating year	99
New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	5
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	0
4.	Transitional housing for homeless persons	4
5.	Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	9
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	3
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	0
12.	Rented room, apartment, or house	61
13.	House you own	8
14.	Staying or living in someone else's (family and friends) room, apartment, or house	3
15.	Hotel or motel paid for without emergency shelter voucher	0
16.	Other	0
17.	Don't Know or Refused	4
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	187

c. Homeless Individual Summary

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

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	2	3

Section 2. Beneficiaries

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

Note: See definition of Transgender Note: See definition of Benfiaries.

Note: The sum of each of the Charts b. & c. equal the total number of beneficiaries served with HOPWA housing subsidy assistance, in Chart a., Row 3.

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

Individuals and Families Served with Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (should equal the number of HOPWA Eligible Individuals reported in Part 7A,Section 1,Chart a.)	187
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.	7
3. Number of ALL other persons NOT diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy	112
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)	306

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 equals the total number of beneficiaries reported in Chart a., Row 4.

HOPWA Eligible Individuals						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL* (Sum of Columns A-D)
1.	Under 18					
2.	18 to 30 years	10	6	1	0	17
3.	31 to 50 years	82	26	1	0	110
4.	51 years and Older	48	12	1	0	61
5.	Subtotal (Sum of Rows 1-4)	140	44	3	0	187
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL* (Sum of Columns A-D)
6.	Under 18	32	35	0	0	67
7.	18 to 30 years	16	10	0	0	26
8.	31 to 50 years	11	8	0	0	19
9.	51 years and Older	4	3	0	0	7
10.	Subtotal (Sum of Rows 6-9)	63	56	0	0	119
Total Beneficiaries						
11.	TOTAL* (Sum of Row 5 & 10)	203	100	3	0	306

c. Race and Ethnicity*

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

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a., Row 1]	[B] Also identified as Hispanic or Latino	[C] Race [total of individuals reported in Section 2, Chart a., Rows 2 & 3]	[D] Also identified as Hispanic or Latino
1.	American Indian/Alaskan Native	5	1	6	0
2.	Asian	7	0	7	0
3.	Black/African American	34	0	45	0
4.	Native Hawaiian/Other Pacific Islander	1	1	0	0
5.	White	127	41	50	26
6.	American Indian/Alaskan Native & White	5	0	0	0
7.	Asian & White	0	0	0	0
8.	Black/African American & White	0	0	2	0
9.	American Indian/Alaskan Native & Black/African American	2	0	0	0
10.	Other Multi-Racial	6	2	9	5
11.	Column Totals (Sum of Rows 1-10)	187	45	119	31
<i>Data Check: Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA eligible individuals reported in Part 3A, Section 2, Chart a, Row 4.</i>					

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

Section 3. Households

Household Area Median Income.

Report the 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 6 and Part 7A, Section 1, Chart a. (Total HOPWA Eligible Individuals Served with HOPWA Housing Subsidy Assistance).

Note: Refer to http://www.huduser.org/portal/datasets/il/il2010/select_Geography_mfi.odn for information on area median income in your community.

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	139
2.	31-50% of area median income (very low)	38
3.	51-80% of area median income (low)	10
4.	Total (Sum of Rows 1-3)	187

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Central City Concern

2. Capital Development

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Rose Wood
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$60,608	\$134,844	
a.	Purchase/lease of property:		Date (mm/dd/yy): 12/97
b.	Rehabilitation/Construction Dates:		Date started: 1/98 Date Completed: 12/31/98
c.	Operation dates:		Date residents began to occupy: 12/31/98 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 12/31/98 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 15 Total Units = 36
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g.	What is the address of the facility (if different from business address)?		4810 NE Sandy Blvd., Portland, OR 97213

h.	Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.
----	--	---

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab	0	0	0	0	60
Rental units rehabbed	0	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0	0

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Central City Concern

Type of housing facility operated by the project sponsor		Total Number of Units Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence	2	13			
c.	Project-based rental assistance units or leased units					
d.	Other housing facility. Specify:					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units	17	\$60,608
d.	Other Activity (if approved in grant agreement). Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	17	\$60,608

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Central City Concern

2. Capital Development

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

	Type of Development this operating year	HOPWA Funds Expended this operating year <i>(if applicable)</i>	Non-HOPWA funds Expended <i>(if applicable)</i>	Name of Facility: Cascadia Village
<input type="checkbox"/>	New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/>	Rehabilitation	\$	\$	
<input type="checkbox"/>	Acquisition	\$	\$	
<input checked="" type="checkbox"/>	Operating	\$5,790	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy): 2003	
b.	Rehabilitation/Construction Dates:		Date started: 2003 Date Completed: 2004	
c.	Operation dates:		Date residents began to occupy: 2004 <input type="checkbox"/> Not yet occupied	
d.	Date supportive services began:		Date started: 2004 <input type="checkbox"/> Not yet providing services	
e.	Number of units in the facility:		HOPWA-funded units = 3 Total Units = 50	
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>	
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.	

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab	0	0	0	0	60
Rental units rehabbed	0	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0	0

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Central City Concern

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence		2			
c.	Project-based rental assistance units or leased units					
d.	Other housing facility. Specify:					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units	2	\$5,790
d.	Other Activity (if approved in grant agreement). Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	2	\$5,790

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

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

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

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

1. Project Sponsor Agency Name (Required)

Clark County Public Health

2. Capital Development

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: McCallister Village
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$1,932	\$5,580	
a.	Purchase/lease of property:		Date (mm/dd/yy): February 2008
b.	Rehabilitation/Construction Dates:		Date started: July 2010 Date Completed: April 2011
c.	Operation dates:		Date residents began to occupy: April 2011 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 5/1/10 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 3 Total Units = 48
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g.	What is the address of the facility (if different from business address)?		2155 W Firestone Lane Vancouver, WA 98660
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab	0	0	0	0	60
Rental units rehabbed	0	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0	0

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Affordable Community Environments

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence	0	1	1		
c.	Project-based rental assistance units or leased units					
d.	Other housing facility. <u>Specify:</u>					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs	2	\$1,932
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement). <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	2	\$1,932

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

2. Capital Development

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: McCoy Village
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check only one box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$31,179	\$0	
a.	Purchase/lease of property:		Date (mm/dd/yy): 1999
b.	Rehabilitation/Construction Dates:		Date started: 2000 Date Completed: 2001
c.	Operation dates:		Date residents began to occupy: 2001 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 1999 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 4 Total Units = 51
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		4430 NE Martin Luther King Jr. Blvd. Portland, OR 97211
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab	0	0	4	0	60
Rental units rehabbed	0	0	0	0	0
Homeownership units constructed (if approved)	0	0	0	0	0

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Caritas Housing Initiative LLC

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence		2	2		
c.	Project-based rental assistance units or leased units					
d.	Other housing facility. Specify:					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units	4	\$31,179
d.	Other Activity (if approved in grant agreement). Specify:	4	\$5,228
e.	Adjustment to eliminate duplication (subtract)	4	
f.	TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	4	\$36,407

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

2. Capital Development

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Madrona
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check only one box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$38,447	\$18,924	
a.	Purchase/lease of property:		Date (mm/dd/yy): 09/04
b.	Rehabilitation/Construction Dates:		Date started: 3/09 Date Completed: 02/10
c.	Operation dates:		Date residents began to occupy: 03/10 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 3/1/10 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 10 Total Units = 176
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		10 Weidler St., Portland, OR 97227
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

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

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Central City Concern

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units	10					
d. Other housing facility. Specify:						

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	13	\$38,447
d. Other Activity (if approved in grant agreement). Specify:		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	13	\$38,447

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

2. Capital Development

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Carriage Hill This page for operating costs.
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$6,258	\$27,440	
a.	Purchase/lease of property:		Date (mm/dd/yy): 2000
b.	Rehabilitation/Construction Dates:		Date started: 2001 Date Completed: 2002
c.	Operation dates:		Date residents began to occupy: 2003 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 2003 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 3 Total Units = 3
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g.	What is the address of the facility (if different from business address)?		8008-8014 SW 45 th Ave., Portland, OR 97221
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab	0	0	0	0	60
Rental units rehabbed					
Homeownership units constructed (if approved)					

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

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

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence			1	2	
c.	Project-based rental assistance units or leased units					
d.	Other housing facility. Specify:					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units	3	\$6,258
d.	Other Activity (if approved in grant agreement). Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	3	\$6,258

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

2. Capital Development

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Nathaniel's Way
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$20,300	\$36,586	
a.	Purchase/lease of property:		Date (mm/dd/yy): 1998
b.	Rehabilitation/Construction Dates:		Date started: 1999 Date Completed: 1999
c.	Operation dates:		Date residents began to occupy: 1999 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 1999 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 4 Total Units = 4
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g.	What is the address of the facility (if different from business address)?		11100 E Burnside Portland, OR 97203
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab	0	0	0	0	60
Rental units rehabbed					
Homeownership units constructed (if approved)					

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

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

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence				3	1
c.	Project-based rental assistance units or leased units					
d.	Other housing facility. Specify:					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units	5	\$18,796
d.	Other Activity (if approved in grant agreement). Specify: Utility Assistance	2	
e.	Adjustment to eliminate duplication (subtract)	2	
f.	TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	5	\$20,879

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project – Home Forward

2. Capital Development

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

	Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Project Open Door
	<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
	<input type="checkbox"/> Rehabilitation	\$	\$	
	<input type="checkbox"/> Acquisition	\$	\$	
	<input checked="" type="checkbox"/> Operating	\$50,749	\$82,318	
a.	Purchase/lease of property:			Date (mm/dd/yy): 1995
b.	Rehabilitation/Construction Dates:			Date started: 1996 Date Completed: 1997
c.	Operation dates:			Date residents began to occupy: 1997 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:			Date started: 1997 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:			HOPWA-funded units = 9 Total Units = 9
f.	Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?			815 NE 162 nd Ave., Portland, OR 97230
h.	Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab	0	0	0	0	60
Rental units rehabbed					
Homeownership units constructed (if approved)					

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

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

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence		6	3		
c.	Project-based rental assistance units or leased units					
d.	Other housing facility. Specify:					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units	10	\$48,693
d.	Other Activity (if approved in grant agreement). Specify:	5	1,301
e.	Adjustment to eliminate duplication (subtract)	5	
f.	TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	10	\$49,994

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

2. Capital Development

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Cornerstone
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$3,267	\$5,401	
a.	Purchase/lease of property:		Date (mm/dd/yy): 08/21/97
b.	Rehabilitation/Construction Dates:		Date started: 10/99 Date Completed: 12/2000
c.	Operation dates:		Date residents began to occupy: 11/00 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 2000 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 1 Total Units = 46
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		1128 SW Jefferson Street, Portland, OR 97201
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab	0	0	0	0	60
Rental units rehabbed					
Homeownership units constructed (if approved)					

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

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

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence	1				
c.	Project-based rental assistance units or leased units					
d.	Other housing facility. Specify:					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units	1	\$3,267
d.	Other Activity (if approved in grant agreement). Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	1	\$3,267

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project – Outside In

2. Capital Development

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

	Type of Development this operating year	HOPWA Funds Expended this operating year <i>(if applicable)</i>	Non-HOPWA funds Expended <i>(if applicable)</i>	Name of Facility: Outside In
<input type="checkbox"/>	New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input type="checkbox"/> Permanent housing <input checked="" type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/>	Rehabilitation	\$	\$	
<input type="checkbox"/>	Acquisition	\$	\$	
<input checked="" type="checkbox"/>	Operating	\$15,738	\$54,856	
a.	Purchase/lease of property:			Date (mm/dd/yy): 11/30/98
b.	Rehabilitation/Construction Dates:			Date started: 10/1/99 Date Completed: 1/10/01
c.	Operation dates:			Date residents began to occupy: 1/02 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:			Date started: 1/02 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:			HOPWA-funded units = 2 Total Units = 28
f.	Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?			1132 SW 13 th Ave., Portland, OR 97205
h.	Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab	0	0	0	0	60
Rental units rehabbed					
Homeownership units constructed (if approved)					

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

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

Type of housing facility operated by the project sponsor	Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence	2					
c. Project-based rental assistance units or leased units						
d. Other housing facility. <u>Specify:</u>						

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a. Leasing Costs		
b. Operating Costs		
c. Project-Based Rental Assistance (PBRA) or other leased units	4	\$15,738
d. Other Activity (if approved in grant agreement). <u>Specify:</u>		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	4	\$15,738

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

Cascade AIDS Project

2. Capital Development

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: PCRI Scattered Site
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input checked="" type="checkbox"/> Operating	\$43,157	\$2,212	
a.	Purchase/lease of property:		Date (mm/dd/yy): 1998
b.	Rehabilitation/Construction Dates:		Date started: 1998 Date Completed: 1999
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: 1999 <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 7 Total Units = 10
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		4838 N Williams Ave., 4840 N Williams Ave., 3523 NE 6 th Ave., 5262 NE 8 th Ave., 5315 NE 27 th Ave., 417 N Blandena St., 5903 N Michigan St. 3933 N Vancouver Ave., 727 NE Emerson St.
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list. <input type="checkbox"/> No, can be made available to the public.

2b. Number and Type of Capital Development Project Units (For Capital Development Projects only)

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible	Years of affordability (IN YEARS)
Rental units constructed (new) and/or acquired <u>with</u> or <u>without</u> rehab	0	0	0	0	60
Rental units rehabbed					
Homeownership units constructed (if approved)					

3. Units assisted in types of housing facility/units leased by sponsor

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., 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 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.*

3a. Check one only

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

3b. Type of Facility

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Portland Community Reinvestment Initiatives

Type of housing facility operated by the project sponsor		Total Number of <u>Units</u> Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence		1	6		
c.	Project-based rental assistance units or leased units					
d.	Other housing facility. <u>Specify:</u>					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs		
b.	Operating Costs	8	\$43,157
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement). <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (a. through d. minus e.)	8	\$43,157