



# **State of Indiana Consolidated Annual Performance and Evaluation Report (CAPER)**

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**Program Year 2014**

**July 1, 2014 to June 30, 2015**

**FINAL REPORT**

**Final Report**

September 30, 2015

**State of Indiana Consolidated  
Annual Performance and  
Evaluation Report (CAPER)  
for Program Year 2014,  
July 1, 2014 – June 30, 2015**

**Prepared for**

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# **Electronic CAPER**

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IDIS Version

## CR-05 - Goals and Outcomes

Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a). Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)

| Goal   | Category                                  | Source/<br>Amount | Indicator   | Unit of<br>Measure           | Expected –<br>Strategic<br>Plan | Actual –<br>Strategic<br>Plan | Expected –<br>Program<br>Year | Actual –<br>Program<br>Year |
|--|---|-------------------|---|------------------------------|---------------------------------|-------------------------------|-------------------------------|-----------------------------|
| Brownfield/Clearance<br>Projects                         | Non-Housing<br>Community<br>Development   |                   | Other   | Other                        | 15                              | 6                             | 13                            | 1                           |
| Complete Owner<br>Occupied Rehabilitation                | Affordable<br>Housing                     |                   | Homeowner Housing<br>Rehabilitated                                | Household<br>Housing<br>Unit | 1,500                           | 1,002                         | 240                           | 10                          |
| Construct & Rehab<br>Infrastructure<br>Improvements      | Non-Housing<br>Community<br>Development   |                   | Other   | Other                        | 120                             | 104                           | 19                            | 25                          |
| Construct Public Facility<br>Projects                    | Non-Housing<br>Community<br>Development   |                   | Other   | Other                        | 30                              | 25                            | 9                             | 8                           |
| Construction & Rehab of<br>Migrant Farmworker<br>Housing | Homeless<br>Non-Homeless<br>Special Needs |                   | Overnight/Emergency<br>Shelter/Transitional<br>Housing Beds added | Beds                         | 40                              | 0                             | 0                             | 0                           |
| Construction & Rehab of<br>Perm Supportive<br>Housing    | Homeless<br>Non-Homeless<br>Special Needs |                   | Housing for Homeless<br>added                                     | Household<br>Housing<br>Unit | 250                             | 19                            | 40                            | 0                           |
| Create Jobs for Low to<br>Moderate Income<br>Populations | Non-Housing<br>Community<br>Development   |                   | Jobs created/retained   | Jobs                         | 1,300                           | 475                           | 0                             | 0                           |

|  |                                   |  |   |                        |       |     |        |                |
|--|-----------------------------------|--|---|------------------------|-------|-----|--------|----------------|
| Create New & Rehabilitate Affordable Rentals | Affordable Housing                |  | Rental units constructed                              | Household Housing Unit | 337   | 593 | 100    | 258            |
| Create New & Rehabilitate Affordable Rentals | Affordable Housing                |  | Rental units rehabilitated                            | Household Housing Unit | 338   | 335 | 50     | Included above |
| Develop Affordable Owner Occupied Units      | Affordable Housing                |  | Homeowner Housing Added                               | Household Housing Unit | 125   | 95  | 0      | 0              |
| Emergency Shelter Essential Services         | Homeless                          |  | Overnight/Emergency Shelter/Transitional Housing Beds | Clients Served         |       |     | 11,700 | 10,330         |
| Emergency Shelter Essential Services         | Homeless                          |  | Other   | Other                  | 53    | 77  |        |                |
| Equipment for Emergency Services             | Non-Housing Community Development |  | Other   | Other                  | 40    | 26  | 0      | 0              |
| Funding for Organizational Capacity          | Affordable Housing                |  | Other   | Other                  | 80    | 35  |        |                |
| Historic Preservation Projects               | Non-Housing Community Development |  | Other   | Other                  | 10    | 8   | 0      | 0              |
| HOPWA Housing Information Services           | Non-Homeless Special Needs        |  | Other   | Other                  | 375   |     | 75     | 105            |
| HOPWA Housing Placement Services             | Non-Homeless Special Needs        |  | Other   | Other                  | 500   |     | 100    | 12             |
| HOPWA Improve Housing Options                | Non-Homeless Special Needs        |  | Tenant-based rental assistance/Rapid Rehousing        | Households Assisted    | 1,000 |     | 110    | 90             |

|  |                                     |  |  |                        |         |       |     |       |
|--|-------------------------------------|--|--|------------------------|---------|-------|-----|-------|
| HOPWA Improve Housing Options                      | Non-Homeless Special Needs          |  | HIV/AIDS Housing Operations                    | Household Housing Unit | 35      |       | 20  | 24    |
| HOPWA Improve Housing Options                      | Non-Homeless Special Needs          |  | Other  | Other                  | 1,600   |       | 220 | 180   |
| Operating Support Funding for Shelters             | Homeless Non-Homeless Special Needs |  | Other  | Other                  | 55      | 221   | 60  | 19    |
| Predevelopment Loan Funding for Affordable Housing | Affordable Housing                  |  | Other  | Other                  | 25      | 50    | 5   | 0     |
| Provide & Support Homebuyer Assistance             | Affordable Housing                  |  | Direct Financial Assistance to Homebuyers      | Households Assisted    | 2,500   | 2,528 | 700 | 0     |
| Provide Planning Grants to Local Governments/CHDOs | Non-Housing Community Development   |  | Other  | Other                  | 145     | 144   | 50  | 0     |
| Provide Project Support for Community Development  | Non-Housing Community Development   |  | Other  | Other                  | 10      | 59    |     | 23    |
| Rapid Re-Housing                                   | Homeless Non-Homeless Special Needs |  | Tenant-based rental assistance/Rapid Rehousing | Households Assisted    | 0       |       | 320 | 1,409 |
| Rapid Re-Housing                                   | Homeless Non-Homeless Special Needs |  | Homelessness Prevention                        | Persons Assisted       | 100,650 | 2,499 |     | 119   |
| Tenant-Based Rental Assistance                     | Homeless Non-Homeless Special Needs |  | Tenant-based rental assistance/Rapid Rehousing | Households Assisted    | 1,000   | 0     | 200 | 0     |

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

**Note about the HOME TBRA Program:**

There were two nonprofit agencies, Aurora, Inc. and Indiana Connected by 25 that utilized HOME TBRA for Special Needs populations. The populations were for persons that were reentering from jail or prison and young adults graduating out of the foster care system. These programs accomplished the following:

**Aurora ReEntry Program:** Forty-one percent of the individuals who left the program were permanently housed. Seven individuals were able to maintain their current residences; 11 individuals obtained and maintained employment or other sources of income. None were sent back into corrections. Seven individuals were reunited with their families due to the re-entry program. Parents reported that due to the reunification of families, their children increased their academic status. They also reported their children's overall behaviors in the classroom, including anxiety and defiance, diminished once the children were reunified and housed with their families.

**Indiana Connected by 25:** Seventy-eight percent of the individuals who left the program were permanently housed. Two clients graduated with their associate degrees, two with nursing certificates, and 10 were enrolled in continuing education classes. Seventeen reported being employed, two as certified nursing assistants. One client is looking at buying a townhome. Overall, fewer clients were served than expected because the last client was discharged in February 2015.

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

The State of Indiana determines its high priority needs through a combination of economic analysis on housing and community development conditions and input from stakeholders and residents. During the five-year Consolidated Planning cycle, the following have consistently been top needs: affordable housing to assist the state's lowest income households, community and economic development in rural Indiana, housing for persons with disabilities and housing for persons who are homeless.

The most recent stakeholder engagement was conducted for the updated Analysis of Impediments to Fair Housing Choice. In the stakeholder survey and interviews conducted for the most recent Consolidated Plan and AI, stakeholders mentioned the following challenges and highest priority needs for Indiana:

- Increased state or federal funding for transitional housing;
- A separate funding mechanism for tax credit developments for rural counties/cities/towns with populations less than 15,000;
- Transitional housing targeted to formerly incarcerated; homeless or people with mental illness;



- Need for programs, applications and policies to be “right-sized” for small rural communities;
- Need for technical assistance for local nonprofits, governments to create local solutions to housing and service needs;
- Continued foreclosure prevention programs.

During PY2014, the largest amount of CDBG was allocated to public infrastructure improvements, followed by public facilities. Despite being the top-ranked community development need by stakeholders, public transit was not funded, as transit improvements are not an eligible CDBG activity. Job training programs were suspended for PY2013 due to lack of applications. Planning grants and technical assistance—a top priority for stakeholders—was continued.

## CR-10 - Racial and Ethnic composition of families assisted

Describe the families assisted (including the racial and ethnic status of families assisted).

### 91.520(a)

|   | CDBG       | HOME       | HOPWA    |
|---|------------|------------|----------|
| White                                     | 322        | 431        | 0        |
| Black or African American                 | 8          | 77         | 0        |
| Asian                                     | 0          | 6          | 0        |
| American Indian or American Native        | 0          | 1          | 0        |
| Native Hawaiian or Other Pacific Islander | 0          | 0          | 0        |
| <b>Total</b>                              | <b>330</b> | <b>515</b> | <b>0</b> |
| Hispanic                                  | 6          | 13         | 0        |
| Not Hispanic                              | 324        | 502        | 0        |

Table 2 – Table of assistance to racial and ethnic populations by source of funds

### Narrative

The above numbers are pre-populated by IDIS. IHCD's internal records show 221 whites, 45 African Americans, one American Indian/Alaskan Native, one Asian, two multi-racial and four Hispanics benefitting from a direct allocation of HOME funding during PY2014.

HOPWA begin entering data into the HMIS system in program year 2014; as such, the data will not be available in a complete form until 2015.

In addition to the above, CDBG was awarded to the following women- and minority-owned businesses:

- Four contracts to African American-owned firms, totaling \$763,000;
- Two contracts to Hispanic-owned firms, totaling \$67,000; and
- 42 contracts to women-owned firms, totaling \$3.9 million.

Three HOME contracts were awarded to a women-owned business; altogether, these contracts totaled \$205,000.

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

### Identify the resources made available

| Source of Funds | Source | Resources Made Available | Amount Expended During Program Year |
|-----------------|--------|--------------------------|-------------------------------------|
| CDBG            | HUD    | \$28,023,644             | \$17,072,895                        |
| HOME            | HUD    | \$10,493,153             |                                     |
| HOPWA           | HUD    | \$ 961,711               | \$955,207                           |
| ESG             | HUD    | \$3,353,851              | \$3,475,401                         |

Table 3 – Resources Made Available

### Narrative

The amount of ESG funds expended during the program year, were higher than the resources made available due to prior year rollovers.

HOPWA received a slight increase of funds from HUD for the 2014 program year. However, there were less rollover dollars from the previous year, so agencies did not receive as much of an award. Left over funds from the 2014 year will be rolled over and reallocated in 2015.

ESG funds not expended were due to the fact that not all subrecipients expended all of their funds within the one year limit of June-July (Shelter programs and Street Outreach programs). This portion will be rolled over to the 2015 program year. Also, there is a portion of the ESG Rapid Rehousing and Homeless Prevention that has not been spent due to the fact that sub-recipient agreements are still active until December 31, 2015. We expect them to expend all of these funds by the end of their agreement.

CDBG funds were not fully expended in the program year due to program changes. Awards were made later in the year.

**Identify the geographic distribution and location of investments.** The figures below show where CDBG and ESG funds were allocated by program during PY2014.

| <b>Program Type</b>            | <b>Amount</b> | <b>County</b> |
|--------------------------------|---------------|---------------|
| <b>Water/Wastewater</b>        | \$350,000     | CLINTON       |
|                                | \$234,150     | FLOYD         |
|                                | \$800,000     | GREENE        |
|                                | \$794,838     | HAMILTON      |
|                                | \$270,755     | JASPER        |
|                                | \$550,000     | JENNINGS      |
|                                | \$500,000     | MARSHALL      |
|                                | \$450,000     | NEWTON        |
|                                | \$432,000     | PERRY         |
|                                | \$450,000     | PULASKI       |
|                                | \$1,000,000   | ST. JOSEPH    |
|                                | \$500,000     | TIPTON        |
|                                | \$450,000     | UNION         |
|                                | \$400,000     | VERMILLION    |
|                                | \$600,000     | WARREN        |
|                                | \$400,000     | WHITE         |
| <b>Stellar Communities</b>     | \$1,333,000   | GIBSON        |
|                                | \$98,000      | LAWRENCE      |
| <b>Stormwater Improvements</b> | \$400,000     | CASS          |
|                                | \$500,000     | CLAY          |
|                                | \$500,000     | DEKALB        |
|                                | \$500,000     | JOHNSON       |
|                                | \$500,000     | PERRY         |
|                                | \$500,000     | PUTNAM        |
| <b>Planning Grants</b>         | \$40,000      | CLINTON       |
|                                | \$80,000      | DEARBORN      |
|                                | \$20,000      | DECATUR       |
|                                | \$40,000      | DUBOIS        |
|                                | \$89,600      | GRANT         |
|                                | \$40,000      | HARRISON      |
|                                | \$50,000      | HUNTINGTON    |
|                                | \$40,000      | JOHNSON       |
|                                | \$40,000      | KOSCIUSKO     |
|                                | \$39,600      | MADISON       |
|                                | \$70,000      | MONTGOMERY    |
|                                | \$40,000      | OWEN          |
|                                | \$76,000      | PARKE         |
|                                | \$15,000      | PERRY         |
|                                | \$40,000      | SPENCER       |
|                                | \$30,000      | VERMILLION    |
|                                | \$30,000      | WARRICK       |
|                                | \$38,700      | WHITE         |
|                                | \$40,000      | WHITLEY       |
| <b>Public Facilities</b>       | \$150,000     | BARTHOLOMEW   |
|                                | \$150,000     | GRANT         |

|                                     |           |            |
|-------------------------------------|-----------|------------|
| Public Facilities, continued        | \$150,000 | LAGRANGE   |
|                                     | \$800,000 | MIAMI      |
|                                     | \$336,880 | MONTGOMERY |
|                                     | \$354,112 | MORGAN     |
|                                     | \$400,000 | PUTNAM     |
| <b>Street/Sidewalk Improvements</b> | \$400,000 | ALLEN      |
|                                     | \$400,000 | WASHINGTON |
|                                     | \$400,000 | WHITLEY    |
| <b>Blight Clearance</b>             | \$145,260 | ORANGE     |

**Table 4 – CDBG Geographic Allocations, PY2014**

| <b>Program Type</b>         | <b>Amount</b> | <b>County</b> |
|-----------------------------|---------------|---------------|
| <b>Rapid Re-Housing</b>     | \$135,520.00  | ALLEN         |
|                             | \$181,714.00  | BARTHOLOMEW   |
|                             | \$28,902.00   | FLOYD         |
|                             | \$52,483.65   | HAMILTON      |
|                             | \$125,719.76  | LAKE          |
|                             | \$178,902.00  | MONROE        |
|                             | \$178,610.00  | PORTER        |
|                             | \$63,332.00   | TIPPECANOE    |
|                             | \$472,621.00  | VANDERBURGH   |
| <b>Essential Services</b>   | \$100,466.00  | ALLEN         |
|                             | \$67,730.00   | BARTHOLOMEW   |
|                             | \$33,301.00   | CASS          |
|                             | \$30,019.00   | DEARBORN      |
|                             | \$44,288.50   | DELAWARE      |
|                             | \$46,660.00   | ELKHART       |
|                             | \$57,570.00   | FLOYD         |
|                             | \$25,740.00   | GRANT         |
|                             | \$37,251.00   | HANCOCK       |
|                             | \$42,332.00   | HENDRICKS     |
|                             | \$45,722.00   | HOWARD        |
|                             | \$12,398.00   | HUNTINGTON    |
|                             | \$40,639.00   | JACKSON       |
|                             | \$22,256.00   | JASPER        |
|                             | \$37,816.00   | KOSCIUSKO     |
|                             | \$81,465.00   | LAKE          |
|                             | \$59,264.00   | LAPORTE       |
|                             | \$33,871.00   | LAWRENCE      |
|                             | \$41,768.00   | MADISON       |
|                             | \$103,853.00  | MONROE        |
|                             | \$24,082.00   | MONTGOMERY    |
|                             | \$41,768.00   | MORGAN        |
|                             | \$44,383.00   | PORTER        |
|                             | \$21,615.00   | RIPLEY        |
|                             | \$217,266.00  | TIPPECANOE    |
|                             | \$112,252.00  | VANDERBURGH   |
|                             | \$64,908.00   | VIGO          |
|                             | \$32,672.00   | WASHINGTON    |
|                             | \$3,260.00    | WAYNE         |
| <b>Transitional Housing</b> | \$100,970     | ALLEN         |
|                             | \$43,711      | DELAWARE      |
|                             | \$41,203      | HOWARD        |
|                             | \$34,429      | MONROE        |
|                             | \$40,074      | PORTER        |
|                             | \$62,134      | VANDERBURGH   |
|                             | \$35,816      | WHITLEY       |

|                                 |          |             |
|---------------------------------|----------|-------------|
| Transitional Housing, continued | \$27,828 | ALLEN       |
|                                 | \$30,424 | BARTHOLOMEW |
|                                 | \$5,882  | HAMILTON    |
| <b>Outreach</b>                 | \$39,826 | MONROE      |
|                                 | \$49,783 | VANDERBURGH |

**Table 5 – ESG Geographic Allocations, PY2014**

HOPWA funds were allocated by region as follows:

**REGION 1**

Counties Served: Lake, Porter, LaPorte

2014-2015 HOPWA Award: \$186,208

**REGION 2**

Counties Served: St. Joseph, Elkhart, Starke, Marshall, Pulaski, Fulton

2014-2015 HOPWA Award: \$143,337

**REGION 3**

Counties Served: LaGrange, Steuben, Kosciusko, Noble, DeKalb, Whitley, Allen, Wabash, Huntington, Wells, Adams

2014-2015 HOPWA Award: \$128,640

**REGIONS 4, 5, 6, and 9**

Counties Served (Region 4): Newton, Jasper, Benton, White, Carroll, Warren, Tippecanoe, Clinton, Fountain, Montgomery

Counties Served (Region 5): Grant, Blackford, Jay, Delaware, Randolph

Counties Served (Region 6): Cass, Miami, Howard, Tipton, Hamilton, Hancock

Counties Served (Region 9): Henry, Wayne, Rush, Fayette, Union, Decatur, Franklin, Ripley, Dearborn, Ohio

**2014-2015 HOPWA Award: \$172,261**

**REGION 7\***

Counties Served: Boone, Hendricks, Marion, Morgan, Johnson, Shelby, Madison

\*Not served by IHEDA

## **REGION 8**

Counties Served: Vermillion, Parke, Putnam, Vigo, Clay, Sullivan

2014-2015 HOPWA Award: \$45,000

## **REGION 10**

Counties Served: Owen, Greene, Monroe, Lawrence, Brown, Bartholomew

2014-2015 HOPWA Award: \$82,502

## **REGION 11**

Counties Served: Jackson, Jennings, Orange, Washington, Scott, Jefferson, Switzerland, Crawford, Harrison, Floyd, Clark

2014-2015 HOPWA Award: \$25,000

## **REGION 12**

Counties Served: Knox, Daviess, Martin, Gibson, Pike, Dubois, Posey, Vanderburgh, Warrick, Spencer, Perry

2014-2015 HOPWA Award: \$178,763

## **Narrative**

The State of Indiana does not prioritize the allocation of CDBG, HOME or ESG geographically. Instead, the State identifies the greatest needs for the state and nonentitlement areas overall and this information is used to guide the funding priorities for each program year. For local needs, the State relies on the information presented in block grant program funding applications.

OCRA does include a component of scoring in their CDBG applications where the low and moderate income percentage is a weighted score; a higher percentage of low and moderate income will yield a higher score. IHCD includes a preference for application that attempts to reach low- and very low-income levels of area median income.

ESG allocates emergency shelter and rapid re-housing activities statewide; homeless prevention and outreach activities are more targeted geographically.

The HOPWA grant does rely on a geographic allocation, determined through the Continuum of Care regions. Because IHCD allocates HOPWA to all ISDH-established care coordination regions except Region 7, it was determined that IHCD will fund one HOPWA project sponsor per every care coordination region. This will remain true for all care coordination regions. If a distinct eligible population with specific needs exists in a region (for example, homeless men in Lake County), IHCD will work with the regional sponsor to tailor services to meet the needs of



the population. In instances where the sponsor cannot meet these needs, the sponsor will have the ability to sub-grant a portion of its HOPWA award to another service provider.

## Leveraging

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

**CDBG.** During PY2014, the following additional resources were contributed to support CDBG-funded projects:

- Other federal funds = \$5.3 million,
- State and local funds = \$14.4 million, and
- Private funds = \$347,000.

Total CDBG leverage = \$20 million.

**HOME.** During PY2014, the following additional resources were contributed to support HOME-funded projects:

- Cash donated = \$536,000,
- Federal Home Loan Bank grants = \$2.5 million,
- Private grants = \$397,000,
- Volunteer labor valued at \$111,500,
- Professional services valued at \$31,500,
- Value of land and buildings donated = \$658,000,
- Value of donated materials = \$60,000,
- Private mortgage financing = \$468,000,
- Required infrastructure = \$345,000, and
- Other leveraged sources = \$1.1 million.

Total HOME leverage = \$6.1 million.

**ESG** funds were leveraged with \$2 million in in-kind donations and \$1.385 million in cash donations, for a total match of about \$3.5 million.

**HOPWA.** \$1.45 million leveraged HOPWA funds, which included:

- Ryan White program = \$180,000,
- ESG = \$24,000 and CDBG = \$9,000,
- Case management services, valued at \$138,000,
- Indiana Department of Health = \$681,000, and
- Grants, donations and in-kind and food pantry donations = \$415,000.

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

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

|  | One-Year Goal   | Actual                                   |
|--|---|--|
| Number of homeless households to be provided affordable housing units      | 40 through construction and rehab of supportive housing | No. of households assisted not available |
| Number of non-homeless households to be provided affordable housing units  |   | No. of households assisted not available |
| Number of special-needs households to be provided affordable housing units | 320 through RRH activities                              | 1,409 people assisted                    |
| <b>Total</b>   | <b>360</b>  |  |

Table 6 – Number of Households

|  | One-Year Goal   | Actual  |
|--|---|---|
| Number of households supported through rental assistance                 | 200 through TBRA with RRH   | 1,409 people assisted                                   |
| Number of households supported through the production of new units       | 100 rental units created  | 258 units completed                                     |
| Number of households supported through the rehab of existing units       | 50 rental units rehabilitated, 240 homeowner assisted with rehabilitation | Rehab of rentals included above; 10 homeowners assisted |
| Number of households supported through the acquisition of existing units |   |   |
| <b>Total</b>   | <b>590</b>  |   |

Table 7 – Number of Households Supported

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

The shift in assistance towards renters reflected changes in the rental market and increased need for subsidies for low income renters.

**Discuss how these outcomes will impact future annual action plans.**

The rental market will be monitored annually with development of Annual Action Plans. The need for rental subsidies will be balanced with the need for home rehabilitation, particularly accessibility modifications, for low income homeowners. The state is also exploring development of a state permanent supportive housing program to better meet the needs of persons who are homeless and need permanent housing, which is challenging to find in rural Indiana.

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

| <b>Number of Persons Served</b> | <b>CDBG Actual</b> | <b>HOME Actual</b> |
|---------------------------------|--------------------|--------------------|
| Extremely Low-income            | Not required       | 193                |
| Low-income                      | Not required       | 79                 |
| Moderate-income                 | Not required       | 0                  |
| <b>Total</b>                    | <b>0</b>           | <b>272</b>         |

**Table 8 – Number of Persons Served**

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

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

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

Street outreach programs were funded in Evansville, Bloomington and Lafayette. 424 households were connected to services including emergency shelter, mainstream services and medical care. The average length of engagement for street outreach was 172 days and 98 percent of households exited to permanent housing.

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

The State of Indiana addressed the emergency shelter needs of homeless persons through direct provision of funding to shelters to support operations. \$1.1 million was allocated to shelter operation activities. These funds were used by shelters for operating and maintenance costs, shelter lease costs, capital expenses, payment of utilities, purchases of equipment and furnishings, provision of security, as well as purchase of food. Providing funding to shelters for operations is important for their continued provision of services to Indiana residents needing emergency assistance.

Nine (9) grandfathered Transitional Housing programs were funded in 2014. No new Transitional Housing Programs have been awarded funds since 2010. Of these programs, 602 people experiencing homelessness were assisted with transitional housing through ESG. Of these, 65 percent were discharged into permanent housing after an average stay of 113 days.

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

The State allocated \$1.1 million to rapid re-housing and homeless prevention activities for the 2014 funding year and utilized rollover funds from PY2013 to further support rapid rehousing (RRH) efforts in the state. As a result, 1,408 households were supported in returning to permanent housing options through Rapid Re-housing and Homelessness Prevention. Rapid rehousing activities include housing relocation and stabilization services and financial assistance with rent, utilities, arrears, and deposits. The function of these funds is to provide short-term assistance to individuals and families. The State offered shelters a version of RRH that did not include rental assistance, but did cover one time assistance to support a direct connection from shelter to permanent housing including housing relocation and stabilization services, utilities, arrears, and deposits. As a result, 1,408 households were supported in returning to permanent housing options through RRH intervention and 84 percent of households exited to permanent housing after an average length of assistance of 184 days.

Sub-recipients that receive RRHP funds are required to create a Memorandum of Understanding (MOU) with shelters in their region to further strengthen the connection from emergency housing to permanent options including rentals with short/medium term subsidy.

Nine (9) shelters were awarded RRH funds, totaling \$47,500 in 2014. The shelter RRH funds are intended to be used as limited, one-time assistance to support the transition from shelter to permanent housing. 385 households staying in shelter were served by these one-time assistance funds. Exits to permanent housing increased by seven percent for the nine (9) emergency shelter programs utilizing RRH funds as a part of their service delivery.

Sub-recipients implementing Rapid Re-housing and Prevention services in their communities continued to be in a learning process this year as they familiarized themselves with the program model. A goal for this upcoming year is to develop a learning environment for RRHP providers to learn and share best practices with one another on a quarterly basis. Another goal for the upcoming year is to provide training for all HMIS users on recent and upcoming data standard changes.

A persistent barrier to the transition to permanent housing is lack of employment. This remains especially difficult in rural areas. In light of this challenge 53 percent of clients exited the shelter system with improvements to their household income and 50 percent exited into permanent housing.

Emergency shelters also reported that clients face challenges in moving from the shelter into permanent or transitional housing within the 40-day timeframe, which was the objective. Lack of affordable housing availability continues to be a key factor in extended lengths of stay in shelter while the housing search is in process. The average length of stay in shelter was 51 days.

Over 90 percent of the households served in 2014 identified as a member of a special population, including 4,977 households who identified as experiencing domestic violence (DV). The current DV question captures if a person has experienced DV in their lifetime, or a timeline defined by the individual. We anticipate a change to the data standard regarding this question in October 2015 and will likely see a decrease in the number of people who report experiencing DV when the parameters are focused more on current and immediate experiences.

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

For the second year, the State made Homelessness Prevention awards totaling \$75,000, which supported 119 households from becoming homeless. Households are offered limited/one-time financial assistance to prevent the loss of housing as well receive connection to mainstream resources intended to build the household's safety net for future support needs.

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

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

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

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

IHCDA is a Section 8 public housing authority (PHA) and the PHA serving the state's rural areas. IHCDA is a high performing PHA. During PY2014, IHCDA:

- Continued the Section 8 HCVP Family Self Sufficiency Program (FSS). FSS is designed to enable families to achieve economic independence and self-sufficiency. By linking the Section 8 Housing Choice Voucher Program (HCVP) vouchers with the help of both private and public resources, families are able to receive job training, educational services and other much needed assistance over a five year period. The goal is to eliminate the family's need for public assistance and enhance their ability to achieve homeownership, if desired.
- Applied for Section 811 Project Based Rental Assistance in 2013-2014. The target population was for individuals with disabilities in State Operated Facilities and other restricted living situations. In lieu of receiving these funds, the State is exploring other models to expand housing opportunities for extremely low income residents and residents with special needs, such as a sustainable, integrated supportive housing model at the state level.

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

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

The State of Indiana is in the process of updating its statewide Analysis of Impediments to Fair Housing Choice (AI) to more directly address HUD's current expectations of AIs. A draft AI will be completed in fall 2015.

Stakeholders, residents and public housing authorities were asked about barriers to housing choice in the surveys they completed for this Consolidated Plan. Stakeholders mentioned very few public policies and potential negative effects on affordable housing and residential development; instead, they had many suggestions for improvements to existing housing and community development programs and practices. The most commonly mentioned suggestions included:

- Setting aside additional funding for home modifications;
- Re-establishing Section 8 homeownership program at the state and local level;
- Expanding accessibility and visitability requirements of publicly funded projects;
- Expanding the number of days families can stay in shelters;
- Fund a bedbug removal program;
- Consistently investing in small communities to build capacity and address local needs;
- Continuing and expanding liaison presence in rural areas so communities are aware of the resources available from the state; and
- Expanding investments and resources in rural areas.

The State will consider these recommendations as it finalizes its five-year Fair Housing Action Plan this fall.

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

OCRA will continue the Hometown Collaboration Initiative (HCI). HCI is intended for any community that is serious about enhancing their hometown. HCI provides a framework for helping hometowns build on their assets by developing and acting on a plan that has local buy-in. This innovative program will offer five building blocks for energizing communities which include the following: starting the initiative; leadership skills; strengthening hometown economies; focusing on natural and built resources; and keeping the momentum going.

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

The Indiana Lead and Healthy Homes Program (ILHHP), of ISDH, has as its goal the elimination of lead poisoning as a public health problem, especially among young children whose health and development are most susceptible to the harmful effects of lead. The primary source of lead poisoning is lead-based paint. Effective January 1, 2010, ISDH has taken responsibility to implement and enforce the state and federal regulations concerning lead-based paint. The



regulations are designed to eliminate environmental hazards by ensuring that trained lead professionals are available to conduct the safe and effective elimination of the primary sources of lead poisoning.

Addressing the problem through existing and new housing rehabilitation programs is fundamental to reach the State and federal goal of eliminating childhood lead poisoning. Each recipient of a HOME award is subject to the HUD requirements of addressing lead-based paint hazards pursuant to 24 CFR Part 35. If a risk assessment is required, then all lead-based paint issues must be addressed. Lead-based paint controls and abatement costs are eligible activities in IHCD's HOME-funded rehabilitation programs.

Using HOME dollars, IHCD also funds lead-hazard mitigation training as part of the CHDO operating support.

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

The State of Indiana does not have a formally adopted statewide anti-poverty strategy. In a holistic sense, the entirety of Indiana's Consolidated Plan Strategy and Action Plan is anti-poverty related because a stable living environment is also a service delivery platform. However, many of the strategies developed for the five-year Plan directly assist individuals who are living in poverty.

Indiana has a history of aggressively pursuing job creation through economic development efforts at the state and local levels. This emphasis on creating employment opportunities is central to a strategy to reduce poverty by providing households below the poverty level with a means of gaining sustainable employment.

Other efforts are also needed to combat poverty. Many of the strategies outlined in the Consolidated Plan are directed at providing services and shelter to those in need. Once a person has some stability in a housing situation, it becomes easier to address related issues of poverty and provide resources such as childcare, transportation and job training to enable individuals to enter the workforce. Indiana's community action agencies are frontline anti-poverty service providers. They work in close cooperation with State agencies to administer a variety of State and federal programs.

Education and skill development are an important aspect of reducing poverty. Investment in workforce development programs and facilities is an essential step to break the cycle of poverty. Finally, there continue to be social and cultural barriers that keep people in poverty. Efforts to eliminate discrimination in all settings are important. In some cases, subsidized housing programs are vital to ensure that citizens have a safe and secure place to live.

The State also utilizes the Section 3 requirement (a provision of the Housing and Urban Development Act of 1968). Section 3 applies to employment opportunities generated (jobs created) as a result of projects receiving CDBG or HOME funding through ORCA or IHCD, whether those opportunities are generated by the award recipient, a subrecipient, and/or a contractor. The requirements of Section 3 apply to all projects or activities associated with CDBG or HOME funding, regardless of whether the Section 3 project is fully or partially funded

with CDBG/HOME. A detailed description of Section 3 requirements is included in OCRA/IHCDA's award manual. A notice of Section 3 requirements is included in bid solicitations and is covered during the award trainings.

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

**Regional workshops.** OCRA will be hosting eight regional conferences in the month of October. The conferences will provide communities an excellent opportunity to learn about and work with OCRA to launch new initiatives. The audience for the conferences include civic volunteers, mayors, council-members, county officials, members of the Indiana General Assembly, Main Street organizations, local and regional economic development officials (LEDOs), community foundation staff, convention and visitors bureau staff, educators, and youth program coordinators

**IN Main Street.** The Indiana Main Street Program will host three Community Exchanges this year and participate in 7 OCRA Regional Conferences . The exchanges help build capacity for organizations who are working towards revitalizing the downtown in their community. These exchanges have a variety of topics from Brownfields discussion to developing business incentives in the downtown area. The Indiana Main Street Program also has a Downtown Enhancement Grant Program, which is a small grant program aimed at helping communities build capacity in their downtown through projects that are permanent in nature. Projects in the past have included façade improvement programs, creation of pocket parks, restoration or creation of murals, creation of a revolving loan for business start-ups in downtown, and the list goes on. The grants are a dollar-for-dollar match, so it also used to show how communities can raise capital for projects that they are working on within the downtown area.

**Legislation.** The 2014-2015 Indiana legislature transitioned the State Historic Rehab Tax Credit Program to OCRA to manage and operate. This additional resource will further OCRA's ability to serve rural low-to-moderate income communities spur economic development.

**Shovel Ready Certification.** OCRA has a formal partnership with the Indiana Economic Development Corporation (IEDC) for OCRA to administer the Indiana Shovel Ready Program. OCRA assists community leaders by providing technical assistance in certifying their sites, as well as, work with participating State agencies to expedite approvals. The Indiana Shovel Ready designation certifies sites that are ready for economic development. Communities of any size may apply for the designation.

**Community Entrepreneurship Initiative.** OCRA partnered with the Office of Small Business and Entrepreneurship (OSBE) to establish the Community Entrepreneurship Initiative (CEI). CEI will assist communities in growing and retaining entrepreneurial talent. CEI provides consulting services and training for community economic development leaders, elected officials, and citizens interested in forging local initiatives to grow and retain entrepreneurs. The CEI staff will help develop plans with measureable steps in cultivating a more vibrant and innovative entrepreneurial community.

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

OCRA and IHCDA continued regular outreach to its private and public sector partners through regional staff, workshops and training and opportunities for feedback about program requirements and structure (through regional meetings, surveys, etc).

The State's new Section 108 loan program was explored as another program that would reward and encourage innovative private-public partnerships.

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

Please see above. The State is currently in the process of creating an updated five-year Fair Housing Action Plan.

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

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

**CDBG Monitoring.** OCRA conducts a monitoring of every grant project receiving HUD funds. Two basic types of monitoring are used: off-site, or “desk” monitoring and on-site monitoring. Desk monitoring is conducted by staff for non-construction projects. Desk monitoring confirms compliance with national objective, eligible activities, procurement and financial management. On-site monitoring is a structured review conducted by OCRA staff at the locations where project activities are being carried out or project records are being maintained. One on-site monitoring visit is normally conducted during the course of a project, unless determined otherwise by OCRA staff. Grants utilizing a sub-recipient to carry out eligible activities are monitored on-site annually during the 5-year reporting period to confirm continued compliance with national objective and eligible activity requirements. In addition, if there are findings at the monitoring, the grantee is sent a letter within 3 to 5 days of monitoring visit and is given 30 days to resolve it.

OCRA evaluates recipients’ and subrecipients’ employment practices in order to determine whether or not equal opportunity guidelines are followed in advertising vacancies, such as stating they are an “EEO employer.” The State’s field monitors review recipients’ civil rights files to determine if there have been any EEO complaints filed against a recipient within five years. The field monitors also review records of complaints and responses to complaints, if any, regarding alleged discrimination in the provision of program benefits.

There are numerous procedures that must be followed and policies that must be adhered to for both the recipient and their contractors to assure compliance with these requirements. All policies and procedures must be fully documented to provide adequate record of civil rights compliance. In addition, the recipient must fully document the characteristics of the population of the area in which the project will be implemented in order to determine the specific actions that must be taken to ensure civil rights compliance.

### **IHCDA Monitoring.**

IHCDA conducts at least one monitoring of every grant project receiving CDBG and HOME funds. The recipient must ensure that all records relating to the award are available at IHCDA’s monitoring. For those projects determined to need special attention, IHCDA may conduct one or more monitoring visits while award activities are in full progress. Some of the more common factors that would signal special attention include: activity appears behind schedule, previous audit or monitoring findings of recipient or administrative firm, high dollar amount of award, inexperience of recipient or administrative firm, and/or complexity of program. These visits will combine on-site technical assistance with compliance review. However, if the recipient’s systems are found to be nonexistent or are not functioning properly, other actions could be

taken by IHCD, such as suspension of funding until appropriate corrective actions are taken or termination of funding altogether.

Two basic types of monitoring are used: on-site monitoring and desk-top monitoring.

**On-site monitoring review.**

- Community Development Representative will contact recipient to set-up monitoring based on award expiration and completion/close-out documentation submitted and approved.
- Recipient will receive a confirmation letter stating date, time, and general monitoring information.
- On date of monitoring, IHCD staff will need: files, an area to review files, and a staff person available to answer questions.
- Before leaving, IHCD staff will discuss known findings and concerns, along with any areas that are in question.

**Desk-top monitoring review.**

- Community Development Representative or Community Development Coordinator will request information/documentation from award recipient in order to conduct the monitoring. IHCD staff will give approximately 30 days for this information to be submitted.
- IHCD staff will review information/documentation submitted and correspond via the chief executive officer the findings of the desk-top review. However, if during the course of the review additional information and/or documentation is needed, staff will contact the award administrator.

**CDBG (housing) monitoring.** IHCD uses the following processes and procedures for monitoring projects receiving CDBG and HOME funds:

- Self-monitoring;
- Monitoring reviews (on-site or desk-top);
- Results of monitoring review;
- Determination and responses;
- Clearing issues/findings;
- Sanctions;
- Resolution of disagreements;
- Audits.

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

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

A copy of the notice announcing the availability of the CAPER for public review appears in Appendix 1. The notice was available in both English and Spanish.

The CAPER was available for public inspection and members of the public, including low and moderate income persons, were encouraged to review the CAPER online at [www.in.gov/ocra](http://www.in.gov/ocra) or in hard copy between the hours of 8:30 a.m. and 5 p.m., Monday, September 14, 2015 through Monday, September 28, 2015 at the Indiana Office of Community & Rural Affairs, One North Capitol, Suite 600 in Indianapolis.

Residents were able to mail, email or verbally (via a toll-free number) communicate comments on the CAPER.

## **CR-45 - CDBG 91.520(c)**

**Specify the nature of, and reasons for, any changes in the jurisdiction's program objectives and indications of how the jurisdiction would change its programs as a result of its experiences.**

During the program year, the goals, objectives and priorities for the State of Indiana CDBG allocation did not change substantially. Instead, OCRA continued to implement the program changes that began in 2012 and became effective during PY2013.

At the time the program year objectives and priorities were established, community needs for water, wastewater and sewer improvements continued to be ranked as the top economic development needs by stakeholders in rural areas, in addition to well-paying jobs.

During the 2015 program year, housing needs increased in importance, as identified by stakeholders. This will be monitored during development of future Action Plan priorities and allocation plans.

**Does this Jurisdiction have any open Brownfields Economic Development Initiative (BEDI) grants? No.**

**[BEDI grantees] Describe accomplishments and program outcomes during the last year. N/A**

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

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

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

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

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

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



## CR-55 - HOPWA 91.520(e)

### Identify the number of individuals assisted and the types of assistance provided

Table for report on the one-year goals for the number of households provided housing through the use of HOPWA activities for: short-term rent, mortgage, and utility assistance payments to prevent homelessness of the individual or family; tenant-based rental assistance; and units provided in housing facilities developed, leased, or operated with HOPWA funds.

| <b>Number of Households Served Through:</b>   | <b>One-year Goal</b> | <b>Actual</b> |
|---|----------------------|---------------|
| Short-term rent, mortgage, and utility assistance payments  | 207                  | 180           |
| Tenant-based rental assistance  | 110                  | 90            |
| Units provided in transitional housing facilities developed, leased, or operated with HOPWA funds | 9                    | 19            |
| Units provided in permanent housing facilities developed, leased, or operated with HOPWA funds    | 20                   | 24            |
| Permanent Housing Placement Services  | 31                   | 12            |
| Households duplication adjustment   | -2                   | -33           |
| <b>Total</b>  | <b>375</b>           | <b>292</b>    |

**Table 9 – HOPWA Number of Households Served**

### Narrative

Please see Attachment 2 for more detailed information on HOPWA performance outcomes and monitoring.

# CR-60 - ESG 91.520(g) (ESG Recipients only)

## ESG Supplement to the CAPER in *e-snaps*

### For Paperwork Reduction Act

#### 1. Recipient Information—All Recipients Complete

##### Basic Grant Information

|   |                  |
|---|------------------|
| Recipient Name  | INDIANA          |
| Organizational DUNS Number  | 602667136        |
| EIN/TIN Number  | 356000158        |
| Identify the Field Office   | INDIANAPOLIS     |
| Identify CoC(s) in which the recipient or subrecipient(s) will provide ESG assistance | Balance of State |

##### ESG Contact Name

|             |                                |
|-------------|--------------------------------|
| Prefix      | Ms.                            |
| First Name  | Lori                           |
| Middle Name |                                |
| Last Name   | Dimick                         |
| Suffix      |                                |
| Title       | Director of Community Services |

##### ESG Contact Address

|                  |                          |
|------------------|--------------------------|
| Street Address 1 | 30 South Meridian Street |
| Street Address 2 | Suite 1000               |
| City             | Indianapolis             |
| State            | INDIANA                  |
| ZIP Code         | 46204                    |
| Phone Number     |                          |
| Extension        |                          |
| Fax Number       |                          |
| Email Address    |                          |

##### ESG Secondary Contact

|               |           |
|---------------|-----------|
| Prefix        | Ms.       |
| First Name    | Jill      |
| Last Name     | Robertson |
| Suffix        |           |
| Title         |           |
| Phone Number  |           |
| Extension     |           |
| Email Address |           |

## 2. Reporting Period—All Recipients Complete

|                         |            |
|-------------------------|------------|
| Program Year Start Date | 07/01/2014 |
| Program Year End Date   | 06/30/2015 |

### 3a. Subrecipients

| Subrecipient-Shelter/TH  | City           | Victim services provider? | Nonprofit? | Award amount |
|--|----------------|---------------------------|------------|--------------|
| A Better Way Services, Inc.  | Muncie         | Yes                       | Yes        | \$44,289     |
| Albion Fellows Bacon Center, Inc.  | Evansville     | Yes                       | Yes        | \$21,167     |
| Alternatives Incorporated of Madison County  | Anderson       | Yes                       | Yes        | \$41,768     |
| Anchor House, Inc.   | Seymour        | No                        | Yes        | \$40,639     |
| Becky's Place (Catholic Charities)   | Bedford        | No                        | Yes        | \$33,871     |
| Bridges Community Services, Inc.   | Muncie         | No                        | Yes        | \$43,711     |
| Catholic Charities Terre Haute   | Terre Haute    | No                        | Yes        | \$32,736     |
| Citizens Concerned for the Homeless, Inc.  | Michigan City  | No                        | Yes        | \$22,577     |
| Columbus Regional Shelter for Victims of Domestic Violence, Inc. dba Turning Point | Columbus       | Yes                       | Yes        | \$29,350     |
| Community and Family Services  | Huntington     | No                        | Yes        | \$12,398     |
| Community Service Center of Morgan County, Inc. dba WellSpring Center              | Martinsville   | No                        | Yes        | \$41,768     |
| Coordinated Assistance Ministries, Inc.  | Kokomo         | No                        | Yes        | \$41,203     |
| Council on Domestic Abuse, Inc.  | Terre Haute    | Yes                       | Yes        | \$32,172     |
| Emmaus Mission Center, Inc.  | Logansport     | No                        | Yes        | \$33,301     |
| Evansville Goodwill Industries, Inc.   | Evansville     | No                        | Yes        | \$22,060     |
| Family Crisis Shelter, Inc.  | Crawfordsville | Yes                       | Yes        | \$24,082     |
| Family Promise of Greater Lafayette, Inc.  | Lafayette      | No                        | Yes        | \$14,111     |
| Family Service Association of Howard County, Inc.                                  | Kokomo         | Yes                       | Yes        | \$45,722     |
| Family Service Society, Inc.   | Marion         | Yes                       | Yes        | \$25,740     |
| YWCA North Central Indiana-Elkhart Safe Haven                                      | Elkhart        | Yes                       | Yes        | \$20,414     |

|  |                       |     |     |          |
|--|-----------------------|-----|-----|----------|
| Gabriel's Horn Corporation                           | Valparaiso            | No  | Yes | \$32,172 |
| Gary Commission for Women                            | Gary                  | Yes | Yes | \$37,816 |
| Genesis Outreach, Inc.                               | Fort Wayne            | No  | Yes | \$39,510 |
| Goshen Interfaith Hospitality Network                | Goshen                | No  | Yes | \$26,246 |
| Hancock Hope House, Inc.                             | Greenfield            | No  | Yes | \$37,251 |
| Haven House, Inc.                                    | Hammond               | Yes | Yes | \$12,042 |
| Heart House, Inc.                                    | Aurora                | No  | Yes | \$30,019 |
| Hope House, Inc.                                     | Fort Wayne            | No  | Yes | \$21,386 |
| House of Bread and Peace, Inc.                       | Evansville            | No  | Yes | \$20,747 |
| Housing Opportunities, Inc.                          | Valparaiso            | No  | Yes | \$40,074 |
| Human Services, Inc.                                 | Columbus/<br>Clifford | No  | Yes | \$38,380 |
| Interfaith Hospitality Network of Greater Fort Wayne | Fort Wayne            | No  | Yes | \$32,736 |
| Interfaith Mission, Inc.                             | Columbia City         | No  | Yes | \$35,816 |
| Kosciusko County Shelter for Abuse, Inc.             | Warsaw                | Yes | Yes | \$37,816 |
| Lafayette Transitional Housing Center, Inc.          | Lafayette             | No  | Yes | \$41,203 |
| Lafayette Urban Ministry                             | Lafayette             | No  | Yes | \$44,026 |
| Martha's House, Inc.                                 | Bloomington           | No  | Yes | \$12,230 |
| Mental Health America of Tippecanoe County, Inc.     | Lafayette             | No  | Yes | \$41,767 |
| Middle Way House, Inc.                               | Bloomington           | Yes | Yes | \$39,510 |
| New Hope Family Shelter, Inc.                        | Bloomington           | No  | Yes | \$31,607 |
| North Central Indiana Rural Crisis Center            | Rensselaer            | Yes | Yes | \$24,756 |
| Ozanam Family Shelter Corporation                    | Evansville            | No  | Yes | \$32,522 |
| Prisoner and Community Together, Inc.                | Salem                 | Yes | Yes | \$32,672 |
| Safe Passage, Inc.                                   | Batesville            | Yes | Yes | \$21,615 |
| Shalom Community Center, Inc.                        | Bloomington           | No  | Yes | \$32,736 |

|  |               |     |     |                    |
|--|---------------|-----|-----|--------------------|
| Sheltering Wings Center for Women              | Danville      | Yes | Yes | \$42,332           |
| St. Elizabeth Catholic Charities               | New Albany    | No  | Yes | \$31,607           |
| St. Jude House, Inc.                           | Crown Point   | Yes | Yes | \$31,607           |
| Stepping Stone Shelter for Women, Inc.         | Michigan City | Yes | Yes | \$36,687           |
| Stepping Stones, Inc.                          | Bloomington   | No  | Yes | \$34,429           |
| The Caring Place, Inc.                         | Valparaiso    | Yes | Yes | \$12,211           |
| The Center for Women and Families, Inc.        | Sellersburg   | Yes | Yes | \$25,963           |
| The Salvation Army                             | Lafayette     | No  | Yes | \$42,332           |
| United Caring Shelters, Inc.                   | Evansville    | No  | Yes | \$37,816           |
| Vincent Village, Inc.                          | Fort Wayne    | No  | Yes | \$40,074           |
| YWCA Northeast Indiana                         | Fort Wayne    | Yes | Yes | \$34,994           |
| YWCA of Evansville, IN Inc.                    | Evansville    | No  | Yes | \$40,074           |
| YWCA of Greater Lafayette                      | Lafayette     | Yes | Yes | \$33,827           |
| Young Womens Christian Association of Richmond | Richmond      | Yes | Yes | \$3,260            |
| <b>Total</b>                                   |               |     |     | <b>\$1,866,947</b> |

| <b>Subrecipient-Rapid Rehousing/Homeless Prevention</b> | <b>City</b> | <b>Victim services provider?</b> | <b>Nonprofit?</b> | <b>Award amount</b> |
|---|-------------|----------------------------------|-------------------|---------------------|
| Aspire Indiana, Inc.                                    | Noblesville | No                               | Yes               | \$63,025            |
| Aurora, Inc.  | Evansville  | No                               | Yes               | \$219,495           |
| Community Action of Northeast Indiana                   | Fort Wayne  | No                               | Yes               | \$169,400           |
| Continuum of Care Network of NWI                        | Gary        | No                               | Yes               | \$129,608           |
| Housing Opportunities, Inc.                             | Valparaiso  | No                               | Yes               | \$178,610           |
| Human Services, Inc.                                    | Clifford    | No                               | Yes               | \$212,652           |
| Lafayette Transitional Housing Center, Inc.             | Lafayette   | No                               | Yes               | \$63,332            |
| Shalom Community Center, Inc.                           | Bloomington | No                               | Yes               | \$178,902           |

|                                   |                |     |     |                    |
|-----------------------------------|----------------|-----|-----|--------------------|
| The Center for Women and Families | Louisville, KY | Yes | Yes | \$28,902           |
| <b>Total</b>                      |                |     |     | <b>\$1,243,926</b> |

| <b>Subrecipient-Outreach</b> | <b>City</b> | <b>Victim services provider?</b> | <b>Nonprofit?</b> | <b>Award amount</b> |
|------------------------------|-------------|----------------------------------|-------------------|---------------------|
| Aurora, Inc.                 | Evansville  | No                               | Yes               | \$49,783            |
| Shalom Community Center      | Bloomington | No                               | Yes               | \$39,826            |
| Wabash Valley Alliance       | Lafayette   | No                               | Yes               | \$34,333            |
| <b>Total</b>                 |             |                                  |                   | <b>\$123,942</b>    |

**Table 10 – HOPWA Number of Households Served**

Note: None of the organizations funded were identified as faith-based.

## CR-65 - Persons Assisted

### 4. Persons Served

#### 4a. Complete for Homelessness Prevention Activities

| Number of Persons in Households | Total      |
|---------------------------------|------------|
| Adults                          | 56         |
| Children                        | 63         |
| Don't Know/Refused/Other        | 0          |
| Missing Information             | 0          |
| <b>Total</b>                    | <b>119</b> |

Table 11 – Household Information for Homeless Prevention Activities

#### 4b. Complete for Rapid Re-Housing Activities

| Number of Persons in Households | Total        |
|---------------------------------|--------------|
| Adults                          | 804          |
| Children                        | 603          |
| Don't Know/Refused/Other        | 1            |
| Missing Information             | 0            |
| <b>Total</b>                    | <b>1,408</b> |

Table 12 – Household Information for Rapid Re-Housing Activities

#### 4c. Complete for Shelter

| Number of Persons in Households | Total        |
|---------------------------------|--------------|
| Adults                          | 6,024        |
| Children                        | 3,639        |
| Don't Know/Refused/Other        | 24           |
| Missing Information             | 0            |
| <b>Total</b>                    | <b>9,687</b> |

Table 13 – Shelter Information



#### 4d. Street Outreach

| Number of Persons in Households | Total      |
|---------------------------------|------------|
| Adults                          | 423        |
| Children                        | 1          |
| Don't Know/Refused/Other        | 0          |
| Missing Information             | 0          |
| <b>Total</b>                    | <b>424</b> |

Table 14 – Household Information for Street Outreach

#### 4+. Transitional Housing

| Number of Persons in Households | Total      |
|---------------------------------|------------|
| Adults                          | 436        |
| Children                        | 166        |
| Don't Know/Refused/Other        | 0          |
| Missing Information             | 0          |
| <b>Total</b>                    | <b>602</b> |

Table 15 – Household Information for Street Outreach

#### 4e. Totals for all Persons Served with ESG

| Number of Persons in Households | Total         |
|---------------------------------|---------------|
| Adults                          | 7,743         |
| Children                        | 4,472         |
| Don't Know/Refused/Other        | 25            |
| Missing Information             | 0             |
| <b>Total</b>                    | <b>12,240</b> |

Table 16 – Household Information for Persons Served with ESG

#### 5. Gender—Complete for All Activities

|                          | Total         |
|--------------------------|---------------|
| Male                     | 4,687         |
| Female                   | 7,320         |
| Transgender              | 4             |
| Don't Know/Refused/Other | 0             |
| Missing Information      | 509           |
| <b>Total</b>             | <b>12,516</b> |

Table 17 – Gender Information

## 6. Age—Complete for All Activities

|                          | Total         |
|--------------------------|---------------|
| Under 18                 | 4,472         |
| 18-24                    | 1,365         |
| 25 and over              | 6,378         |
| Don't Know/Refused/Other | 24            |
| Missing Information      | 0             |
| <b>Total</b>             | <b>12,239</b> |

Table 18 – Age Information

## 7. Special Populations Served—Complete for All Activities

### Number of Persons in Households

| Subpopulation                     | Total | Total Persons Served – Prevention | Total Persons Served – RRH | Total Persons Served in Emergency Shelters |
|-----------------------------------|-------|-----------------------------------|----------------------------|--|
| Veterans                          | 335   | 1                                 | 37                         | 234  |
| Victims of Domestic Violence      | 5,447 | 7                                 | 328                        | 4,878                                      |
| Elderly                           | 37    | 1                                 | 9                          | N/A  |
| HIV/AIDS                          | 6     | 0                                 | 5                          | N/A  |
| Chronically Homeless              | 225   | 1                                 | 69                         | N/A  |
| <b>Persons with Disabilities:</b> |       |                                   |                            |  |
| Severely Mentally Ill             | 462   | 8                                 | 197                        | N/A  |
| Chronic Substance Abuse           | 421   | 0                                 | 125                        | N/A  |
| Other Disability                  | 590   | 14                                | 320                        | N/A  |
| Total (unduplicated if possible)  | 7,523 | 32                                | 1,090                      | 5,112                                      |

Table 19 – Special Population Served

## CR-70 - ESG 91.520(g) - Assistance Provided and Outcomes

### 8. Shelter Utilization

|  |       |
|--|-------|
| Number of New Units – Rehabbed         | 0     |
| Number of New Units – Conversion       | 0     |
| Total Number of bed - nights available | 1,513 |
| Total Number of bed - nights provided  | 1,096 |
| Capacity Utilization                   | 72%   |

Table 20 – Shelter Capacity

### 9. Project Outcomes Data measured under the performance standards developed in consultation with the CoC(s)

The Balance of State C of C has established the following performance standards for ESG grantees, the majority of which were met or exceeded during PY2014:

- ESG program sub-recipients that are emergency shelters that have activities: operations, essential services and financial assistance: 50 percent persons will discharge to permanent housing, 25 percent will increase their income. **PY2014 outcome: 47 percent discharged into permanent housing; 51 percent increased income.**
- ESG program sub-recipients that are Transitional Housing programs that have activities: operations, essential services and financial assistance: 69 percent will discharge to permanent housing, 50 percent will increase their income. **PY2014 outcome: 51 percent discharged into permanent housing; 57 percent increased income.**
- ESG rental assistance program sub-recipients: At discharge from program, 82 percent persons assisted will still be permanently housed. 65 percent of persons will increase their income. **PY2014 outcome for grantees with RRH activities: 84 percent discharged into permanent housing; 64 percent increased income.**
- ESG program sub-recipients that have outreach component: 50 percent of identified caseload will be permanently housed; 50 percent identified caseload will increase their income. **PY2014 outcome: 98 percent discharged into permanent housing; 46 percent increased income.**

## CR-75 – Expenditures

### 11. Expenditures

#### 11a. ESG Expenditures for Homelessness Prevention

|   | Dollar Amount of Expenditures in Program Year |               |               |
|---|---|---------------|---------------|
|   | 2012  | 2013          | 2014          |
| Expenditures for Rental Assistance  | 0   | 0             | 33,882        |
| Expenditures for Housing Relocation and Stabilization Services - Financial Assistance | 0   | 0             | 7,364         |
| Expenditures for Housing Relocation & Stabilization Services - Services               | 0   | 0             | 22,039        |
| Expenditures for Homeless Prevention under Emergency Shelter Grants Program           | 0   | 43,677        | Not collected |
| <b>Subtotal Homelessness Prevention</b>   | <b>0</b>                                      | <b>43,677</b> | <b>63,285</b> |

Table 21 - ESG Expenditures for Homelessness Prevention

#### 11b. ESG Expenditures for Rapid Re-Housing

|   | Dollar Amount of Expenditures in Program Year |                  |                  |
|---|---|------------------|------------------|
|   | 2012  | 2013             | 2014             |
| Expenditures for Rental Assistance  | 348,739                                       | 0                | 0                |
| Expenditures for Housing Relocation and Stabilization Services - Financial Assistance | 0   | 0                | 0                |
| Expenditures for Housing Relocation & Stabilization Services - Services               | 0   | 67,686           | 0                |
| Expenditures for Homeless Assistance under Emergency Shelter Grants Program           | 0   | 1,731,430        | 1,052,602        |
| <b>Subtotal Rapid Re-Housing</b>  | <b>348,739</b>                                | <b>1,799,116</b> | <b>1,052,602</b> |

Table 22 – ESG Expenditures for Rapid Re-Housing

#### 11c. ESG Expenditures for Emergency Shelter

|                    | Dollar Amount of Expenditures in Program Year |                  |                  |
|--------------------|---|------------------|------------------|
|                    | 2012  | 2013             | 2014             |
| Essential Services | 643,789                                       | 448,426          | 652,258          |
| Operations         | 1,496,419                                     | 1,156,617        | 1,105,775        |
| Renovation         | 0   | 0                | 0                |
| Major Rehab        | 0   | 0                | 0                |
| Conversion         | 0   | 0                | 0                |
| <b>Subtotal</b>    | <b>2,140,208</b>                              | <b>1,605,043</b> | <b>1,758,033</b> |

Table 23 – ESG Expenditures for Emergency Shelter

**11d. Other Grant Expenditures**

|                 | Dollar Amount of Expenditures in Program Year |         |        |
|-----------------|---|---------|--------|
|                 | 2012  | 2013    | 2014   |
| Street Outreach | 0   | 0       | 89,609 |
| HMIS            | 270,691                                       | 175,976 |        |
| Administration  | 0   | 29,003  |        |

**Table 24 - Other Grant Expenditures**

**11e. Total ESG Grant Funds**

| Total ESG Funds Expended | 2012      | 2013      | 2014      |
|--------------------------|-----------|-----------|-----------|
|                          | 2,759,638 | 3,623,812 | 3,475,401 |

**Table 25 - Total ESG Funds Expended**

**11f. Match Source**

|                                   | 2012                  | 2013                  | 2014                  |
|-----------------------------------|-----------------------|-----------------------|-----------------------|
| Other Non-ESG HUD Funds           |                       |                       |                       |
| Other Federal Funds               |                       |                       |                       |
| State Government                  |                       |                       |                       |
| Local Government                  |                       |                       |                       |
| Private Funds                     |                       |                       |                       |
| Other: In-kind and cash donations | \$2.19 million        | \$1.88 million        | \$1.85 million        |
| Fees                              |                       |                       |                       |
| Program Income                    |                       |                       |                       |
| <b>Total Match Amount</b>         | <b>\$2.19 million</b> | <b>\$1.88 million</b> | <b>\$1.85 million</b> |

**Table 26 - Other Funds Expended on Eligible ESG Activities**

**11g. Total**

| Total Amount of Funds Expended on ESG Activities | 2012      | 2013      | 2014      |
|--|-----------|-----------|-----------|
|  | 2,759,638 | 3,623,812 | 3,475,401 |

**Table 27 - Total Amount of Funds Expended on ESG Activities**

# **Attachment 1.**

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**Public Notice and Comment**

# **ATTACHMENT 1.**

## **Public Notice and Comment**

The 2014 CAPER was available for public review between September 15 and September 29, 2015. A hard copy of the CAPER was on file with OCRA, and electronic copies were available on OCRA's and IHCDA's websites. Public comments were encouraged and accepted during this period. The public notice announcing the availability of the CAPER is included in this section. No public comments were received.

# **Attachment 2.**

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**HOPWA CAPER**





# Housing Opportunities for Persons with AIDS (HOPWA) Program

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

**Revised 1/22/15**

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OMB Number 2506-0133 (Expiration Date: 12/31/2017)

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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) provides annual performance reporting on client outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The CAPER, 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, Subrecipient organizations, 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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1. Sources of Leveraging
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1. Housing Stability: Permanent Housing and Related Facilities
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**PART 7: Summary Overview of Grant Activities**

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

**Continued Use Periods.** Grantees that received HOPWA funding for new construction, acquisition, or substantial rehabilitations are required to operate their facilities for HOPWA-eligible beneficiaries for a ten (10) years period. If no further HOPWA funds are used to support the facility, in place of completing Section 7B of the CAPER, the grantee must submit an Annual 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.

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/subrecipient 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: at [HOPWA@hud.gov](mailto:HOPWA@hud.gov). Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C.

**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 3, Chart 1, Column [1b] in the following manner:

| <b>HOPWA Housing Subsidy Assistance</b> |  | <b>[1] Outputs: Number of Households</b> |
|---|--|--|
| 1.                                      | Tenant-Based Rental Assistance   | 90                                       |
| 2a.                                     | <b>Permanent Housing Facilities:</b><br>Received Operating Subsidies/Leased units                                      | 24                                       |
| 2b.                                     | <b>Transitional/Short-term Facilities:</b><br>Received Operating Subsidies   | 19                                       |
| 3a.                                     | <b>Permanent Housing Facilities:</b><br>Capital Development Projects placed in service during the operating year       | 0  |
| 3b.                                     | <b>Transitional/Short-term Facilities:</b><br>Capital Development Projects placed in service during the operating year | 0  |
| 4.                                      | Short-term Rent, Mortgage, and Utility Assistance  | 180                                      |
| 5.                                      | <b>Adjustment for duplication (subtract)</b>   | <b>(21)</b>                              |
| 6.                                      | <b>TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)</b>  | <b>292</b>                               |

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

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

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

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

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

“grassroots.”

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

**HOPWA Housing Information Services:** Services dedicated to helping persons living with HIV/AIDS and their families to identify, locate, and acquire housing. This may also include fair housing counseling for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap/disability.

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

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

**Housing Stability:** The degree to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year. See *Part 5: Determining Housing Stability Outcomes* for definitions of stable and unstable housing situations.

**In-kind Leveraged Resources:** These 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 are used directly in or in support of HOPWA program delivery.

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

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

**Operating Costs:** Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing

function and operation costs like utilities, maintenance, equipment, insurance, security, furnishings, supplies and salary for staff costs directly related to the housing project but not staff costs for delivering services.

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

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

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

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

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

**Project Sponsor Organizations:** Any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to provide eligible housing and other support services or administrative services as defined in 24 CFR 574.300. Project Sponsor organizations are required to provide performance data on households served and funds expended. Funding flows to a project sponsor as follows:

HUD Funding → Grantee → Project Sponsor

**Short-Term Rent, Mortgage, and Utility (STRMU) Assistance:** A time-limited, housing subsidy assistance designed to prevent homelessness and increase housing stability. Grantees may provide assistance for up to 21 weeks in any 52 week period. The amount of assistance varies per client depending on funds available, tenant need and program guidelines.

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

**Subrecipient Organization:** Any organization that receives funds from a project sponsor to provide eligible housing and other support services and/or administrative services as defined in 24 CFR 574.300. If a subrecipient organization provides housing and/or other supportive services directly to clients, the subrecipient organization must provide performance data on household served and funds expended. Funding flows to subrecipients as follows:

HUD Funding → Grantee → Project Sponsor → Subrecipient

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

**Transgender:** Transgender is defined as a person who identifies with, or presents as, a gender that is different from his/her gender at birth.

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

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

OMB Number 2506-0133 (Expiration Date: 10/31/2017)

## Part 1: Grantee Executive Summary

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their administrative or evaluation activities. In Chart 4, indicate each subrecipient organization with a contract/agreement to provide HOPWA-funded services to client households. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282). *Note: Please see the definition section for distinctions between project sponsor and subrecipient. Note: If any information does not apply to your organization, please enter N/A. Do not leave any section blank.*

### 1. Grantee Information

|   |   |  |   |       |
|---|---|--|---|-------|
| <b>HUD Grant Number</b><br><br>INH14F999  | <b>Operating Year for this report</b><br><i>From (mm/dd/yy)</i><br><br>7/01/2014 to 6/30/2015   |  |   |       |
| <b>Grantee Name</b><br><b>Indiana Housing and Community Development Authority</b>   |   |  |   |       |
| <b>Business Address</b>   | 30 S. Meridian Street, Suite 1000   |  |   |       |
| <b>City, County, State, Zip</b>   | Indianapolis  | Marion   | IN  | 46204 |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>  | 35-1485172  |  |   |       |
| <b>DUN &amp; Bradstreet Number (DUNs):</b>  | 086870479   | <b>Central Contractor Registration (CCR):</b><br>Is the grantee's CCR status currently active?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, provide CCR Number: ??? |   |       |
| <b>Congressional District of Grantee's Business Address</b>   | IN-7  |  |   |       |
| <b>*Congressional District of Primary Service Area(s)</b>   | IN-1, IN-2, IN-3, IN-4, IN-5, IN-6, IN-7, IN-8, IN-9  |  |   |       |
| <b>*City(ies) and County(ies) of Primary Service Area(s):</b><br><br>Cover all State of Indiana <b>EXCEPT</b> for Indpls HOPWA area and KY/Louisville areas. See Counties area. | <b>Cities:</b><br><br>Gary, Valparaiso, Evansville, Ft. Wayne, Evansville, Terre Haute, Lafayette, Bloomington, Muncie, Lawrenceburg, South Bend, Elkhart |  | <b>Counties: All Counties EXCEPT:</b><br><br>Boone, Hamilton, Madison, Hancock, Marion, Putnam, Hendricks, Morgan, Johnson, Shelby. (Indpls HOPWA)<br><br>KY/Louisville HOPWA:<br>Washington, Scott, Clark, Floyd, Harrison |       |

|  |   |
|--|---|
| <p><b>Organization's Website Address</b></p> <p>www.ihcda.in.gov</p> | <p><b>Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.</b></p> |
|--|---|

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

## 2. Project Sponsor Information

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

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

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

|   |  |  |  |
|---|--|--|--|
| Project Sponsor Agency Name<br>AIDS Ministries  |  | Parent Company Name, if applicable                               |  |
| Name and Title of Contact at Project Sponsor Agency   | Leeah Hopper   |  |  |
| Email Address   | LHOPPER@AIDSMINISTRIES.ORG   |  |  |
| Business Address  | 210 S. WILLIAMS  |  |  |
| City, County, State, Zip,   | SOUTH BEND   |  |  |
| Phone Number (with area code)   | 574-234-2870   |  |  |
| Employer Identification Number (EIN) or Tax Identification Number (TIN)   | 35-1902136   | Fax Number (with area code)                                      |  |
| DUN & Bradstreet Number (DUNs):   | 793023276  |  |  |
| Congressional District of Project Sponsor's Business Address  | IN-2   |  |  |
| Congressional District(s) of Primary Service Area(s)  | IN-2   |  |  |
| City(ies) and County(ies) of Primary Service Area(s)  | Cities: South Bend   | Counties: St. Joseph, Elkhart, Marshall, Starke, Pulaski, Fulton |  |
| Total HOPWA contract amount for this Organization for the operating year  | \$143,337  |  |  |
| Organization's Website Address  |  |  |  |
| Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Please check if yes and a faith-based organization. <input type="checkbox"/><br>Please check if yes and a grassroots organization. <input type="checkbox"/> | Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, explain in the narrative section how this list is administered. |  |  |

|  |  |  |  |
|--|--|--|--|
| <b>Project Sponsor Agency Name</b><br>ALIVENESS  |  | <b>Parent Company Name, if applicable</b><br>na  |  |
| <b>Name and Title of Contact at Project Sponsor Agency</b>   |  | Tammy Morris, Executive Director   |  |
| <b>Email Address</b>   |  | <a href="mailto:tmorrisap@aol.com">tmorrisap@aol.com</a>   |  |
| <b>Business Address</b>  |  | 5490 Broadway Suite L-3  |  |
| <b>City, County, State, Zip,</b>   |  | Merrillville, Indiana, 46410   |  |
| <b>Phone Number (with area code)</b>   |  | 219-985-6170   |  |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>   |  | 35178024   | <b>Fax Number (with area code)</b><br>219-985-6097 |
| <b>DUN &amp; Bradstreet Number (DUNs):</b>   |  | 800678740  |  |
| <b>Congressional District of Project Sponsor's Business Address</b>  |  | IN-1   |  |
| <b>Congressional District(s) of Primary Service Area(s)</b>  |  | IN-1   |  |
| <b>City(ies) <u>and</u> County(ies) of Primary Service Area(s)</b>   |  | Cities: Gary   | <b>Counties:</b> Lake, Porter, LaPorte             |
| <b>Total HOPWA contract amount for this Organization for the operating year</b>  |  | \$186,208  |  |
| <b>Organization's Website Address</b>  |  |  |  |
| <b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/><br><i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> |  | <b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>If yes, explain in the narrative section how this list is administered.</b> |  |



|  |  |  |  |  |
|--|--|--|--|--|
| <b>Project Sponsor Agency Name</b><br><b>AIDS Task Force of NE Indiana</b>   |  | <b>Parent Company Name, if applicable</b>  |  |  |
| <b>Name and Title of Contact at Project Sponsor Agency</b>   |  | Arien Dillon, Housing Coordinator  |  |  |
| <b>Email Address</b>   |  | Arien@Positive Resource Center FW.org  |  |  |
| <b>Business Address</b>  |  | 525 Oxford Street  |  |  |
| <b>City, County, State, Zip,</b>   |  | Fort Wayne IN 46806  |  |  |
| <b>Phone Number (with area code)</b>   |  | 260-744-1144   |  |  |
|  |  | Ext 211  |  |  |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>   |  | 31-1191147   | <b>Fax Number (with area code)</b>   |  |
| <b>DUN &amp; Bradstreet Number (DUNs):</b>   |  | 196314459  |  |  |
| <b>Congressional District of Project Sponsor's Business Address</b>  |  | IN-3   |  |  |
| <b>Congressional District(s) of Primary Service Area(s)</b>  |  | IN-3, IN-5, IN-6   |  |  |
| <b>City(ies) and County(ies) of Primary Service Area(s)</b>  |  | Cities: Ft. Wayne  | <b>Counties:</b> Allen, Adams, Wells, Noble, Whitley, Steuben, DeKalb, LaGrange, Wabash, Huntington, Kosciusko |  |
| <b>Total HOPWA contract amount for this Organization for the operating year</b>  |  | \$128,640  |  |  |
| <b>Organization's Website Address</b>  |  |  |  |  |
| <b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/><br><i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> |  | <b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>If yes, explain in the narrative section how this list is administered.</b> |  |  |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Project Sponsor Agency Name</b><br><b>Aspire Indiana, Inc.</b>              |  | <b>Parent Company Name, if applicable</b>          |  |  |
| <b>Name and Title of Contact at Project Sponsor Agency</b>                     |  | Melissa Stayton, Director of Strategic Initiatives |  |  |
| <b>Email Address</b>   |  | melissa.stayton@aspireindiana.org                  |  |  |
| <b>Business Address</b>  |  | 9615 E. 148 <sup>th</sup> Street                   |  |  |
| <b>City, County, State, Zip,</b>   |  | Noblesville IN 46060                               |  |  |
| <b>Phone Number (with area code)</b>   |  | 317-571-1818                                       |  |  |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b> |  | 3513141204   | <b>Fax Number (with area code)</b><br>317-674-0060 |  |
| <b>DUN &amp; Bradstreet Number (DUNs):</b>                                     |  | 121585822  |  |  |
| <b>Congressional District of Project Sponsor's Business Address</b>            |  | IN-4   |  |  |

|  |  |  |  |
|--|--|--|--|
| <b>Congressional District(s) of Primary Service Area(s)</b>  |  | <b>IN-4, IN-6</b>  |  |
| <b>City(ies) and County(ies) of Primary Service Area(s)</b>  |  | Cities:<br>Kokomo, Muncie, Lafayette,<br>Anderson, Richmond,<br>Lawrenceburg, Crawfordsville   | <b>Counties:</b> Benton, Carroll,<br>Clinton, Fountain, Jasper,<br>Montgomery, Newton,<br>Tippecanoe, Warren, White,<br>Blackford, Delaware, Grant, Jay,<br>Randolph, Cass, Howard,<br>Madison, Miami, Tipton,<br>Decatur, Fayette, Henry, Ripley,<br>Rush, Union, and Wayne |
| <b>Total HOPWA contract amount for this Organization for the operating year</b>  |  | \$172,261  |  |
| <b>Organization's Website Address</b>  |  |  |  |
| <b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/><br><i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> |  | <b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>If yes, explain in the narrative section how this list is administered.</b> |  |

|  |  |  |   |
|--|--|--|---|
| <b>Project Sponsor Agency Name</b>   |  | <b>Parent Company Name, if applicable</b>  |   |
| <b>IU Health Bloomington</b>   |  |  |   |
| <b>Name and Title of Contact at Project Sponsor Agency</b>   |  | Jill Stowers, Clinical Lead Manager  |   |
| <b>Email Address</b>   |  | JStowers@IUHealth.org  |   |
| <b>Business Address</b>  |  | 333 East Miller Dr   |   |
| <b>City, County, State, Zip,</b>   |  | Bloomington IN 47401   |   |
| <b>Phone Number (with area code)</b>   |  | 812.353.3250   |   |
| <b>Employer Identification Number (EIN) or Tax Identification Number (TIN)</b>   |  | 35-1720796   | <b>Fax Number (with area code)</b><br>812-234-2386                        |
| <b>DUN &amp; Bradstreet Number (DUNs):</b>   |  | 07-205-2137  |   |
| <b>Congressional District of Project Sponsor's Business Address</b>  |  | IN-9   |   |
| <b>Congressional District(s) of Primary Service Area(s)</b>  |  | IN-9, Senate 40, House 61  |   |
| <b>City(ies) and County(ies) of Primary Service Area(s)</b>  |  | Cities: Bloomington  | <b>Counties:</b> OWEN, GREENE,<br>LAWRENCE, MONROE,<br>BROWN, BARTHOLOMEW |
| <b>Total HOPWA contract amount for this Organization for the operating year</b>  |  | \$82,502   |   |
| <b>Organization's Website Address</b>  |  |  |   |
| <b>Is the sponsor a nonprofit organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/><br><i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> |  | <b>Does your organization maintain a waiting list?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br><b>If yes, explain in the narrative section how this list is administered.</b> |   |

|   |  |  |   |
|---|--|--|---|
| Project Sponsor Agency Name<br>Terre Haute Housing Authority  |  | Parent Company Name, <i>if applicable</i>  |   |
| Name and Title of Contact at Project Sponsor Agency   |  | Jennifer Fancher, HOPWA Coordinator  |   |
| Email Address   |  | jfancher@terrehautehousing.org   |   |
| Business Address  |  | PO Box 3086 – 2001 N 19 <sup>th</sup> Street   |   |
| City, County, State, Zip,   |  | Terre Haute IN 47803   |   |
| Phone Number (with area code)   |  | 812-232-1381   |   |
|   |  | Ext 119  |   |
| Employer Identification Number (EIN) or Tax Identification Number (TIN)   |  | 35-6007274   | Fax Number (with area code)                       |
| DUN & Bradstreet Number (DUNs):   |  | 50349430   |   |
| Congressional District of Project Sponsor's Business Address  |  | IN-8   |   |
| Congressional District(s) of Primary Service Area(s)  |  | IN-8   |   |
| City(ies) and County(ies) of Primary Service Area(s)  |  | Cities:<br>Terre Haute   | Counties: Vigo, Vermillion, Clay, Sullivan, Parke |
| Total HOPWA contract amount for this Organization for the operating year  |  | \$45,000   |   |
| Organization's Website Address  |  |  |   |
| Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/><br><i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/> |  | Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, explain in the narrative section how this list is administered. |   |

|   |  |   |                             |
|---|--|---|-----------------------------|
| Project Sponsor Agency Name<br>Hoosier Hills                            |  | Parent Company Name, <i>if applicable</i> |                             |
| Name and Title of Contact at Project Sponsor Agency                     |  | Dorothy Waterhouse, Treasurer             |                             |
| Email Address   |  | dwaterhouse@cchdaids.win.net              |                             |
| Business Address  |  | 1301 Akers Avenue                         |                             |
| City, County, State, Zip,   |  | Jeffersonville, Clark, IN 47130           |                             |
| Phone Number (with area code)   |  | 812-288-2706                              |                             |
| Employer Identification Number (EIN) or Tax Identification Number (TIN) |  | 35-1987523                                | Fax Number (with area code) |
| DUN & Bradstreet Number (DUNs):   |  | 5376940                                   |                             |
| Congressional District of Project Sponsor's Business Address            |  | IN-9                                      |                             |
| Congressional District(s) of Primary Service Area(s)                    |  | IN-9                                      |                             |

|   |  |  |
|---|--|--|
| City(ies) <u>and</u> County(ies) of Primary Service Area(s)   | Cities: Jeffersonville   | <b>Counties:</b> JACKSON, JENNINGS, ORANGE, CRAWFORD, JEFFERSON, SWITZERLAND |
| Total HOPWA contract amount for this Organization for the operating year  | \$25,000   |  |
| Organization's Website Address  |  |  |
| Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Please check if yes and a faith-based organization. <input type="checkbox"/><br>Please check if yes and a grassroots organization. <input type="checkbox"/> | Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, explain in the narrative section how this list is administered. |  |

|   |  |   |  |
|---|--|---|--|
| Project Sponsor Agency Name<br><br>AIDS RESOURCE GROUP OF EVANSVILLE  |  | Parent Company Name, <i>if applicable</i>   |  |
| Name and Title of Contact at Project Sponsor Agency   | Stacey Easley, Interim Co-Executive Director<br>Molly Hartshorn, Housing Specialist  |   |  |
| Email Address   | mhartshorn@argevansville.org   |   |  |
| Business Address  | 201 NW 4 <sup>TH</sup> ST, STE B-7   |   |  |
| City, County, State, Zip,   | Evansville, Vanderburgh IN 47708   |   |  |
| Phone Number (with area code)   | 812-421-0059   |   |  |
| Employer Identification Number (EIN) or Tax Identification Number (TIN)   | 35-1834665   | Fax Number (with area code)<br>812-424-9059   |  |
| DUN & Bradstreet Number (DUNs):   | 827745647  |   |  |
| Congressional District of Project Sponsor's Business Address  | IN-8   |   |  |
| Congressional District(s) of Primary Service Area(s)  | IN-8   |   |  |
| City(ies) <u>and</u> County(ies) of Primary Service Area(s)   | Cities: Evansville   | <b>Counties:</b> KNOX, DAVIESS, MARTIN, DUBOIS, PIKE, GIBSON, POSEY, VANDERBURGH, WARRICK, SPENCER, PERRY |  |
| Total HOPWA contract amount for this Organization for the operating year  | \$178,763  |   |  |
| Organization's Website Address  |  |   |  |
| Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Please check if yes and a faith-based organization. <input type="checkbox"/><br>Please check if yes and a grassroots organization. <input type="checkbox"/> | Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, explain in the narrative section how this list is administered. |   |  |

**3. Administrative Subrecipient Information**

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists project sponsors to carry out their administrative services but no services directly to client households. 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) 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.*

|  |         |  |           |                                    |
|--|---------|--|-----------|------------------------------------|
| Subrecipient Name  | NA      |  |           | Parent Company Name, if applicable |
| Name and Title of Contact at Subrecipient                                  |         |  |           |                                    |
| Email Address  |         |  |           |                                    |
| Business Address   |         |  |           |                                    |
| City, State, Zip, County   |         |  |           |                                    |
| Phone Number (with area code)  |         |  |           | Fax Number (include area code)     |
| Employer Identification Number (EIN) or Tax Identification Number (TIN)    |         |  |           |                                    |
| DUN & Bradstreet Number (DUNs):  |         |  |           |                                    |
| North American Industry Classification System (NAICS) Code                 |         |  |           |                                    |
| Congressional District of Subrecipient's Business Address                  |         |  |           |                                    |
| Congressional District of Primary Service Area                             |         |  |           |                                    |
| City (ies) <u>and</u> County (ies) of Primary Service Area(s)              | Cities: |  | Counties: |                                    |
| Total HOPWA Subcontract Amount of this Organization for the operating year |         |  |           |                                    |

#### 4. Program Subrecipient Information

Complete the following information for each subrecipient organization providing HOPWA-funded services to client households. These organizations would hold a contract/agreement with a project sponsor(s) to provide these services. For example, a subrecipient organization may receive funds from a project sponsor to provide nutritional services for clients residing within a HOPWA facility-based housing program. Please note that subrecipients who work directly with client households must provide performance data for the grantee to include in Parts 2-7 of the CAPER.

*Note: Please see the definition of a subrecipient for more information.*

*Note: Types of contracts/agreements may include: grants, sub-grants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders.*

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

|   |         |  |           |                                    |
|---|---------|--|-----------|------------------------------------|
| Sub-recipient Name  | NA      |  |           | Parent Company Name, if applicable |
| Name and Title of Contact at Contractor/<br>Sub-contractor Agency             |         |  |           |                                    |
| Email Address   |         |  |           |                                    |
| Business Address  |         |  |           |                                    |
| City, County, State, Zip  |         |  |           |                                    |
| Phone Number (included area code)   |         |  |           | Fax Number (include area code)     |
| Employer Identification Number (EIN) or<br>Tax Identification Number (TIN)    |         |  |           |                                    |
| DUN & Bradstreet Number (DUNs)  |         |  |           |                                    |
| North American Industry Classification<br>System (NAICS) Code                 |         |  |           |                                    |
| Congressional District of the Sub-recipient's<br>Business Address             |         |  |           |                                    |
| Congressional District(s) of Primary Service<br>Area                          |         |  |           |                                    |
| City(ies) and County(ies) of Primary Service<br>Area                          | Cities: |  | Counties: |                                    |
| Total HOPWA Subcontract Amount of this<br>Organization for the operating year |         |  |           |                                    |

## **5. Grantee Narrative and Performance Assessment**

### **a. Grantee and Community Overview**

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

**The Indiana Housing and Community Development Authority (IHCDA) is a HOPWA grantee supporting activities in the Indiana. Within the State of Indiana there are 12 HIV Care Coordination Regions as established by the Indiana State Department of Health (ISDH.) IHCDA ensures that sponsor organizations in each eligible organization receive a portion of HOPWA funds to support assistance to Hoosiers with HIV and/or AIDs.**

**Each HOPWA sponsor was selected by a Request for Qualifications process that solicited applications from the Indiana Department of Health care coordination sites. HOPWA awards were then determined by meeting required thresholds and then based on their proposed budget needs, proposed activities, current housing needs and the ISDH-published HIV/AIDS epidemiology reports from the previous year.**

**The HOPWA activities that were funded: long-term rental assistance, long term program delivery short-term rental assistance, mortgage assistance, utility assistance (STRUM), short term program delivery, facility-based operations, permanent housing placement, housing information services, supportive services and program administration.**

**The ISDH HIV Care Coordination Regions are as follows:**

#### **REGION 1**

**Counties Served: Lake, Porter, LaPorte**

**Sponsor Agency: AIDS Task Force of Porter and LaPorte County, Inc., dba The Aliveness Project  
2014-2015 HOPWA Award: \$186,208**

#### **REGION 2**

**Counties Served: St. Joseph, Elkhart, Starke, Marshall, Pulaski, Fulton**

**Sponsor Agency: AIDS Ministries/AIDS Assist of North Indiana, Inc.  
2014-2015 HOPWA Award: \$143,337**

#### **REGION 3**

**Counties Served: LaGrange, Steuben, Kosciusko, Noble, DeKalb, Whitley, Allen, Wabash, Huntington, Wells, Adams**

**Sponsor Agency: AIDS Task Force, Inc.  
2014-2015 HOPWA Award: \$128,640**

#### **REGIONS 4, 5, 6, and 9**

**Counties Served (Region 4): Newton, Jasper, Benton, White, Carroll, Warren, Tippecanoe, Clinton, Fountain, Montgomery**

**Counties Served (Region 5): Grant, Blackford, Jay, Delaware, Randolph**

**Counties Served (Region 6): Cass, Miami, Howard, Tipton, Hamilton, Hancock**

**Counties Served (Region 9): Henry, Wayne, Rush, Fayette, Union, Decatur, Franklin, Ripley, Dearborn, Ohio**

**Sponsor Agency: Aspire Indiana**

**2014-2015 HOPWA Award: \$172,261**

**REGION 7**

**Counties Served: Boone, Hendricks, Marion, Morgan, Johnson, Shelby, Madison**

**\*Not served by IHCDA**

**REGION 8**

**Counties Served: Vermillion, Parke, Putnam, Vigo, Clay, Sullivan**

**Sponsor Agency: Housing Authority of the City of Terre Haute**

**2014-2015 HOPWA Award: \$45,000**

**REGION 10**

**Counties Served: Owen, Greene, Monroe, Lawrence, Brown, Bartholomew**

**Sponsor Agency: Indiana University Health Positive Link**

**2014-2015 HOPWA Award: \$82,502**

**REGION 11**

**Counties Served: Jackson, Jennings, Orange, Washington, Scott, Jefferson, Switzerland, Crawford, Harrison, Floyd, Clark**

**Sponsor Agency: Hoosier Hills AIDS Coalition**

**2014-2015 HOPWA Award: \$25,000**

**REGION 12**

**Counties Served: Knox, Daviess, Martin, Gibson, Pike, Dubois, Posey, Vanderburgh, Warrick, Spencer, Perry**

**Sponsor Agency: AIDS Resource Group, Inc.**

**2014-2015 HOPWA Award: \$178,763**

**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.

In 2014 HOPWA sponsors assisted 292 individual households with housing subsidy assistance, of which 90 received tenant-based rental assistance; 180 received short-term rent, mortgage, and utility assistance; 19 received TH; 24 received support through operating subsidies for permanent housing facilities; and there were 21 households that we served more than one time. Additionally, 292 households received housing information services.

HOPWA funding was awarded and the budgets were: \$404,622 on tenant-based rental assistance; \$102,489 on operations; \$160,657 on short-term rent, mortgage, and utility assistance; \$12,505 on permanent housing placement services; \$204,862 was housing information services; \$19,103.39 was awarded for housing services/program delivery, \$57,472 was award to sponsors for program administration, and \$28,418.00 was award to IHCDA for grant administration.

**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.

*With the limited funds, our sub grantees were able to support 292 households in 2014. In the previous year, we had rollover funds to help sub grantees extend their resources farther. This year we had very limited roll-over funds to help support the housing need of HIV/AIDS clients. Thanks to the efforts of our grantees, households were able to find safe, decent, sanitary housing in spite of the HIV/AIDS barriers that often serve as obstacles for clients.*

*Sub grantees provided 105 households for housing information services which represents 40% increase compared to the goal. The STRMU goals were not met due to the continued limited availability of affordable housing around Indiana.*

*This year 8 households exited to negative or unstable arrangements. This represents less than 3% of the households served.*

**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.

**Mainstream housing and supportive service resources for 2013 came from leverage sources such as the Ryan White Program, Indiana State Department of Health (ISDH), CDBG and other sources. Leveraging for the Ryan White program totaled \$180,000. Leveraging from ESG operations was \$23,588. Leveraging from CDBG was \$9,000. Leveraging from case management sources was \$138,136. Leveraging from ISDH was \$681,070. Grants, donations, in-kind and food pantry donations totaled \$414,947.41. Total leveraging was \$1,446,741.41.**

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

There were no program technical assistance needs reported by program beneficiaries.

### **c. Barriers and Trends Overview**

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

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

**Criminal records of clients as well as stigma related to AIDS/HIV+ individuals remain significant barriers for HOPWA clients in establishing stable housing. Further, economic conditions have made the acquisition of reasonably priced rental housing marginally more difficult. In certain rural areas and in the Southeast Indiana there have been difficulties finding housing that meets the housing quality standards. There is very little affordable quality housing in this area.**

**Also, in the area of sponsor – Hoosier Hills, specifically in Scott County (Louisville KY HOPWA area), there has an increase of HIV/AIDS diagnosis due to the increase of intravenous substance**

**abuse in that community. It has gone from 26 cases HIV/AIDS (according to December 31, 2014 Indiana Department of Health epidemiology report) and as of June 10, 2015 it has increased to 166 cases. Due to this sudden increase, some of the areas of Indiana HOPWA - Jefferson and Jennings Counties have seen an increase due to people moving out of Scott County to neighboring counties.**

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.

**Due to the increase of persons with HIV/AIDS in Southeast Indiana, Jefferson and Jennings counties in the past six months have also seen an increase of persons being diagnosed with HIV/AIDS that are needing housing assistance and treatment for substance abuse.**

**The Indiana State Department of Health is working closely with local health departments, health care providers and others to contain the spread of HIV in southeastern Indiana. Disease intervention specialists are in the area, interviewing each newly identified HIV positive individual to obtain information about needle sharing and sex partners, as well as recommending care coordination services, medical care and HIV prevention information. Other State agencies – such as the Division of Mental Health are also providing assistance for substance abuse treatment.**

**Indiana Housing & Community Development Authority will be sending out an RFP to local areas to apply for a rental assistance grant that will provide temporary rental assistance (short-medium term) for up to 2 years. This will supplement the HOPWA grant for the Southeast Region.**

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

NA

**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*

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> HOPWA/HUD Regulations                     | <input type="checkbox"/> Planning                  | <input checked="" type="checkbox"/> Housing Availability          | <input type="checkbox"/> Rent Determination and Fair Market Rents  |
| <input checked="" type="checkbox"/> Discrimination/Confidentiality | <input type="checkbox"/> Multiple Diagnoses        | <input type="checkbox"/> Eligibility                              | <input type="checkbox"/> Technical Assistance or Training  |
| <input type="checkbox"/> Supportive Services                       | <input checked="" type="checkbox"/> Credit History | <input type="checkbox"/> Rental History                           | <input checked="" type="checkbox"/> Criminal Justice History   |
| <input checked="" type="checkbox"/> Housing Affordability          | <input type="checkbox"/> Geography/Rural Access    | <input checked="" type="checkbox"/> Other, please explain further | Increase of HIV/AIDS rose to over 166 cases starting in January 2015 in the Southeast area – Scott County specifically (KY/Louisville HOPWA funding) |

*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.   | 95 |
| 2. From the total reported in Row 1, identify the number of households with unmet housing needs by type of housing subsidy assistance: | 75 |
| a. Tenant-Based Rental Assistance (TBRA)   |    |
| b. Short-Term Rent, Mortgage and Utility payments (STRMU)  | 19 |
| • Assistance with rental costs   | 13 |
| • Assistance with mortgage payments  | 0  |
| • Assistance with utility costs.   | 6  |
| c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities   | 1  |

**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**

**X = Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care**

**X = Data from client information provided in Homeless Management Information Systems (HMIS)**

**X = Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need including those completed by HOPWA competitive grantees operating in the region.**

= Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted

= Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing

**X = 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 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              | 0                             |                             | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support            |
| Ryan White-Other                           | \$180,000                     | Case Mngt                   | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Housing Choice Voucher Program             | 0                             |                             | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support            |
| Low Income Housing Tax Credit              | 0                             |                             | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support            |
| HOME                                       | 0                             |                             | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support            |
| Shelter Plus Care                          | 0                             |                             | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support            |
| Emergency Solutions Grant:                 | \$23,588                      | Operations – CoC South Bend | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Other Public: Indiana state dept of health | \$681,070                     | Case mngt;                  | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Other Public: Community block grant        | \$9,000                       | Case mngt                   | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Other Public: LTC                          | \$138,136                     | Case mngt                   | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Other Public:                              | 0                             |                             | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Other Public:                              | 0                             |                             | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support            |
| Other Public:                              | 0                             |                             | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support            |
| Private Funding                            |                               |                             |  |
| Grants                                     | \$250,040                     | Prevention OP               | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Grants                                     | \$3,500                       | Client Asst                 | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Grants                                     | \$28,500                      | Indiana AIDS Fund           | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| In-kind Resources                          | 0                             |                             | <input type="checkbox"/> Housing Subsidy Assistance<br><input type="checkbox"/> Other Support            |
| Other Private:                             | \$15,000                      | Food Pantry                 | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Other Private:                             | \$63,000                      | Financial Asst;             | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Other Funding                              |                               |                             |  |

|  |                       |           |  |
|--|-----------------------|-----------|--|
| Grantee/Project Sponsor/Subrecipient (Agency) Cash   | \$32,719.41           | Donations | <input type="checkbox"/> Housing Subsidy Assistance<br><input checked="" type="checkbox"/> Other Support |
| Resident Rent Payments by Client to Private Landlord | \$22,188              |           |  |
| <b>TOTAL (Sum of all Rows)</b>                       | <b>\$1,446,741.41</b> |           |  |

## 2. Program Income and Resident Rent Payments

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

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

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

| <b>Program Income and Resident Rent Payments Collected</b> |  | <b>Total Amount of Program Income (for this operating year)</b> |
|--|--|---|
| 1.   | Program income (e.g. repayments)   | 0   |
| 2.   | Resident Rent Payments made directly to HOPWA Program                        | <b>\$38,691</b>   |
| 3.   | <b>Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)</b> | <b>\$38,691</b>   |

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

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

| <b>Program Income and Resident Rent Payment Expended on HOPWA programs</b> |   | <b>Total Amount of Program Income Expended (for this operating year)</b> |
|--|---|--|
| 1.   | Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs                       | <b>\$138,035.15</b>  |
| 2.   | Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs | <b>\$46,607.00</b>   |
| 3.   | <b>Total Program Income Expended (Sum of Rows 1 and 2)</b>  | <b>\$184,642.15</b>  |

**End of PART 2**

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

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

*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**

| <b>HOPWA Performance<br/>Planned Goal<br/>and Actual</b>                            |  | [1] Output: Households           |        |                      |        | [2] Output: Funding        |              |
|---|--|----------------------------------|--------|----------------------|--------|----------------------------|--------------|
|   |  | HOPWA Assistance                 |        | Leveraged Households |        | HOPWA Funds                |              |
|   |  | a.                               | b.     | c.                   | d.     | e.                         | f.           |
|   |  | Goal                             | Actual | Goal                 | Actual | HOPWA Budget               | HOPWA Actual |
| <b>HOPWA Housing Subsidy Assistance</b>   |  | <b>[1] Output: Households</b>    |        |                      |        | <b>[2] Output: Funding</b> |              |
| 1.  | Tenant-Based Rental Assistance   | 110                              | 90     | 10                   | 17     | 413,236.57                 | \$410,554.65 |
| 2a.   | <b>Permanent Housing Facilities:</b><br>Received Operating Subsidies/Leased units (Households Served)  | 20                               | 24     | 23                   | 24     | \$86,017.41                | \$85,424.67  |
| 2b.   | <b>Transitional/Short-term Facilities:</b><br>Received Operating Subsidies/Leased units (Households Served)  | 9                                | 19     | 9                    | 19     | \$16,471.55                | 16,471.55    |
| 3a.   | <b>Permanent Housing Facilities:</b><br>Capital Development Projects placed in service during the operating year (Households Served)                     | 0                                | 0      | 0                    | 0      | 0                          | 0            |
| 3b.   | <b>Transitional/Short-term Facilities:</b><br>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   | 207                              | 180    | 86                   | 98     | 164,161.56                 | \$148,762.32 |
| 5.  | Permanent Housing Placement Services   | 31                               | 12     | 0                    | 2      | 12,505.30                  | \$11,275.95  |
| 6.  | Adjustments for duplication (subtract)   | -2                               | -33    | 37                   | 42     |                            |              |
| 7.  | <b>Total HOPWA Housing Subsidy Assistance</b><br>(Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)    | 444                              | 292    | 74                   | 94     | \$692,392.39               | \$672,489.14 |
| <b>Housing Development (Construction and Stewardship of facility based housing)</b> |  | <b>[1] Output: Housing Units</b> |        |                      |        | <b>[2] Output: Funding</b> |              |
| 8.  | Facility-based units;<br>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   | 0                                | 0      |                      |        |                            |              |
| 10.   | <b>Total Housing Developed</b><br>(Sum of Rows 8 & 9)  | 0                                | 0      |                      |        | 0                          | 0            |
| <b>Supportive Services</b>  |  | <b>[1] Output Households</b>     |        |                      |        | <b>[2] Output: Funding</b> |              |
| 11a.  | Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance                                       | 126                              | 292    |                      |        | \$6,985.36                 | \$5,835.36   |
| 11b.  | Supportive Services provided by project sponsors/subrecipient that only provided supportive services.  |                                  | 0      |                      |        | 0                          |              |
| 12.   | Adjustment for duplication (subtract)  |                                  | 0      |                      |        |                            |              |
| 13.   | <b>Total Supportive Services</b><br>(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.) | 126                              | 292    |                      |        | \$6,985.36                 | \$5,835.36   |
| <b>Housing Information Services</b>   |  | <b>[1] Output Households</b>     |        |                      |        | <b>[2] Output: Funding</b> |              |
| 14.   | Housing Information Services   | 100                              | 105    |                      |        | 204,861.69                 | \$191,149.22 |
| 15.   | <b>Total Housing Information Services</b>  | 100                              | 105    |                      |        | 204,861.69                 | \$191,149.22 |



| Grant Administration and Other Activities |   | [1] Output Households |  |  |  | [2] Output: Funding                      |               |
|---|---|-----------------------|--|--|--|--|---------------|
| 16.                                       | Resource Identification to establish, coordinate and develop housing assistance resources |                       |  |  |  |  |               |
| 17.                                       | Technical Assistance<br>(if approved in grant agreement)                                  |                       |  |  |  |  |               |
| 18.                                       | Grantee Administration<br>(maximum 3% of total HOPWA grant)                               |                       |  |  |  | 28,418.00                                | \$28,418.00   |
| 19.                                       | Project Sponsor Administration<br>(maximum 7% of portion of HOPWA grant awarded)          |                       |  |  |  | 57,471.56                                | \$57,314.93   |
| 20.                                       | <b>Total Grant Administration and Other Activities<br/>(Sum of Rows 16 – 19)</b>          |                       |  |  |  | 85,889.56                                | \$85,732.93   |
| <b>Total Expended</b>                     |   |                       |  |  |  | <b>[2] Outputs: HOPWA Funds Expended</b> |               |
|   |   |                       |  |  |  | <b>Budget</b>                            | <b>Actual</b> |
| 21.                                       | <b>Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)</b>            |                       |  |  |  | 990,129.00                               | \$955,206.65  |

IHCDA Comments: The unexpended funds are being allocated to the 2015-2016 HOPWA year – \$34,922.35

## 2. Listing of Supportive Services

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

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

| Supportive Services |  | [1] Output: Number of Households | [2] Output: Amount of HOPWA Funds Expended |
|---------------------|--|----------------------------------|--|
| 1.                  | Adult day care and personal assistance   |                                  |  |
| 2.                  | Alcohol and drug abuse services  |                                  |  |
| 3.                  | Case management  | 292                              | \$5,835.36                                 |
| 4.                  | Child care and other child services  |                                  |  |
| 5.                  | Education  |                                  |  |
| 6.                  | Employment assistance and training   |                                  |  |
| 7.                  | Health/medical/intensive care services, if approved<br>Note: Client records must conform with 24 CFR §574.310  |                                  |  |
| 8.                  | Legal services   |                                  |  |
| 9.                  | Life skills management (outside of case management)  |                                  |  |
| 10.                 | Meals/nutritional services   |                                  |  |
| 11.                 | Mental health services   |                                  |  |
| 12.                 | Outreach   |                                  |  |
| 13.                 | Transportation   |                                  |  |
| 14.                 | Other Activity (if approved in grant agreement).<br><b>Specify:</b>  |                                  |  |
| 15.                 | <b>Sub-Total Households receiving Supportive Services<br/>(Sum of Rows 1-14)</b>   |                                  |  |
| 16.                 | <b>Adjustment for Duplication (subtract)</b>   |                                  |  |
| 17.                 | <b>TOTAL Unduplicated Households receiving<br/>Supportive Services (Column [1] equals Row 15<br/>minus Row 16; Column [2] equals sum of Rows 1-14)</b> | 292                              | \$5835.36                                  |

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

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

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

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

| Housing Subsidy Assistance Categories (STRMU) |  | [1] Output: Number of <u>Households</u> Served | [2] Output: Total HOPWA Funds Expended on STRMU during Operating Year |
|---|--|--|---|
| a.  | Total Short-term mortgage, rent and/or utility (STRMU) assistance                                    | 180  | \$148,762.32  |
| b.  | Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.        | 9  | 7,264.26  |
| c.  | Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs. | 11   | 8,717.11  |
| d.  | Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.          | 83   | 66,831.17   |
| e.  | Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.   | 23   | 18,887.07   |
| f.  | Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.         | 54   | 43,585.54   |
| g.  | Direct program delivery costs (e.g., program operations staff time)                                  |  | 3,477.17  |

End of PART 3

**Part 4: Summary of Performance Outcomes**

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

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

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

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

**A. Permanent Housing Subsidy Assistance**

|   | [1] Output: Total Number of Households Served | [2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year | [3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting |    | [4] HOPWA Client Outcomes                                    |
|---|---|---|---|----|--|
|   |   |   |   |    |  |
| <b>Tenant-Based Rental Assistance</b>                 | 90  | 62  | 1 Emergency Shelter/Streets   | 0  | <i>Unstable Arrangements</i>                                 |
|   |   |   | 2 Temporary Housing   | 9  | <i>Temporarily Stable, with Reduced Risk of Homelessness</i> |
|   |   |   | 3 Private Housing   | 14 | <i>Stable/Permanent Housing (PH)</i>                         |
|   |   |   | 4 Other HOPWA   | 0  |  |
|   |   |   | 5 Other Subsidy   | 1  |  |
|   |   |   | 6 Institution   | 0  | <i>Unstable Arrangements</i>                                 |
|   |   |   | 7 Jail/Prison   | 0  |  |
|   |   |   | 8 Disconnected/Unknown  | 3  |  |
|   |   |   | 9 Death   | 1  | <i>Life Event</i>  |
| <b>Permanent Supportive Housing Facilities/ Units</b> | 24  | 16  | 1 Emergency Shelter/Streets   | 0  | <i>Unstable Arrangements</i>                                 |
|   |   |   | 2 Temporary Housing   | 4  | <i>Temporarily Stable, with Reduced Risk of Homelessness</i> |
|   |   |   | 3 Private Housing   | 2  | <i>Stable/Permanent Housing (PH)</i>                         |
|   |   |   | 4 Other HOPWA   | 0  |  |
|   |   |   | 5 Other Subsidy   | 0  |  |
|   |   |   | 6 Institution   | 0  | <i>Unstable Arrangements</i>                                 |
|   |   |   | 7 Jail/Prison   | 0  |  |
|   |   |   | 8 Disconnected/Unknown  | 0  |  |
|   |   |   | 9 Death   | 2  | <i>Life Event</i>  |

**B. Transitional Housing Assistance**

|   | [1] Output: Total Number of Households Served | [2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year | [3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting |    | [4] HOPWA Client Outcomes                                   |
|---|---|---|---|----|---|
|   |   |   |   |    |   |
| <b>Transitional/ Short-Term Housing Facilities/ Units</b> | 61  | 0   | 1 Emergency Shelter/Streets   | 0  | <i>Unstable Arrangements</i>                                |
|   |   |   | 2 Temporary Housing   | 0  | <i>Temporarily Stable with Reduced Risk of Homelessness</i> |
|   |   |   | 3 Private Housing   | 60 | <i>Stable/Permanent Housing (PH)</i>                        |
|   |   |   | 4 Other HOPWA   | 1  |   |
|   |   |   | 5 Other Subsidy   | 0  |   |
|   |   |   | 6 Institution   | 0  | <i>Unstable Arrangements</i>                                |
|   |   |   | 7 Jail/Prison   | 0  |   |
|   |   |   | 8 Disconnected/unknown  | 0  |   |
|   |   |   | 9 Death   | 0  | <i>Life Event</i>   |

|   |   |
|---|---|
| B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months | 0 |
|---|---|

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

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

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

Information in Column [3] provides a description of housing outcomes; therefore, data is not required.

At the bottom of the chart:

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

**Data Check:** The total households reported as served with STRMU in Column [1] equals the total reported in Part 3, Chart 1, Row 4, Column b.

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

**Assessment of Households that Received STRMU Assistance**

| [1] Output: Total number of households   | [2] Assessment of Housing Status  |    | [3] HOPWA Client Outcomes                                    |
|--|---|----|--|
| 180  | <b>Maintain Private Housing without subsidy</b><br><i>(e.g. Assistance provided/completed and client is stable, not likely to seek additional support)</i>  | 86 | <i>Stable/Permanent Housing (PH)</i>                         |
|  | <b>Other Private Housing without subsidy</b><br><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)  | 8  |  |
|  | <b>Institution</b><br><i>(e.g. residential and long-term care)</i>  | 0  |  |
|  | Likely that additional STRMU is needed to maintain current housing arrangements   | 75 | <i>Temporarily Stable, with Reduced Risk of Homelessness</i> |
|  | <b>Transitional Facilities/Short-term</b><br><i>(e.g. temporary or transitional arrangement)</i>  | 0  |  |
|  | <b>Temporary/Non-Permanent Housing arrangement</b><br><i>(e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)</i>  | 8  |  |
|  | Emergency Shelter/street  | 0  | <i>Unstable Arrangements</i>                                 |
|  | Jail/Prison   | 0  |  |
|  | Disconnected  | 3  |  |
|  | Death   | 0  | <i>Life Event</i>  |
|  | 1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years). |    |  |
| 1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years). |   |    | 35   |

### Section 3. HOPWA Outcomes on Access to Care and Support

#### 1a. Total Number of Households

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

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

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

| <b>Total Number of Households</b>   |            |
|---|------------|
| <b>1. For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following <u>HOPWA-funded</u> services:  |            |
| a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing   | 300        |
| b. Case Management  | 292        |
| c. Adjustment for duplication (subtraction)   | 300        |
| <b>d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)</b>   | <b>292</b> |
| <b>2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance:</b> Identify the total number of households that received the following <u>HOPWA-funded</u> service: |            |
| a. HOPWA Case Management  | 0          |
| <b>b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance</b>  | <b>0</b>   |

#### 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.*

| <b>Categories of Services Accessed</b>   | <b>[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b> | <b>[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:</b> | <b>Outcome Indicator</b>          |
|--|---|--|-----------------------------------|
| 1. Has a housing plan for maintaining or establishing stable on-going housing  | 184   | 0  | <i>Support for Stable Housing</i> |
| 2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management) | 184   | 0  | <i>Access to Support</i>          |
| 3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan  | 109   | 0  | <i>Access to Health Care</i>      |
| 4. Accessed and maintained medical insurance/assistance  | 110   | 0  | <i>Access to Health Care</i>      |
| 5. Successfully accessed or maintained qualification for sources of income   | 175   | 0  | <i>Sources of Income</i>          |

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

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

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

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

**1c. Households that Obtained Employment**

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

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

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

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

| Categories of Services Accessed                                  | [1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following: | [2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following: |
|--|--|---|
| Total number of households that obtained an income-producing job | 11   |   |

**End of PART 4**

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

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

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

**Background on HOPWA Housing Stability Codes**  
**Stable Permanent Housing/Ongoing Participation**

- 3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self-sufficient arrangements) with reasonable expectation that additional support is not needed.
- 4 = Other HOPWA-funded housing subsidy assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.
- 5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).
- 6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

**Temporary Housing**

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

**Unstable Arrangements**

- 1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).
- 7 = Jail /prison.
- 8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

**Life Event**

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

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

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

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

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

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

**End of PART 5**



**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.*

**Not Applicable**

**1. General information**

|                               |   |
|-------------------------------|---|
| HUD Grant Number(s)<br><br>NA | Operating Year for this report<br><i>From (mm/dd/yy) To (mm/dd/yy)</i> <input type="checkbox"/> Final Yr<br><br><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;<br><br><input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10; |
| Grantee Name<br><br>NA        | Date Facility Began Operations (mm/dd/yy)   |

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

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

**3. Details of Project Site**

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

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 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.*

|   |  |
|---|--|
| <b>Name &amp; Title of Authorized Official of the organization that continues to operate the facility:</b>                    | <b>Signature &amp; Date (mm/dd/yy)</b> |
| <b>Name &amp; Title of Contact at Grantee Agency</b><br><i>(person who can answer questions about the report and program)</i> | <b>Contact Phone (with area code)</b>  |

**End of PART 6**

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

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

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

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

| <b>Individuals Served with Housing Subsidy Assistance</b>  | <b>Total</b> |
|--|--------------|
| Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance. | 292          |

**Chart b. Prior Living Situation**

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

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

| <b>Category</b>  |   | <b>Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance</b> |
|--|---|--|
| 1.   | <u>Continuing</u> to receive HOPWA support from the prior operating year  | 100  |
| <b>New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year</b> |   |  |
| 2.   | Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)  | 3  |
| 3.   | Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)   | 5  |
| 4.   | Transitional housing for homeless persons   | 0  |
| 5.   | <b>Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)</b> | 8  |
| 6.   | Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)  | 0  |
| 7.   | Psychiatric hospital or other psychiatric facility  | 0  |
| 8.   | Substance abuse treatment facility or detox center  | 0  |
| 9.   | Hospital (non-psychiatric facility)   | 1  |
| 10.  | Foster care home or foster care group home  | 0  |
| 11.  | Jail, prison or juvenile detention facility   | 0  |
| 12.  | Rented room, apartment, or house  | 130  |
| 13.  | House you own   | 39   |
| 14.  | Staying or living in someone else's (family and friends) room, apartment, or house  | 12   |
| 15.  | Hotel or motel paid for without emergency shelter voucher   | 0  |
| 16.  | Other   | 2  |
| 17.  | Don't Know or Refused   | 0  |
| 18.  | <b>TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)</b>  | <b>292</b>   |

**c. Homeless Individual Summary**

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

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

**Section 2. Beneficiaries**

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

*Note: See definition of HOPWA Eligible Individual*

*Note: See definition of Transgender.*

*Note: See definition of Beneficiaries.*

**Data Check:** The sum of each of the Charts b. & c. on the following two pages equals the total number of beneficiaries served with HOPWA housing subsidy assistance as determined in Chart a., Row 4 below.

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

| Individuals and Families Served with HOPWA Housing Subsidy Assistance   | Total Number |
|---|--------------|
| 1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a.) | 292          |
| 2. Number of ALL other persons <b>diagnosed</b> as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance           | 19           |
| 3. Number of ALL other persons <b>NOT diagnosed</b> as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy                    | 131          |
| <b>4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, &amp; 3)</b>  | 442          |

**b. Age and Gender**

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

| <b>HOPWA Eligible Individuals (Chart a, Row 1)</b>     |                                       |             |               |                           |                           |                                   |
|--|---------------------------------------|-------------|---------------|---------------------------|---------------------------|-----------------------------------|
|  |                                       | <b>A.</b>   | <b>B.</b>     | <b>C.</b>                 | <b>D.</b>                 | <b>E.</b>                         |
|  |                                       | <b>Male</b> | <b>Female</b> | <b>Transgender M to F</b> | <b>Transgender F to M</b> | <b>TOTAL (Sum of Columns A-D)</b> |
| 1.   | Under 18                              | 0           | 0             | 0                         | 0                         | 0                                 |
| 2.   | 18 to 30 years                        | 21          | 13            | 1                         | 0                         | 35                                |
| 3.   | 31 to 50 years                        | 104         | 54            | 0                         | 1                         | 159                               |
| 4.   | 51 years and Older                    | 75          | 22            | 1                         | 0                         | 98                                |
| 5.   | <b>Subtotal (Sum of Rows 1-4)</b>     | 200         | 89            | 2                         | 1                         | 292                               |
| <b>All Other Beneficiaries (Chart a, Rows 2 and 3)</b> |                                       |             |               |                           |                           |                                   |
|  |                                       | <b>A.</b>   | <b>B.</b>     | <b>C.</b>                 | <b>D.</b>                 | <b>E.</b>                         |
|  |                                       | <b>Male</b> | <b>Female</b> | <b>Transgender M to F</b> | <b>Transgender F to M</b> | <b>TOTAL (Sum of Columns A-D)</b> |
| 6.   | Under 18                              | 46          | 34            | 0                         | 0                         | 80                                |
| 7.   | 18 to 30 years                        | 14          | 9             | 0                         | 0                         | 23                                |
| 8.   | 31 to 50 years                        | 20          | 7             | 0                         | 0                         | 27                                |
| 9.   | 51 years and Older                    | 15          | 5             | 0                         | 0                         | 20                                |
| 10.  | <b>Subtotal (Sum of Rows 6-9)</b>     | 95          | 55            | 0                         | 0                         | 150                               |
| <b>Total Beneficiaries (Chart a, Row 4)</b>            |                                       |             |               |                           |                           |                                   |
| 11.  | <b>TOTAL (Sum of Rows 5 &amp; 10)</b> | 295         | 144           | 2                         | 1                         | 442                               |

**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<br>[all individuals reported in Section 2, Chart a., Row 1] | [B] Ethnicity<br>[Also identified as Hispanic or Latino] | [C] Race<br>[total of individuals reported in Section 2, Chart a., Rows 2 & 3] | [D] Ethnicity<br>[Also identified as Hispanic or Latino] |
| 1.       | American Indian/Alaskan Native                          | 0  | 0  | 0  | 0  |
| 2.       | Asian   | 1  | 0  | 0  | 0  |
| 3.       | Black/African American                                  | 81   | 1  | 46   | 0  |
| 4.       | Native Hawaiian/Other Pacific Islander                  | 2  | 1  | 1  | 1  |
| 5.       | White   | 207  | 11   | 93   | 9  |
| 6.       | American Indian/Alaskan Native & White                  | 1  | 0  | 0  | 0  |
| 7.       | Asian & White   | 0  | 0  | 0  | 0  |
| 8.       | Black/African American & White                          | 0  | 0  | 8  | 0  |
| 9.       | American Indian/Alaskan Native & Black/African American | 0  | 0  | 0  | 0  |
| 10.      | Other Multi-Racial                                      | 0  | 0  | 2  | 1  |
| 11.      | Column Totals (Sum of Rows 1-10)                        | 292  | 13   | 150  | 11   |

**Data Check:** Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a., Row 4.

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

**Section 3. Households**

**Household Area Median Income**

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

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

**Note:** Refer to [http://www.huduser.org/portal/datasets/il/il2010/select\\_Geography\\_mfi.odn](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) | 214   |
| 2.                               | 31-50% of area median income (very low)     | 61  |
| 3.                               | 51-80% of area median income (low)          | 17  |
| 4.                               | <b>Total (Sum of Rows 1-3)</b>              | 292   |

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

**B. Facility-Based Housing Assistance**

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

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

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

**1. Project Sponsor/Subrecipient Agency Name (Required)**

**AIDS Ministries/AIDS Assist - PH**

**2. Capital Development**

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

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

| Type of Development this operating year       | HOPWA Funds Expended this operating year (if applicable)                  | Non-HOPWA funds Expended (if applicable) | Name of Facility:   |
|---|---|--|---|
| <input type="checkbox"/> New construction     | \$  | \$                                       | <b>AIDS Ministries/AIDS Assist – Main St.</b><br><br><b>Type of Facility [Check <u>only one</u> box.]</b><br><input checked="" type="checkbox"/> Permanent housing<br><input type="checkbox"/> Short-term Shelter or Transitional housing<br><input type="checkbox"/> Supportive services only facility |
| <input type="checkbox"/> Rehabilitation       | \$  | \$                                       |   |
| <input type="checkbox"/> Acquisition          | \$  | \$                                       |   |
| <input checked="" type="checkbox"/> Operating | \$<br>\$25,528.45   | \$23,588                                 |   |
| a.  | Purchase/lease of property:   |  | Date (mm/dd/yy):  |
| b.  | Rehabilitation/Construction Dates:  |  | Date started: <span style="float: right;">Date Completed:</span>  |
| c.  | Operation dates:  |  | Date residents began to occupy:<br><input type="checkbox"/> Not yet occupied  |
| d.  | Date supportive services began:   |  | Date started:<br><input type="checkbox"/> Not yet providing services  |
| e.  | Number of units in the facility:  |  | HOPWA-funded units = 6 <span style="float: right;">Total Units = 6</span>   |
| f.  | Is a waiting list maintained for the facility?                            |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><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)? |  | 219-222 S. Williams St., South Bend, IN 46601   |

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

**2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)**

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

|   | Number Designated for the Chronically Homeless | Number Designated to Assist the Homeless | Number Energy-Star Compliant | Number 504 Accessible |
|---|--|--|------------------------------|-----------------------|
| Rental units constructed (new) and/or acquired <u>with or without</u> rehab | 0  | 0  | 00                           | 0                     |
| Rental units rehabbed   | 0  | 0  | 00                           | 0                     |
| Homeownership units constructed (if approved)                               | 0  | 0  | 0                            | 0                     |

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

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

*Note: The number units may not equal the total number of households served.*

**Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.**

**3a. Check one only**

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

**3b. Type of Facility**

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

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

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

| Housing Assistance Category: Facility Based Housing |   | Output: Number of Households | Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient |
|---|---|------------------------------|--|
| a.  | Leasing Costs   |                              | 0  |
| b.  | Operating Costs   | 6                            | \$49,116.45  |
| 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<br>(Sum Rows a. through d. minus Row e.) | 6 | \$ 49,116.45 |

**1. Project Sponsor/Subrecipient Agency Name (Required)**

AIDS Ministries/AIDS Assist – TH

**2. Capital Development**

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

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

| Type of Development this operating year       | HOPWA Funds Expended this operating year (if applicable)                  | Non-HOPWA funds Expended (if applicable) | Name of Facility:   |
|---|---|--|---|
| <input type="checkbox"/> New construction     | \$  | \$                                       | AIDS Ministries/AIDS Assist – Williams Street<br><br><b>Type of Facility [Check <u>only one</u> box.]</b><br><input type="checkbox"/> Permanent housing<br><input checked="" type="checkbox"/> Short-term Shelter or Transitional housing<br><input type="checkbox"/> Supportive services only facility |
| <input type="checkbox"/> Rehabilitation       | \$  | \$                                       |   |
| <input type="checkbox"/> Acquisition          | \$  | \$                                       |   |
| <input checked="" type="checkbox"/> Operating | \$16,471.55   | \$22,627                                 |   |
| a.  | Purchase/lease of property:   |  | Date (mm/dd/yy):  |
| b.  | Rehabilitation/Construction Dates:  |  | Date started: _____ Date Completed: _____   |
| c.  | Operation dates:  |  | Date residents began to occupy:<br><input type="checkbox"/> Not yet occupied  |
| d.  | Date supportive services began:   |  | Date started:<br><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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><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)? |  | 614-616 Main Elkhart, IN 46516  |
| h.  | Is the address of the project site confidential?                          |  | <input type="checkbox"/> Yes, protect information; do not publish list<br><input checked="" type="checkbox"/> No, can be made available to the public   |

**2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)**

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

|  | Number Designated for the Chronically Homeless | Number Designated to Assist the Homeless | Number Energy-Star Compliant | Number 504 Accessible |
|--|--|--|------------------------------|-----------------------|
|  |  |  |                              |                       |



|  |   |   |    |   |
|--|---|---|----|---|
| Rental units constructed (new) and/or acquired with or without rehab | 0 | 0 | 00 | 0 |
| Rental units rehabbed  | 0 | 0 | 00 | 0 |
| Homeownership units constructed (if approved)                        | 0 | 0 | 0  | 0 |

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

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

*Note: The number units may not equal the total number of households served.*

**Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.**

**3a. Check one only**

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

**3b. Type of Facility**

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

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

| Type of housing facility operated by the project sponsor/subrecipient |   | Total Number of Units in use during the Operating Year<br>Categorized by the Number of Bedrooms per Units |        |        |        |        |
|---|---|---|--------|--------|--------|--------|
|   |   | SRO/Studio/0 bdrm   | 1 bdrm | 2 bdrm | 3 bdrm | 4 bdrm |
| a.  | Single room occupancy dwelling                        |   |        |        |        |        |
| b.  | Community residence                                   |   |        |        |        |        |
| c.  | Project-based rental assistance units or leased units | 9   | 5      | 4      |        |        |
| d.  | Other housing facility<br><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/subrecipient on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

| Housing Assistance Category: Facility Based Housing |  | Output: Number of Households | Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient |
|---|--|------------------------------|--|
| a.  | Leasing Costs  |                              | 0  |
| b.  | Operating Costs  | 19                           | \$39,098.55  |
| c.  | Project-Based Rental Assistance (PBRA) or other leased units                         |                              |  |
| d.  | Other Activity (if approved in grant agreement) <u>Specify:</u>                      |                              |  |
| e.  | <b>Adjustment to eliminate duplication (subtract)</b>                                |                              |  |
| f.  | <b>TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)</b> | 19                           | \$39,098.55  |

**1. Project Sponsor/Subrecipient Agency Name (Required)**

**AIDS Task Force Fort Wayne**

## 2. Capital Development

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

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

| Type of Development this operating year       | HOPWA Funds Expended this operating year (if applicable)                  | Non-HOPWA funds Expended (if applicable) | Name of Facility:  |
|---|---|--|--|
| <input type="checkbox"/> New construction     | \$  | \$                                       | <b>Type of Facility [Check <u>only one</u> box.]</b><br><input checked="" type="checkbox"/> Permanent housing<br><input type="checkbox"/> Short-term Shelter or Transitional housing<br><input type="checkbox"/> Supportive services only facility |
| <input type="checkbox"/> Rehabilitation       | \$  | \$                                       |  |
| <input type="checkbox"/> Acquisition          | \$  | \$                                       |  |
| <input checked="" type="checkbox"/> Operating | \$59,896.22   | \$45,000                                 |  |
| a.  | Purchase/lease of property:   |  | Date (mm/dd/yy): 04/13/1996  |
| b.  | Rehabilitation/Construction Dates:  |  | Date started: _____ Date Completed: 11/17/2006   |
| c.  | Operation dates:  |  | Date residents began to occupy:<br><input type="checkbox"/> Not yet occupied   |
| d.  | Date supportive services began:   |  | Date started:<br><input type="checkbox"/> Not yet providing services   |
| e.  | Number of units in the facility:  |  | HOPWA-funded units = 17      Total Units = 17  |
| f.  | Is a waiting list maintained for the facility?                            |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><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)? |  | 415 E Wayne Street, Fort Wayne, IN 46802   |
| h.  | Is the address of the project site confidential?                          |  | <input checked="" type="checkbox"/> Yes, protect information; do not publish list<br><input type="checkbox"/> No, can be made available to the public  |

### 2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)

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

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

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

Charts 3a., 3b. and 4 are required for each facility. In Charts 3a. and 3b., indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

*Note: The number units may not equal the total number of households served.*

**Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.**

**3a. Check one only**

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

**3b. Type of Facility**

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

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

| Type of housing facility operated by the project sponsor/subrecipient |   | Total Number of <u>Units</u> in use during the Operating Year<br>Categorized by the Number of Bedrooms per Units |        |        |        |        |
|---|---|--|--------|--------|--------|--------|
|   |   | SRO/Studio/0 bdrm  | 1 bdrm | 2 bdrm | 3 bdrm | 4 bdrm |
| a.  | Single room occupancy dwelling                        |  |        |        |        |        |
| b.  | Community residence                                   |  |        |        |        |        |
| c.  | Project-based rental assistance units or leased units | 5  | 11     | 1      |        |        |
| d.  | Other housing facility<br><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/subrecipient on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

| Housing Assistance Category: Facility Based Housing |  | Output: Number of Households | Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient |
|---|--|------------------------------|--|
| a.  | Leasing Costs  |                              |  |
| b.  | Operating Costs  | 18                           | 59,896.22  |
| c.  | Project-Based Rental Assistance (PBRA) or other leased units                         |                              |  |
| d.  | Other Activity (if approved in grant agreement) <u>Specify:</u>                      |                              |  |
| e.  | <b>Adjustment to eliminate duplication (subtract)</b>                                |                              |  |
| f.  | <b>TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)</b> | 18                           | 59,896.22  |