



Housing Opportunities for Persons With AIDS (HOPWA) Program

City of Orlando - Program Year 2008



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

OMB Number 2506-0133 (Expiration Date: 12/31/2010)

The HOPWA CAPER report for formula grantees provides annual information on program accomplishments in meeting the program's performance outcome measure: maintain housing stability; improve access to care; and reduce the risk of homelessness for low-income persons and their families living with HIV/AIDS. 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 45 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 68 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, 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.

The revisions contained within this edition are designed to accomplish the following: (1) provide for an assessment of unmet need; (2) streamline reporting sources and uses of leveraged resources; (3) differentiate client outcomes for temporary/short-term and permanent facility-based assistance; (4) clarify indicators for short-term efforts and reducing the risk of homelessness; and (5) clarify indicators for Access to Care and Support for this special needs population. In addition, grantees are requested to comply with the Federal Funding Accountability and Transparency Act 2006 (Public Law 109-282) which requires federal grant recipients to provide general information for all entities (including subrecipients) receiving \$25,000+ in federal funds.

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Continued Use Periods. Grantees that use HOPWA funds for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for ten years for HOPWA-eligible beneficiaries. For the years in which grantees do not receive and expend HOPWA funding for these activities, the grantee must submit an Annual Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 5 in CAPER.

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

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office: Office of HIV/AIDS Housing, Room 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C. 20410.

Definitions: Facility-Based Housing Assistance: All HOPWA housing expenditures which provide support to facilities, including community

residences, SRO dwellings, short-term or transitional facilities, project-based units, master leased units, scattered site units leased by the organization, and other housing facilities approved by HUD.

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 or larger organizations are not considered "grassroots."

Housing Assistance Total: The non-duplicated number of households receiving housing subsidies and residing in units of facilities that were dedicated to persons living with HIV/AIDS and their families that were supported with HOPWA or leveraged funds during this operating year.

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

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

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

Outcome: The HOPWA assisted households who have been enabled to establish or better maintain a stable living environment in housing that is safe, decent, and sanitary, (per the regulations at 24 CFR 574.310(b)) and to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support. The goal that eighty percent of HOPWA clients will maintain housing stability, avoid homelessness, and access care by 2011.

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

Short-Term Rent, Mortgage and Utility Payments (STRMU): Subsidy or payments subject to the 21-week limited time period to prevent the homelessness of a household (e.g., HOPWA short-term rent, mortgage and utility payments).

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

Tenant-Based Rental Assistance (TBRA): An on-going rental housing subsidy for units leased by the client, where the amount is determined based in part on household income and rent costs. Project-based costs are considered facility-based expenditures.

Total by Type of Housing Assistance/Services: The non-duplicated households assisted in units by type of housing assistance dedicated to persons living with HIV/AIDS and their families or services provided that were supported with HOPWA and leveraged funds during the operating year

Housing Opportunities for Persons with AIDS (HOPWA) Consolidated Annual Performance and Evaluation Report - Measuring Performance Outcomes

OMB Number 2506-0133 (Expiration Date: 12/31/2010)

Part 1: Grantee Executive Summary

As applicable, complete the charts below followed by the submission of a written narrative to questions A through C, and the completion of Chart D. Chart 1 requests general grantee information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their activities. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

1. Grantee Information

HUD Grant Number FL-H0-7-F0-02	Operating Year for this report <i>From (mm/dd/yy)</i> 10/01/09 <i>To (mm/dd/yy)</i> 9/30/09			
Grantee Name The City of Orlando				
Business Address	400 S. Orange Ave			
City, County, State, Zip	Orlando	Orange	FL	32801
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-6000396		DUN & Bradstreet Number (DUNs) if applicable 070343640	
Congressional District of Business Address	2			
*Congressional District(s) of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 24, 15 and 12			
*Zip Code(s) of Primary Service Area(s)	The Primary Service Area is the Orlando EMSA and there are 144 zip codes in the Orlando EMSA. Please see "Exhibit 1" for the full listing on pages 26-27.			
*City(ies) and County(ies) of Primary Service Area(s)	Orlando	Kissimmee	Eustis	Orange, Osceola, Lake and Seminole Counties
Organization's Website Address www.cityoforlando.net/housing	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Have you prepared any evaluation reports? <i>If so, please indicate the location on an Internet site (url) or attach copy.</i> C.A.P.E.R. - http://www.cityoforlando.net/housing/				

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

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

(Project Sponsor 1)

Project Sponsor Agency Name Center for Drug Free living, Inc. dba CENTAUR		Parent Company Name, <i>if applicable</i> n/a		
Name and Title of Contact at Project Sponsor Agency Phillip Toal, Director of HIV Services				
Email Address PToal@CFDFL.com				
Business Address 100 W. Columbia St.				
City, County, State, Zip, Orlando		Orange	FL	32801
Phone Number (with area codes) 407-245-0014		Fax Number (with area code) 407-316-4504		
Employer Identification Number (EIN) or Tax Identification Number (TIN) 591532941		DUN & Bradstreet Number (DUNs) <i>if applicable</i> 21123534		
Congressional District of Business Location of Sponsor 2				
Congressional District(s) of Primary Service Area(s) 2, 3, 5, 6, 7, 8, 24, 15 and 12				
Zip Code(s) of Primary Service Area(s) The Primary Service Area is the Orlando EMSA and there are 144 zip codes in the Orlando EMSA. Please see "Exhibit 1" for the full listing on page 25 – 26.				
City(ies) and County(ies) of Primary Service Area(s) Orlando		Orange, Osceola, Lake and Seminole Counties		
Total HOPWA contract amount for this Organization \$965,106				
Organization's Website Address http://www.cfdf.com/		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		If yes, explain in the narrative section how this list is administered.		

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

(Project Sponsor 2)

Project Sponsor Agency Name Center for Multicultural Wellness and Prevention, Inc.		Parent Company Name, if applicable n/a		
Name and Title of Contact at Project Sponsor Agency		Dr. Marie-Jose' Francois, Executive Director		
Email Address		mjfrancois@cmwp.org		
Business Address		1814 W. Colonial Dr.		
City, County, State, Zip,		Orlando	Orange	FL 32805
Phone Number (with area codes)		407/237-3061		Fax Number (with area code) 407/648-8879
Employer Identification Number (EIN) or Tax Identification Number (TIN)		593368679		DUN & Bradstreet Number (DUNs) if applicable 101284151
Congressional District of Business Location of Sponsor		3		
Congressional District(s) of Primary Service Area(s)		2, 3, 5, 6, 7, 8, 24, 15 and 12		
Zip Code(s) of Primary Service Area(s)		The Primary Service Area is the Orlando EMSA and there are 144 zip codes in the Orlando EMSA. Please see "Exhibit 1" for the full listing on page 25 – 26.		
City(ies) and County(ies) of Primary Service Area(s)		Orlando	Orange, Osceola, Lake and Seminole Counties	
Total HOPWA contract amount for this Organization		\$686,799		
Organization's Website Address http://www.cmwp.org/		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

(Project Sponsor 4)

Project Sponsor Agency Name The Local Health Council of East Central Florida, Inc.		Parent Company Name, if applicable n/a		
Name and Title of Contact at Project Sponsor Agency		Karen van Caulil, Executive Director		
Email Address		kvancaulil@hcecf.org		
Business Address		2461 West State Road 426, Suite 2041		
City, County, State, Zip,		Oviedo	Orange	FL 32765
Phone Number (with area codes)		407/977-1610		Fax Number (with area code) 407-977-1611
Employer Identification Number (EIN) or Tax Identification Number (TIN)		592227752		DUN & Bradstreet Number (DUNs) if applicable 622583953
Congressional District of Business Location of Sponsor		7		
Congressional District(s) of Primary Service Area(s)		2, 3, 5, 6, 7, 8, 24, 15 and 12		
Zip Code(s) of Primary Service Area(s)		The Primary Service Area is the Orlando EMSA and there are 144 zip codes in the Orlando EMSA. Please see "Exhibit 1" for the full listing on page 25 – 26.		
City(ies) and County(ies) of Primary Service Area(s)		Orlando, Sanford, Kissimmee, Eustis		Orange, Osceola, Lake and Seminole Counties
Total HOPWA contract amount for this Organization		\$30,000		
Organization's Website Address http://www.hcecf.org/		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

(Project Sponsor 5)

Project Sponsor Agency Name Miracle of Love, Inc.		Parent Company Name, <i>if applicable</i> n/a		
Name and Title of Contact at Project Sponsor Agency		Nicola Norton, Executive Director		
Email Address		nnorton@miracleofloveinc.org		
Business Address		741 W. Colonial Dr.		
City, County, State, Zip,		Orlando	Orange	FL 32804
Phone Number (with area codes)		407/843-1760	Fax Number (with area code) 407/843-1767	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		593455949	DUN & Bradstreet Number (DUNs) <i>if applicable</i> 961637527	
Congressional District of Business Location of Sponsor		3		
Congressional District(s) of Primary Service Area(s)		2, 3, 5, 6, 7, 8, 24, 15 and 12		
Zip Code(s) of Primary Service Area(s)		The Primary Service Area is the Orlando EMSA and there are 144 zip codes in the Orlando EMSA. Please see "Exhibit 1" for the full listing on page 25 – 26.		
City(ies) and County(ies) of Primary Service Area(s)		Orlando	Orange, Osceola, Lake and Seminole Counties	
Total HOPWA contract amount for this Organization		\$396,970		
Organization's Website Address http://www.miracleofloveinc.org/		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

(Project Sponsor 6)

Project Sponsor Agency Name Nehemiah Educational and Economic Development, Inc. (NEED)		Parent Company Name, if applicable Nehemiah Baptist Church		
Name and Title of Contact at Project Sponsor Agency	James Keller, Program Director			
Email Address	jekneedinfl@aol.com			
Business Address	989 Kennedy Blvd.			
City, County, State, Zip,	Eatonville	Orange	FL	32810
Phone Number (with area codes)	407/661-9050		Fax Number (with area code) 407/ 661-9005	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	593639185		DUN & Bradstreet Number (DUNs) if applicable <input type="text" value="115561552"/>	
Congressional District of Business Location of Sponsor	3			
Congressional District(s) of Primary Service Area(s)	2, 3, 5, 6, 7, 8, 24, 15 and 12			
Zip Code(s) of Primary Service Area(s)	The Primary Service Area is the Orlando EMSA and there are 144 zip codes in the Orlando EMSA. Please see "Exhibit 1" for the full listing on page 25 – 26.			
City(ies) and County(ies) of Primary Service Area(s)	Orlando, Eatonville, Sanford		Orange, Osceola, Lake and Seminole Counties	
Total HOPWA contract amount for this Organization	\$399,110			
Organization's Website Address n/a	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

(Project Sponsor 3)

Project Sponsor Agency Name The P.L.A.C.E. of Comfort, Inc.		Parent Company Name, if applicable n/a		
Name and Title of Contact at Project Sponsor Agency		Karen Jaeger, Executive Director		
Email Address		LadyKangler@aol.com		
Business Address		947 Longdale Ave.		
City, County, State, Zip,		Longwood	Seminole	FL 32750
Phone Number (with area codes)		407/767-5162		Fax Number (with area code) 407/443-6961
Employer Identification Number (EIN) or Tax Identification Number (TIN)		59-3712997		DUN & Bradstreet Number (DUNs) if applicable 148836666
Congressional District of Business Location of Sponsor		7		
Congressional District(s) of Primary Service Area(s)		2, 3, 5, 6, 7, 8, 24, 15 and 12		
Zip Code(s) of Primary Service Area(s)		The Primary Service Area is the Orlando EMSA and there are 144 zip codes in the Orlando EMSA. Please see "Exhibit 1" for the full listing on page 25 – 26.		
City(ies) and County(ies) of Primary Service Area(s)		Longwood, Sanford, Orlando		Orange, Osceola, Lake and Seminole Counties
Total HOPWA contract amount for this Organization		\$131,610		
Organization's Website Address www.placeofcomfort.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

(Project Sponsor 7)

Project Sponsor Agency Name Spotlight Outreach Ministries		Parent Company Name, if applicable Revival Temple		
Name and Title of Contact at Project Sponsor Agency	Pastor Bettie Burns, Executive Director			
Email Address	spotlightoutreach@revivallight.com			
Business Address	1410 Nieuport Lane			
City, County, State, Zip,	Orlando	Orange	FL	32805
Phone Number (with area codes)	407/447-5993 x13		Fax Number (with area code) 407/447-5994	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	760729123		DUN & Bradstreet Number (DUNs) if applicable 613002042	
Congressional District of Business Location of Sponsor	3			
Congressional District(s) of Primary Service Area(s)	3			
Zip Code(s) of Primary Service Area(s)	32808			
City(ies) and County(ies) of Primary Service Area(s)	Orlando		Orange, Osceola, Lake and Seminole Counties	
Total HOPWA contract amount for this Organization	\$67,410			
Organization's Website Address n/a		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

(Project Sponsor 8)

Project Sponsor Agency Name St. Francis House of Hospitality, Inc.		Parent Company Name, if applicable n/a		
Name and Title of Contact at Project Sponsor Agency	Brother James Langston, Director			
Email Address	monkjames@cfl.rr.com			
Business Address	2221 N. Westmoreland Drive			
City, County, State, Zip,	Orlando	Orange	FL	32804
Phone Number (with area codes)	407/864-6748		Fax Number (with area code) 407/864-6749	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	593020203		DUN & Bradstreet Number (DUNs) if applicable 938370095	
Congressional District of Business Location of Sponsor	3			
Congressional District(s) of Primary Service Area(s)	8, 3, 24			
Zip Code(s) of Primary Service Area(s)	32804			
City(ies) and County(ies) of Primary Service Area(s)	Orlando		Orange, Osceola, Lake and Seminole Counties	
Total HOPWA contract amount for this Organization	\$144,943			
Organization's Website Address n/a		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

(Project Sponsor 9)

Project Sponsor Agency Name The Transition House, Inc.		Parent Company Name, <i>if applicable</i> n/a		
Name and Title of Contact at Project Sponsor Agency		Thomas Griffin, Executive Director		
Email Address		tom@thetransitionhouse.org		
Business Address		1221 12 th St.		
City, County, State, Zip,		St. Cloud	Osceola	FL 34769
Phone Number (with area codes)		407/892-5700	Fax Number (with area code) 407/891-0091	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		593208913	DUN & Bradstreet Number (DUNs) <i>if applicable</i> 363363818	
Congressional District of Business Location of Sponsor		15		
Congressional District(s) of Primary Service Area(s)		2, 5, 6, 7, 8, 24, 15 and 12		
Zip Code(s) of Primary Service Area(s)		The Primary Service Area is the Orlando EMSA and there are 144 zip codes in the Orlando EMSA. Please see "Exhibit 1" for the full listing on page 25 – 26.		
City(ies) and County(ies) of Primary Service Area(s)		St. Cloud, Kissimmee	Orange, Osceola, Lake and Seminole Counties	
Total HOPWA contract amount for this Organization		\$361,082		
Organization's Website Address n/a		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>				

2. Project Sponsor Information

In Chart 2, provide the following information for each organization designated or selected to serve as a project sponsor, as defined by CFR 574.3.

(Project Sponsor 10)

Project Sponsor Agency Name X-Tending Hands, Inc.		Parent Company Name, if applicable n/a		
Name and Title of Contact at Project Sponsor Agency	Barbara Hoosier, Executive Director			
Email Address	Bhoosier_MOL@hotmail.com			
Business Address	7067 Blair Drive			
City, County, State, Zip,	Orlando	Orange	FL	32818
Phone Number (with area codes)	321/377-7696		Fax Number (with area code) 407-447-0915	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	820582436		DUN & Bradstreet Number (DUNs) if applicable 788830805	
Congressional District of Business Location of Sponsor	8			
Congressional District(s) of Primary Service Area(s)	3, 8, 15, 24			
Zip Code(s) of Primary Service Area(s)	32818			
City(ies) and County(ies) of Primary Service Area(s)	Orlando		Orange, Osceola, Lake and Seminole Counties	
Total HOPWA contract amount for this Organization	\$144,450			
Organization's Website Address n/a		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input checked="" type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>				

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.*

A total of 1,055 individuals with HIV/AIDS and their families were proposed to receive HOPWA housing financial assistance. During program year 2008, a total of 1307 households received financial assistance. Various types of housing components were utilized ranging from short-term emergency transitional housing, single-family homes, single-room occupant (SRO) units, and community residences. Tenant Based Rental housing assistance was provided for 185 unduplicated households on a long-term basis (up to one year). Short-term rent, mortgage and utility assistance was provided to 603 households, with another 409 unduplicated individuals/families receiving assistance via facility and project-based housing. Housing supportive services in the form of case management and permanent housing placement were provided to 1388 unduplicated individuals and their families by the provider agencies contracted.

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.

- Tenant-based rental assistance (TBRA)—\$574,295.12 was expended to assist 185 individuals/ families
- Short-term rent, mortgage, and utility assistance (STRMU)—\$633,652.12 was expended to assist 603 individuals/families
- Facility-based housing— a total of a total of \$696,156.51 was expended to house 409 individuals/ families
- Supportive services—\$798,060.49 was expended to assist 1388 persons/families with housing case management and permanent housing placement.
- During PY 2008 the City issued a Request for Proposals for Facility Based Housing in Seminole County. After a review of applicants by the HOPWA Review Committee, the P.L.A.C.E. of Comfort, Inc. was awarded \$200,000 for the purchase and minor rehab of a two unit (each two bedrooms) apartment complex in Longwood, FL located in Seminole County. The rehabilitation is scheduled to be completed by December 01, 2009 and will begin housing HOPWA eligible families. This project was the result of an ongoing process to develop permanent, affordable housing throughout the four counties of the Orlando Eligible Metropolitan Statistical Area (EMSA) for the growing number of eligible HOPWA families with children. This target population has been identified as a service gap in previous Regional Needs Assessments.

2. Outcomes Assessed. Assess program goals against actual client outcomes for achieving housing stability, reducing risks of homelessness, and improving access to care. If current year results are lower than the national program targets (80 percent of HOPWA clients maintain housing stability, avoid homelessness and access care), please describe the steps being taken to achieve the national outcome goal in next operating year. Overall, the City's HOPWA program achieved 94% in housing stability, with 55% of clients in stable housing and 39% in temporary housing. Only 6% of the clients who accessed services left the program unstably housed. All clients (100%) who came in to a HOPWA agency for an assessment received a housing care plan to maintain or establish on-going housing and 91% of those had contact with a primary care provider, up from 70% last year.

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. A representative from the City of Orlando Housing and Community Development continues to serve as a member of the Orlando EMA HIV Health Services Planning Council and is an active participant in Priority Setting and Resource Allocation. The Health Council of East Central Florida, which provides data support to the City's HOPWA program, was contracted to provide the Data Presentation for Orlando EMA HIV Health Services Planning Council, in which HOPWA planning data were included. This Data Presentation provides statistical information that drives allocation distribution for the EMSA. Additionally, HOPWA contracted agencies are well represented on this Planning Council.

A representative from the City of Orlando Housing and Community Development continues to serve as a member of the Homeless Services Network and actively participated in monthly meetings, including providing HOPWA presentations to the full membership of over seventy regional providers and coordination of Shelter + Care services to eligible HOPWA families.

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

Training regarding Care Plan Coordination, Substance Abuse, Mental Health, and Homelessness are necessary to the long term success of HOPWA clients.

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, actions taken in response to barriers, and recommendations for program improvement. Provide an explanation for each barrier selected.

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

HOPWA/HUD regulations are open to interpretation and applied differently throughout the nation. There is a lack of consistency in how the funds are distributed throughout the nation, and between the various EMSAs. This leads to confusion amongst clients who move from region to region. Please explore the actual “HIV related need” as it is applied to those receiving HOPWA assistance.

There is strong anecdotal evidence to suggest the strong link between Supportive Services/Housing Case Management and a client’s success in maintaining stable housing. HOPWA/HUD should explore the expansion of research into this link and provide training on Care Plan coordination for successful outcomes.

There is also a strong connection between homelessness and/or the risk of homelessness and substance abuse and mental health issues in the HIV/AIDS population. HOPWA/HUD should explore more research into this link and provide training on how EMSAs should coordinate those services for successful outcomes and homeless prevention.

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.

Obtaining affordable housing continues to be a barrier for HOPWA clients and has been amplified by a disappearing job market. During program year 2008, the City of Orlando HCD Department, issued an open Request for Proposal (RFP) targeting housing developments with two and three bedroom units for HIV/AIDS families with children in the Orlando EMSA county of Seminole (the only county in the EMSA without a HOPWA facility). This resulted in the acquisition and rehab of an apartment building with two two-bedroom units in the township of Longwood in Seminole County.

The Orlando EMSA continues to see a large number of PLWH/A s who move to the area from other parts of the country for various reasons. Because of funding disparities across the nation, clients arrive expecting the same services. Specifically, a large number of clients move from the New York area, where they have received HOPWA housing assistance for many years, some up to 15 years, despite their ability to return to work and become self-sufficient. This conflicts with the Orlando EMSA’s “best practices” use of funding which requires clients demonstrate an HIV-related housing emergency and a practical care plan to future financial management independent of HUD assistance.

The economic recession has made it more difficult for clients to obtain employment, and if they do it is with fewer hours and less pay. The mortgage crisis has also forced many families with HIV/AIDS to lose their homes. A foreclosure, like an eviction, makes it almost impossible to obtain affordable housing.

Other services are becoming scarcer, making it more difficult for clients to maintain health and stressing the importance of maintaining affordable housing options.

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

The Orlando EMA HOPWA Satisfaction Survey conducted in March of 2009 is available as part of the City’s CAPER (exhibit N), located on the City’s website at www.cityoforlando.net/housing

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 housing assistance but are not currently served by HOPWA in this service area.

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

In Rows a through c, enter the number of HOPWA-eligible households by type of housing assistance whose housing needs are not met. For an approximate breakdown of overall unmet need by type of housing assistance refer to the Consolidated or Annual Plan (s), CPMP tool or local distribution of funds.

1. Assessment of Unmet Need for HOPWA-eligible Households

1. Total number of households that have unmet housing needs	
Orlando EMSA total 8,277 x 25% with housing need = 2,094 – 1385 assisted = 709 (2008 Ryan White Utilization for Orlando EMSA = 2,510 consumers)	
a. Tenant-Based Rental Assistance (TBRA)	163
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	326
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	220

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

= Data as reported in the area Consolidated Plan, e.g. Table 1B, CPMP charts, and related narratives
<input checked="" type="checkbox"/> = Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care
= Data from client information provided in Homeless Management Information Systems (HMIS)
<input checked="" type="checkbox"/> = Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need
= Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted
<input checked="" type="checkbox"/> = Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing
<input checked="" type="checkbox"/> = 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

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.

[1] Sources of Leveraging		Total Amount of Leveraged Dollars (for this operating year)	
		[2] Housing Assistance	[3] Supportive Services and other non-direct housing costs
1.	Program Income	=	0
2.	Federal government (please specify):	=	0
	SAMSHA	=	484,795
	Ryan White	=	216,000
	Ryan White – Dental Program	=	115,000
	CDC	=	675,294
3.	State government (please specify)Medicaid	=	120,000
	Florida Dept of Health	=	711,085
	Project Connection(Asthma & Tobacco)	=	209,923
	Florida Dept of Health/Heart & Soul	=	125,000
4.	Local government (please specify)	=	
	City of Orlando CDBG – Nueva Vida	=	105,000
	Orange County	=	33,345
5.	Foundations and other private cash resources (please specify)	=	30,000
	Susan G. Komen	=	20,000
	Novo Nordisk	=	4,995
	American Cancer Society	=	24,410
6.	In-kind Resources	=	66,161
7.	Resident rent payments in Rental, Facilities, and Leased Units (<i>facility based housing only</i>)	=	23,695
8.	Grantee/project sponsor (Agency) cash	=	43,058
9.	TOTAL (Sum of 1-7)	=	3,098,539

End of PART 2

PART 3: Accomplishment Data - Planned Goal and Actual Outputs

In Chart 1, enter performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families. *Note: The total households assisted with HOPWA funds and reported in PART 3 of the CAPER should be the same as reported in the annual year-end IDIS data, and goals reported should be consistent with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1.*

1. HOPWA Performance Planned Goal and Actual Outputs

	HOPWA Performance Planned Goal and Actual	Output Households				Funding	
		HOPWA Assistance		Non-HOPWA		e.	f.
		a.	b.	c.	d.		
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
Housing Subsidy Assistance		Output Households					
1.	Tenant-Based Rental Assistance	166	185	0	0	619,448	574,295
2a.	Households in permanent housing facilities that receive operating subsidies/leased units	0	0	0	0	0	0
2b.	Households in transitional/short-term housing facilities that receive operating subsidies/leased units	218	409	0	0	823,226	696,350
3a.	Households in permanent housing facilities developed with capital funds and placed in service during the program year	0	0	0	0	0	0
3b.	Households in transitional/short-term housing facilities developed with capital funds and placed in service during the program year	0	0	0	0	0	0
4.	Short-Term Rent, Mortgage and Utility Assistance	594	603	0	0	714,018	633,652
5.	Adjustments for duplication (subtract)	0	75	0	0		
6.	Total Housing Subsidy Assistance	978	1,122	0	0	2,156,692	1,904,297
Housing Development (Construction and Stewardship of facility based housing)		Output Units					
7.	Facility-based units being developed with capital funding but not opened (show units of housing planned)	2	2	0	0	200,000	175,337
8.	Stewardship Units subject to 3 or 10 year use agreements	0	0	0	0		
9.	Total Housing Developed	2	2	0	0	200,000	175,337
Supportive Services		Output Households					
10a.	Supportive Services provided by project sponsors also delivering HOPWA housing assistance	1017	1388			831,893	798,059
10b.	Supportive Services provided by project sponsors serving households who have other housing arrangements	0	0				
11.	Adjustment for duplication (subtract)	0	0				
12.	Total Supportive Services	1017	1388			831,893	798,059
Housing Placement Assistance Activities							
13.	Housing Information Services	0	0				
14.	Permanent Housing Placement Services	77	110			93,701	86,377
15.	Adjustment for duplication	0	0			0	0
16.	Total Housing Placement Assistance	77	110			93,701	86,377
Grant Administration and Other Activities							
17.	Resource Identification to establish, coordinate and develop housing assistance resources					20,000	10,000
18.	Technical Assistance (if approved in grant agreement)						
19.	Grantee Administration (maximum 3% of total HOPWA grant)					97,020	35,582
20.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					205,191	181,215
Total Expenditures for program year (Sum of rows 6, 9, 12, 16, and 20)						3,487,477	3,145,285

2. Listing of Supportive Services

Report on the use of HOPWA funds for all supportive services. In Rows 1 through 16, provide the (unduplicated) total of all households and expenditures for each type of supportive service for all project sponsors.

Supportive Services		Number of <u>Households</u> Receiving HOPWA Assistance	Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance		
2.	Alcohol and drug abuse services		
3.	Case management/client advocacy/ access to benefits & services	1388	798,059
4.	Child care and other child services		
5.	Education		
6.	Employment assistance and training		
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310		
8.	Legal services		
9.	Life skills management (outside of case management)		
10.	Meals/nutritional services		
11.	Mental health services		
12.	Outreach		
13.	Transportation		
14.	Other Activity (if approved in grant agreement). Specify:		
15.	Adjustment for Duplication (subtract)		
16.	TOTAL Households receiving Supportive Services (unduplicated)	1388	798,059

End of PART 3

Part 4: Summary of Performance Outcomes: HOPWA Long-term Performance Objective: *Eighty percent of HOPWA clients will maintain housing stability, avoid homelessness, and access care each year through 2011.*

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

In Column 1, report the total number of eligible households that received HOPWA housing assistance, by type. In Column 2, enter the number of households continuing to access each type of housing assistance, the following year. In Column 3, report the housing status of all households that exited the program. Columns 2 (Number of Households Continuing) and 3 (Exited Households) summed will equal the total households reported in Column 1. *Note: Refer to the housing stability codes that appear in Part 5: Worksheet - Determining Housing Stability Outcomes.*

[A] Permanent Housing Assistance	[1] Total Number of Households Receiving Housing Assistance	[2] Assessment: Number of Households Continuing with this Housing (per plan or expectation for next year)		[3] Assessment: Number of Exited Households and Housing Status	
Tenant-Based Rental Assistance	= 121	= 76		1 Emergency Shelter/Streets	= 0
				2 Temporary Housing	= 0
				3 Private Housing	= 57
				4 Other HOPWA	= 0
				5 Other Subsidy	= 0
				6 Institution	= 0
				7 Jail/Prison	= 1
				8 Disconnected/Unknown	= 5
				9 Death	= 1
Permanent Supportive Housing Facilities/Units	= 0	= 0		1 Emergency Shelter/Streets	=
				2 Temporary Housing	=
				3 Private Housing	=
				4 Other HOPWA	=
				5 Other Subsidy	=
				6 Institution	=
				7 Jail/Prison	=
				8 Disconnected/Unknown	=
				9 Death	=
[B] Transitional Housing Assistance	[1] Total Number of Households Receiving Housing Assistance	[2] Of the Total Number of Households Receiving Housing Assistance this Operating Year		[3] Assessment: Number of Exited Households and Housing Status	
Transitional/Short-Term Supportive Facilities/Units	= 454	Total number of households that will continue in residences:	= 234	1 Emergency Shelter/Streets	= 21
		2 Temporary Housing		= 7	
		3 Private Housing		= 73	
		Total number of households whose tenure exceeded 24 months:	= 24	4 Other HOPWA	= 46
		5 Other Subsidy		= 4	
		6 Institution		= 7	
		7 Jail/Prison		= 9	
		8 Disconnected/unknown		= 42	
		9 Death		= 0	

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

Report the total number of households that received STRMU assistance in Column 1. In Column 2, identify the result of the housing assessment made at time of assistance, or updated in the operating year. (Column 3 provides a description of housing outcomes; therefore, data is not required.) In Row 1a, enter the total number of households served in the prior operating year that received STRMU assistance this year. In Row 1b, enter the total number of households that received STRMU Assistance in the 2 prior operating years that received STRMU assistance this year. *Note: The sum of Column 2 should equal the number of households reported in Column 1.*

Assessment of Households receiving STRMU Assistance

[1] STRMU Housing Assistance	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
= 893	Maintain Private Housing without subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	= 275	<i>Stable/Permanent Housing (PH)</i>
	Other Private Housing without subsidy	= 14	
	Other HOPWA support (PH)	= 23	
	Other housing subsidy (PH)	= 3	
	Institution (e.g. residential and long-term care)	= 0	
	Likely to maintain current housing arrangements, with additional STRMU assistance	=529	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	= 19	
	Temporary/non-permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	= 10	
	Emergency Shelter/street	= 2	<i>Unstable Arrangements</i>
	Jail/Prison	= 3	
	Disconnected	= 38	
Death	= 1	<i>Life Event</i>	
1a. Total number of households that received STRMU assistance in the prior operating year that also received STRMU assistance in the current operating year.			= 183
1b. Total number of those households that received STRMU assistance in the two (2 years ago) prior operating years that also received STRMU assistance in the current operating year.			= 48

Section 3. HOPWA Outcomes on Access to Care and Support

1A. Status of Households Accessing Care and Support by Project Sponsors delivering HOPWA Housing Assistance/Housing Placement/Case Management

Use Table 1 A for project sponsors that provide HOPWA housing assistance/housing placement with or without case management services. In Table 1A, identify the number of client households receiving any type of HOPWA housing assistance that demonstrated improved access or maintained connections to care and support within the program year by: having a housing plan; having contact with a case manager/benefits counselor; visiting a primary health care provider; accessing medical insurance/assistance; and accessing or qualifying for income benefits. *Note: For information on types and sources of income and medical insurance/assistance, refer to Charts 1C and 1D.*

Categories of Services Accessed	Households Receiving Housing Assistance within the Operating Year	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing.	1,853	Support for Stable Housing
2. Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan..	1,715	Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan,	1,702	Access to Health Care
4. Has accessed and can maintain medical insurance/assistance.	1,624	Access to Health Care
5. Successfully accessed or maintained qualification for sources of income.	917	Sources of Income

1B. Number of Households Obtaining Employment

In Table 1B, identify the number of recipient 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. *Note: This includes jobs created by this project sponsor or obtained outside this agency.*

Categories of Services Accessed	Number of Households that Obtained Employment	Outcome Indicator
Total number of households that obtained an income-producing job	245	Sources of Income

Chart 1C: Sources of income include, but are not limited to the following (Reference only)

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

Chart 1D: Sources of medical insurance and assistance include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> • MEDICAID Health Insurance Program, or local program name • Veterans Affairs Medical Services • State Children's Health Insurance Program (SCHIP), or local program name 	<ul style="list-style-type: none"> • MEDICARE Health Insurance Program, or local program name • AIDS Drug Assistance Program (ADAP) • Ryan White-funded Medical or Dental Assistance
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2A. Status of Households Accessing Care and Support through HOPWA-funded Services receiving Housing Assistance from Other Sources

In Table 2A, identify the number of client households served by project sponsors receiving HOPWA-funded housing placement or case management services who have other and housing arrangements that demonstrated improved access or maintained connections to care and support within the program year by: having a housing plan; having contact with a case manager/benefits counselor; visiting a primary health care provider; accessing medical insurance/assistance; and accessing or qualifying for income benefits. *Note: For information on types and sources of income and medical insurance/assistance, refer to Charts 2C and 2D.*

Categories of Services Accessed	Households Receiving HOPWA Assistance within the Operating Year	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing.	509	Support for Stable Housing
2. Successfully accessed or maintained qualification for sources of income.	570	Sources of Income
3. Had contact with a primary health care provider consistent with the schedule specified in clients individual service plan.	609	Access to Health Care
4. Has accessed and can maintain medical insurance/assistance.	719	Access to Health Care
5. Has contact with case manager, benefits counselor, or housing counselor consistent with the schedule specified in client's individual service plan.	702	Access to Support

2B. Number of Households Obtaining Employment

In Table 2B, identify the number of recipient 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. *Note: This includes jobs created by this project sponsor or obtained outside this agency.*

Categories of Services Accessed	Number of Households that Obtained Employment	Outcome Indicator
Total number of households that obtained an income-producing job	232	Sources of Income

Chart 2C: Sources of income include, but are not limited to the following (Reference only)

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

Chart 2D: Sources of medical insurance and assistance include, but are not limited to the following (Reference only)

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

End of PART 4

PART 5: Worksheet - Determining Housing Stability Outcomes

1. This chart is designed to assess program results based on the information reported in Part 4.

Permanent Housing Assistance	Stable Housing (# of households remaining in program plus 3+4+5+6=#)	Temporary Housing (2)	Unstable Arrangements (1+7+8=#)	Life Event (9)
Tenant-Based Rental Assistance (TBRA)	133	60	6	1
Short Term Housing/ 60 day	82	9	9	0
Facility-based Housing Assistance/Units	351	13	49	0
Total Permanent HOPWA Housing Assistance	566	82	64	1
Reduced Risk of Homelessness: Short-Term Assistance	Stable/Permanent Housing	Temporarily Stable, with Reduced Risk of Homelessness	Unstable Arrangements	Life Events
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)	321	557	43	1
Total HOPWA Housing Assistance	887	639	107	2

Background on HOPWA Housing Stability Codes

Stable Permanent Housing/Ongoing Participation

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

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

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

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

Temporary Housing

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

Unstable Arrangements

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

7 = Jail /prison.

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

Life Event

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

Tenant-based Rental Assistance: 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: Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)

Not Applicable - All Orlando HOPWA funded acquisition, or substantial rehabilitation projects continue to receive HOPWA funding for operating costs.

Grantees that use HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten years. If non-substantial rehabilitation funds were used they are required to operate for at least three years. Stewardship begins once the facility is put into operation. This Annual Certification of Continued HOPWA Project Operations is to be used in place of other sections of the APR, in the case that no additional HOPWA funds were expended in this operating year at this facility that had been acquired, rehabilitated or constructed and developed in part with HOPWA funds.

1. General information

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

2. Number of Units and Leveraging

Housing Assistance	Number of Units Receiving Housing Assistance with HOPWA funds	Amount of Leveraging from Other Sources Used during the Operating Year
Stewardship units (developed with HOPWA funds but no current operations or other HOPWA costs) subject to 3 or 10 year use periods		

3. Details of Project Site

Name of HOPWA-funded project site	
Project Zip Code(s) and Congressional District(s)	
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list. <input type="checkbox"/> Not confidential; information can be made available to the public.
If the site address is not confidential, please provide the contact name, phone, email, and physical address, if different from business address.	

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

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official	Signature & Date (mm/dd/yy)
Name & Title of Contact at Grantee Agency <i>(person who can answer questions about the report and program)</i>	Contact Phone (with area code)

End of PART 6

“Exhibit 1”

City of Orlando Eligible Metropolitan Statistical Area’s 144 Zip Codes

<p>Lake County</p> <ol style="list-style-type: none"> 1. 32159 Lady Lake 2. 32162 Lady Lake / The Villages (Lady Lake) 3. 32702 Altoona 4. 32726 Eustis (Eustis West) 5. 32731 Fruitland Park 6. 32735 Grand Island 7. 32736 Eustis (Eustis East) 8. 32757 Mount Dora 9. 32767 Paisley (Paisley) 10. 32776 Sorrento / Mt Plymouth 11. 32778 Tavares / Mt Plymouth 12. 32784 Umatilla / Dona Vista 13. 34705 Astatula 14. 34711 Clermont (Clermont Central) 15. 34712 Clermont 16. 34713 Clermont 17. 34714 Clermont (Clermont South) 18. 34715 Clermont / Minneola (Clermont North) 19. 34731 Fruitland Park 20. 34736 Groveland 21. 34737 Howey in the Hills 22. 34748 Leesburg (Leesburg West) 23. 34753 Mascotte 24. 34755 Minneola 25. 34756 Montverde 26. 34788 Leesburg / Haines Creek (Leesburg East) 	<p>Seminole County</p> <ol style="list-style-type: none"> 1. 32701 Altamonte Springs (Altamonte Springs East) 2. 32707 Casselberry 3. 32708 Winter Springs / Tusawilla 4. 32714 Altamonte Springs / Forest City(Altamonte Springs West) 5. 32715 Altamonte Springs 6. 32716 Altamonte Springs 7. 32717 Casselberry 8. 32718 Casselberry 9. 32719 Casselberry / Winter Springs 10. 32730 Fern Park / Casselberry (Fern Park) 11. 32732 Geneva 12. 32733 Goldenrod 13. 32746 Lake Mary / Heathrow 14. 32747 Sanford / Lake Monroe (Lake Monroe) 15. 32750 Longwood (Longwood East) 16. 32752 Longwood 17. 32762 Oviedo 18. 32765 Oviedo 19. 32766 Chuluota / Oviedo (Oviedo) 20. 32771 Sanford / Lake Forest (Sanford North) 21. 32772 Sanford 22. 32773 Sanford (Sanford South) 23. 32779 Longwood / Wekiva Springs / Springs Plaza(Longwood West / Wekiva) 24. 32791 Wekiva Springs / Longwood 25. 32795 Lake Mary 26. 32799 Mid Florida
<p>Orange County</p> <ol style="list-style-type: none"> 1. 32703 Apopka / Hunt Club (Apopka South) 2. 32704 Apopka 3. 32709 Christmas 4. 32710 Clarcona 5. 32712 Apopka (Apopka North) 6. 32751 Maitland / Eatonville 7. 32768 Plymouth 8. 32777 Tangerine 9. 32786 Windermere 10. 32787 Winter Garden 11. 32789 Winter Park (Winter Park West) 12. 32790 Winter Park 13. 32792 Winter Park / Aloma (Winter Park East) 14. 32793 Winter Park 15. 32794 Maitland 16. 32798 Zellwood 17. 32801 Orlando (Downtown Orlando) 18. 32802 Orlando 19. 32803 Orlando (Colonialtown / Audubon Park) 20. 32804 Orlando / Fairvilla (College Park) 21. 32805 Orlando (Washington Shores) 22. 32806 Orlando (Delaney / Pershing / Crystal Lake) 23. 32807 Azalea Park / Orlando 24. 32808 Pine Hills / Orlando (Pine Hills East / Rosemont) 25. 32809 Pinecastle/Orlando/Belle Isle/ Edgewood / Pine Castle 26. (Pinecastle / Oak Ridge South) 27. 32810 Lockhart / Orlando 28. 32811 Orlo Vista / Orlando (Richmond Heights) 29. 32812 Belle Isle / Orlando (Conway) 	<p>Orange County (continued)</p> <ol style="list-style-type: none"> 39. 32825 Union Park / Orlando (Rio Pinar / Union Park) 40. 32826 Union Park / Orlando (Research Park / Bonneville) 41. 32827 Orlando (Airport / Lake Nona) (Airport / Lake Nona) 42. 32828 Union Park / Orlando (Waterford Lakes) 43. 32829 Union Park / Orlando (Chickasaw / Young Pine) 44. 32830 Orlando/Lake Buena Vista 45. 32831 Union Park / Orlando (Alafaya South) 46. 32832 Orlando (Moss Park / Lake Mary Jane) 47. 32833 Union Park / Orlando (Wedgfield) 48. 32834 Orlando (Deseret Ranch) 49. 32835 Orlando (Metrowest / Orlo Vista) 50. 32836 Orlando (Dr. Phillips / Bay Vista) 51. 32837 Orlando (Hunters Creek / Southchase) 52. 32839 Pine Castle / Edgewood / Orlando (Holden Park / Oak Ridge North) 53. Ridge North) 54. 32853 Orlando 55. 32854 Orlando 56. 32855 Orlando 57. 32856 Orlando 58. 32857 Orlando 59. 32858 Orlando 60. 32859 Orlando 61. 32860 Orlando 62. 32861 Orlando 63. 32862 Orlando 64. 32867 Orlando 65. 32868 Orlando 66. 32869 Orlando

<ul style="list-style-type: none"> 30. 32813 Orlando 31. 32814 Orlando (Baldwin Park) 32. 32817 Union Park / Orlando (University) 33. 32818 Pine Hills / Orlando / Hiawassee (Pine Hills West) 34. 32819 Sand Lake / Orlando (Sand Lake / Bay Hill) 35. 32820 Orlando (Bithlo / Lake Pickett) 36. 32821 Orlando (Williamsburg / Lake Bryan) 37. 32822 Ventura / Orlando 38. 32824 Taft / Orlando (Taft / Meadow Woods) 	<ul style="list-style-type: none"> 67. 32872 Orlando 68. 32877 South Creek / Orlando 69. 32878 Orlando 70. 34734 Gotha 71. 34740 Killarney 72. 34760 Oakland 73. 34761 Ocoee 74. 34777 Winter Garden 75. 34778 Winter Garden 76. 34786 Windermere 77. 34787 Winter Garden / Oakland
<p>Osceola County</p> <ul style="list-style-type: none"> 1. 32741 Kissimmee 2. 32743 Kissimmee 3. 33848 Intercession City 4. 34741 Kissimmee (Kissimmee Central) 5. 34742 Kissimmee 6. 34743 Kissimmee / Buena Ventura Lakes 7. 34744 Kissimmee (Kissimmee East) 8. 34745 Kissimmee 9. 34746 Kissimmee (Kissimmee West / Pleasant Hill) 10. 34747 Kissimmee / Celebration (Kissimmee / Lake Wilson) 11. 34758 Poinciana / Kissimmee (Poinciana North) 12. 34769 Saint Cloud 13. 34770 Saint Cloud 14. 34771 Saint Cloud (Narcoossee) 15. 34772 Saint Cloud (Canoe Creek / Kissimmee Park) 	