



Housing Opportunities for Persons With AIDS (HOPWA) Program

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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Central Contractor Registration (CCR): *This is a new reporting requirement effective October 1, 2009.* 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 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. Per ARRA (American Recovery and Reinvestment Act) and FFATA (Federal Funding Accountability and Transparency Act) federal regulations, all sub-grantees or subcontractors receiving federal grant awards or contracts must have a DUNS (Data Universal Numbering System) Number and be registered with the CCR (Central Contractor Registration).

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 FLH08F003		Operating Year for this report <i>From (mm/dd/yy) 10/01/08 To (mm/dd/yy) 09/30/09</i> <input type="checkbox"/> Yr 1; <input checked="" type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> ExtYr		
Grantee Name City of Tampa		Parent Company if applicable		
Type of HOPWA Grant <input type="checkbox"/> Competitive <input checked="" type="checkbox"/> Formula				
Business Address		2105 N. Nebraska Avenue		
City, State, Zip, County	Tampa	FL	33602	Hillsborough
Employer Identification Number (EIN) or Tax Identification Number (TIN)		59-1101138		
DUN & Bradstreet Number (DUNS):	05-907-1860	Central Contractor Registration (CCR): Is the grantee's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
*Congressional District of Address	11th			
*Congressional District of Primary Service Area(s)	N/A			
*Zip Code of Primary Service Area(s)	N/A			
City(ies) and County(ies) of Primary Service Area(s)	N/A			
Organization's Website Address www.tampagov.net		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 report? <i>If so, please indicate its location on an Internet site (url) or attach copy.</i> N/A		Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>		

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 Agency Name Agency for Community Treatment Services, Inc.		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency		Kenneth O. Salzer, Property Manager		
Email Address		Ksalzer@actsfl.org		
Business Address		4612 N. 56 th Street		
City, County, State, Zip,		Tampa	Hillsborough	FL 33610
Phone Number (with area code)		813-246-4899	Fax Number (with area code) 813-621-9929	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		59-1860626		
DUN & Bradstreet Number (DUNS):		17-211-7764	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Congressional District of Business Location of Sponsor		11		
Congressional District(s) of Primary Service Area(s)		11		
Zip Code(s) of Primary Service Area(s)		33602, 33604, 33616		
City(ies) and County(ies) of Primary Service Area(s)		City of Tampa	Hillsborough County	
Total HOPWA contract amount for this Organization		\$80,000		
Organization's Website Address http://www.actsfl.net/		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>				

Project Sponsor Agency Name Boley Centers, Inc.		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency		Ken Heller, Director of Operations		
Email Address		Ken.heller@boleycenters.org		
Business Address		445 - 31 st St. N.		
City, County, State, Zip,		St. Petersburg	Pinellas	FL 33716
Phone Number (with area code)		727-821-4819 x. 5760	Fax Number (with area code) 727-490-0541	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		59-1290089		
DUN & Bradstreet Number (DUNS):		02-170-9480	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Congressional District of Business Location of Sponsor		10		
Congressional District(s) of Primary Service Area(s)		10		

Zip Code(s) of Primary Service Area(s)	All zip codes in Pinellas County.		
City(ies) and County(ies) of Primary Service Area(s)	St. Petersburg, Clearwater, Largo	Pinellas County	
Total HOPWA contract amount for this Organization	\$734,419		
Organization's Website Address www.boleycenters.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>			

Project Sponsor Agency Name Catholic Charities, Diocese of St. Petersburg, Inc.		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Sister Pamela J. Nolan			
Email Address	pnolan@ccdosp.org			
Business Address	1213 - 16 th Street, North			
City, County, State, Zip,	St. Petersburg	Pinellas	Florida	33705
Phone Number (with area code)	727-893-1314		Fax Number (with area code) 727-893-1307	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-0875805			
DUN & Bradstreet Number (DUNs):	19-822-7915		Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Congressional District of Business Location of Sponsor	10			
Congressional District(s) of Primary Service Area(s)	10			
Zip Code(s) of Primary Service Area(s)	Covers all Zip Codes in Pinellas County			
City(ies) and County(ies) of Primary Service Area(s)	St. Petersburg	Pinellas County		
Total HOPWA contract amount for this Organization	\$143,374			
Organization's Website Address http://www.ccdosp.com/	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>				

Project Sponsor Agency Name Catholic Charities, Diocese of St. Petersburg, Inc.		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Sister Pamela J. Nolan			
Email Address	pnolan@ccdosp.org			
Business Address	1213 - 16 th Street, North			
City, County, State, Zip,	St. Petersburg	Pinellas	Florida	33705
Phone Number (with area code)	727-893-1314		Fax Number (with area code) 727-893-1307	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-0875805			

DUN & Bradstreet Number (DUNS):	19-822-7915	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Congressional District of Business Location of Sponsor	10	
Congressional District(s) of Primary Service Area(s)	11	
Zip Code(s) of Primary Service Area(s)	Covers all Zip Codes in Hillsborough County	
City(ies) and County(ies) of Primary Service Area(s)	Tampa	Hillsborough County
Total HOPWA contract amount for this Organization	\$355,134	
Organization's Website Address http://www.ccdosp.com/	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input checked="" type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		

Project Sponsor Agency Name Catholic Charities, Diocese of St. Petersburg, Inc.	Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Sister Pamela J. Nolan		
Email Address	pnolan@ccdosp.org		
Business Address	1213 - 16 th Street, North		
City, County, State, Zip,	St. Petersburg	Pinellas	Florida 33705
Phone Number (with area code)	727-893-1314	Fax Number (with area code) 727-893-1307	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-0875805		
DUN & Bradstreet Number (DUNS):	19-822-7915	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Congressional District of Business Location of Sponsor	10		
Congressional District(s) of Primary Service Area(s)	11		
Zip Code(s) of Primary Service Area(s)	Covers all Zip Codes in Hillsborough County		
City(ies) and County(ies) of Primary Service Area(s)	Tampa	Hillsborough County	
Total HOPWA contract amount for this Organization	\$570,000		
Organization's Website Address http://www.ccdosp.com/	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input checked="" type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>			

Project Sponsor Agency Name Francis House, Inc.	Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Joy Winheim, Executive Director		
Email Address	joy@francishouse.org		

Business Address	4703 N. Florida Avenue			
City, County, State, Zip,	Tampa	Hillsborough	FL	33603
Phone Number (with area code)	813-237-3066		Fax Number (with area code) 813-239-3165	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-2999484			
DUN & Bradstreet Number (DUNs):	80-055-4321		Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Congressional District of Business Location of Sponsor	11 th			
Congressional District(s) of Primary Service Area(s)	11 th			
Zip Code(s) of Primary Service Area(s)	All Zip Codes in Hillsborough County			
City(ies) and County(ies) of Primary Service Area(s)	Tampa		Hillsborough County	
Total HOPWA contract amount for this Organization	\$200,000			
Organization's Website Address www.franchisouse.org			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 checked="" type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

Project Sponsor Agency Name Gulf Coast Jewish Family Services, Inc.	Parent Company Name, if applicable N/A			
Name and Title of Contact at Project Sponsor Agency	Carla Washinko, Chief Financial Officer			
Email Address	cwashinko@gcjfs.org			
Business Address	14041 Icot Blvd.			
City, County, State, Zip,	Clearwater	Pinellas	FL	33760
Phone Number (with area code)	727-479-1800 x 3146		Fax Number (with area code) 727-535-4774	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-1229354			
DUN & Bradstreet Number (DUNs):	15-080-2163		Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Congressional District of Business Location of Sponsor	9 th			
Congressional District(s) of Primary Service Area(s)	5 th , 9 th , 10 th and 11 th			
Zip Code(s) of Primary Service Area(s)	All Zip Codes in Hernando, Hillsborough, Pasco and Pinellas counties.			
City(ies) and County(ies) of Primary Service Area(s)	All cities in HOPWA EMSA.		Hernando, Hillsborough, Pasco and Pinellas counties.	
Total HOPWA contract amount for this Organization	\$375,000			
Organization's Website Address http://www.gcjfs.org/			Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input checked="" type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>	
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Project Sponsor Agency Name Harbor Behavioral Health Care Institute, Inc. (now known as BayCare Behavioral Health Care, Inc.)		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Kathy Chaykosky Manager, Behavioral Health Services			
Email Address	Kathy.chaykosky@baycare.org			
Business Address	PO Box 428			
City, County, State, Zip,	New Port Richey	Pasco	FL	34656
Phone Number (with area code)	(727) 841-4207 x 295		Fax Number (with area code) (727) 841-4354	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-1371752			
DUN & Bradstreet Number (DUNs):	09-659-2951	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? <small>(See pg 2 of instructions)</small> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Congressional District of Business Location of Sponsor	5			
Congressional District(s) of Primary Service Area(s)	5 and 9			
Zip Code(s) of Primary Service Area(s)	34653, 34654, 34609			
City(ies) and County(ies) of Primary Service Area(s)	All cities through out Pasco and Hernando counties.		Pasco and Hernando counties.	
Total HOPWA contract amount for this Organization	\$150,000			
Organization's Website Address http://www.baycare.org/		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>				

Project Sponsor Agency Name Pasco County Housing Authority		Parent Company Name, if applicable N/A		
Name and Title of Contact at Project Sponsor Agency	Karen Turner, Executive Director			
Email Address	kturner@pascocountyhousing.org			
Business Address	14517 – 7 th Street			
City, County, State, Zip,	Dade City	Pasco County	FL	33523
Phone Number (with area code)	352-567-0848		Fax Number (with area code) 352-567-6035	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-1691562			
DUN & Bradstreet Number (DUNs):	19-907-7926	Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? <small>(See pg 2 of instructions)</small> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Congressional District of Business Location of Sponsor	5th			

Congressional District(s) of Primary Service Area(s)	5th		
Zip Code(s) of Primary Service Area(s)	All Zip Codes in Pinellas County		
City(ies) and County(ies) of Primary Service Area(s)	All cities in Pasco County.	Pasco County	
Total HOPWA contract amount for this Organization	\$200,000		
Organization's Website Address http://www.pascocountyhousing.org/	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>			

Project Sponsor Agency Name Housing Authority of the City of Tampa	Parent Company Name, if applicable N/A			
Name and Title of Contact at Project Sponsor Agency	Margaret Jones, Director of Assisted Housing			
Email Address	margaretj@thaf.com			
Business Address	1529 W. Main Street			
City, County, State, Zip,	Tampa	Hillsborough	FL	33607
Phone Number (with area code)	813-253-0551		Fax Number (with area code) 813-367-0800	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	59-6001289			
DUN & Bradstreet Number (DUNs):	02-563-7356		Central Contractor Registration (CCR): Is the sponsor's CCR status currently active? (See pg 2 of instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Congressional District of Business Location of Sponsor	11th			
Congressional District(s) of Primary Service Area(s)	11th			
Zip Code(s) of Primary Service Area(s)	All Zip Codes in Hillsborough County.			
City(ies) and County(ies) of Primary Service Area(s)	All cities in Hillsborough County.	Hillsborough County		
Total HOPWA contract amount for this Organization	\$650,000			
Organization's Website Address http://www.thaf.com	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input type="checkbox"/>				

3. Subrecipient Information

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

Subrecipient Name – <i>this section not applicable.</i>		Parent Company Name, if applicable
Name and Title of Contact at Contractor/		

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 Tax Identification Number (TIN)			
DUN & Bradstreet Number (DUNs):		Central Contractor Registration (CCR): if applicable. Is the subrecipient's CCR status currently active? (See pg 2 of instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No	
North American Industry Classification System (NAICS) Code			
Congressional District of Business Address			
Congressional District of Primary Service Area			
Zip Code(s) of Primary Service Area(s)			
City (ies) and County (ies) of Primary Service Area(s)			
Total HOPWA Subcontract Amount for this Organization			

A. Grantee and Community Overview

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

The City of Tampa is the grantee organization responsible for the administration of HOPWA programs for west central Florida's 4-county Eligible Metropolitan Statistical Area (EMSA). Specifically, the Housing and Community Development Division (HCD) of the City's Growth Management and Development Services Department is responsible for administering the HOPWA program. As the lead jurisdiction for the HOPWA EMSA, HCD is responsible for overseeing compliance with regulations, policies and procedures for the HOPWA program. This includes program development planning, RFP and contract management, fiscal and performance evaluation, and annual reporting so that the attainment of long-range and annual goals and objectives is ensured. The HOPWA EMSA consists of Hernando, Hillsborough, Pasco, and Pinellas counties. Participating HOPWA Project Sponsors for the Program Year 2008 (PY08) are listed below:

Provider Agency	PY08 HOPWA Award
Agency For Community Treatment Services, Inc. (ACTS)	\$80,000
Boley Centers, Inc.	\$734,419
Catholic Charities, Inc. – Christopher Programs	\$143,374
Catholic Charities, Inc. – Mercy House	\$355,134
Catholic Charities, Inc. – Tenant-based Rental Assistance	\$570,000
Francis House, Inc.	\$200,000
Gulf Coast Jewish Family Services, Inc.	\$375,000
Harbor Behavioral Health Care Institute, Inc.	\$150,000
Pasco County Housing Authority	\$245,000
Tampa Housing Authority	\$650,000
City Administration	\$95,790
TOTAL PY08 Funding Awards	\$3,598,717

Agency for Community Treatment Services, Inc. (ACTS) – provides operations of facility-based housing for HIV/AIDS-affected families by operating four single-family homes variously located in Tampa, Florida.

Boley Centers, Inc. – provides tenant-based rental assistance for persons with HIV/AIDS and their affected family members in Pinellas County.

Catholic Charities, Inc. – provides facility-based housing operations of Christopher Center, Christopher House community residence, and Christopher single-family residential facilities for persons with HIV/AIDS and their affected family members in Pinellas County.

Catholic Charities, Inc. – provides facility-based housing operations of Mercy House community residence, Mercy Apartments, and Mercy Villas residential facilities for persons with HIV/AIDS and their affected family members in Hillsborough County.

Catholic Charities, Inc. – provides tenant-based rental assistance for person with HIV/AIDS and their affected family members in Hillsborough County.

Francis House, Inc. – provides supportive services that include adult mental health and substance abuse counseling, adult recreational therapy, nutritional services, and transportation for persons with HIV/AIDS and their affected family members in Hillsborough County.

Gulf Coast Jewish Family Services, Inc. – provides housing information, short-term rent, mortgage and utility payments to prevent homelessness, project-based and tenant-based housing assistance, and supportive services for persons with HIV/AIDS and their affected family members throughout the HOPWA EMSA.

Harbor Behavioral Health Care Institute, Inc. (now known as BayCare Behavioral Health, Inc.) – provides facility -based housing operations including a community residence for persons with HIV/AIDS and their affected family members in Pasco and Hernando counties.

Pasco County Housing Authority – provides tenant-based rental housing assistance for persons with HIV/AIDS and their affected family members in Pasco County.

Tampa Housing Authority – provides tenant-based rental housing assistance for persons with HIV/AIDS and their affected family members in Hillsborough County.

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.

During PY08, a total of 128 persons were housed in 90 units of facility-based housing; 14 persons were housed in 11 housing units supported with project-based rental assistance; 248 persons were kept in their own homes with short-term rent, mortgage and utility assistance; 545 persons were housed in 297 units of tenant-based rental assistance; and, 715 persons with HIV/AIDS and their affected family members were provided supportive services that included mental health and substance abuse counseling, day care, nutritional services, transportation, and assistance in gaining access to local, State and Federal government benefits and services. At least 1,650 persons with HIV/AIDS and their affected family members were served with support services and housing. This does not include the 485 individuals who received housing information from Gulf Coast Jewish Family Services, Inc. Housing information on supportive housing for persons with HIV/AIDS may be provided to anyone, regardless of HIV/AIDS status.

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.

Referencing *Part 4, Summary of Performance Outcomes*, 96% of households receiving tenant-based rental assistance were reported as having stable housing as a result of this assistance (282 out of 295 households served). 85% of households receiving permanent, facility-based housing were reported as having stable housing as a result of this assistance (86 out of 101 households served). Community residence households are included in this assessment of permanent, facility-based housing stability because

all residents of the three community residences operated by Catholic Charities, Inc. and Harbor Behavioral Health Care Institute, Inc. are in permanent residence. 65% of households receiving short-term rent, mortgage and utility assistance were reported as having stable housing status as a result of this assistance (89 out of 137 households served). This is a significant drop in housing stability resulting from STRMUA, most likely caused by the severe economic downturn experienced in Florida during PY08 (reference question 2. of C. Barriers and Trends Overview in this report). Finally, an estimated 76% of all households served received improved access to care and support as a result of HOPWA-funded supportive housing assistance (average of 5 accessed service categories equals 403 out of total 533 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.

PROJECT SPONSOR	HOPWA ACTIVITY	SUPPLEMENTAL FUND SOURCE & ACTIVITY	PY08 \$ AMOUNTS
ACTS, Inc.	Facility-based housing.	Resident rent payments in facilities	\$9,896
Boley Centers, Inc.	Tenant-based rental assistance.	Local government	\$110,000
Catholic Charities – Christopher Programs	Facility-based housing, STRMUA & supportive services.	Project Sponsor cash Resident rent payments in facilities	\$86,767 \$45,086
Catholic Charities – Mercy House Programs	Facility-based housing & supportive services.	U.S. HUD Resident rent payments in facilities Project Sponsor cash	\$195,360 \$20,104 \$48,176
Catholic Charities – TBRA	Tenant-based rental assistance.	Project Sponsor cash	\$69,540
Francis House, Inc.	Supportive services	Tampa AIDS Gateway D.A.C.C.O. Other fundraising Ryan White Grantee/sponsor cash	\$11,999 \$21,336 \$16,750 \$82,445 \$125,252
Gulf Coast Jewish Family Services, Inc.	Housing info, PBRA, TBRA, STRMUA, supportive services	U.S. HUD	\$153,942
Harbor Behavioral Health Care Institute	Facility-based housing assistance.	Resident rent payments in facilities	\$23,484
Pasco County Housing Authority	Tenant-based rental assistance.	100% HOPWA funded.	\$0
Tampa Housing Authority	Tenant-based rental assistance.	100% HOPWA funded.	\$0
		TOTAL \$	\$1,020,137

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

No outstanding technical assistance needs have been identified at this time.

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

As expressed in Annual Performance Reports submitted by the City’s HOPWA-funded Project Sponsors, barriers to meeting the

national HOPWA performance goal of having 80% of persons with HIV/AIDS maintain stable housing to reduce the risk of homelessness include the following:

- HOPWA Project Sponsors continue to struggle to pay for indirect costs with HOPWA's 7% cap for administration.
- There is a general public perception that supportive services have lesser importance when it comes to public funding priorities, however it is the supportive services that keeping clients stable in their existing housing and promote better, overall health. Supportive services keep clients off of the streets and from engaging in criminal activity. A funding increase for supportive services at the federal level would greatly benefit housing programs looking for stable individuals to fill their units.
- HUD-approved utility increases for tenant and project-based rental assistance programs don't reflect local rates and only serve to decrease available funding for additional housing units to be subsidized.
- Housing affordability and criminal justice history continue to be barriers to placing persons and households with HIV/AIDS in permanent housing.
- Limited financing availability for the development of transitional and permanent supportive housing for extremely low, very low and low-income persons remains one of the main obstacles in addressing underserved needs.
- Public awareness regarding the transmission of HIV/AIDS remains low, particularly in the southeast region of the United States. Citizen/neighborhood opposition to special needs service providers and housing facilities ("not-in-my-backyard" or NIMBY-ism) is a long-standing barrier to special needs programs generally.

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.

In 1992, the National AIDS Commission reported that housing serves as a base from which to receive care. The Housing Opportunities for Persons with AIDS (HOPWA) program was thus created to address these realities. HOPWA housing assistance helps prevent homelessness and creates access to medical care and support services for individuals and families affected by HIV/AIDS. HOPWA supportive housing programs, Ryan White resources, and medical advances have helped to foster the perception the HIV/AIDS epidemic is under control, when it remains a national crisis situation. In August 2008, the CDC presented new information on annual HIV infections: about 56,000 people became infected with HIV in the past year in the U.S., which translates to about 40% more cases than originally estimated. Experts estimate that over half of people living with HIV/AIDS will need some form of housing assistance during the course of their illness and national research has shown that housing is the greatest unmet service need for people living with the disease. Data suggests that approximately 72% of PLWHA have incomes below \$30,000 and with the weakening economy the number in need is likely to grow (*National AIDS Housing Coalition, 11/09/09*).

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

The Tampa HIV/AIDS Housing Plan survey data provided the foundation for the City's 2007-2012 Consolidated Planning Document multi-year, strategic goals for the area's 4-county HOPWA service area. The Consolidated Plan, annual Action Plans and Comprehensive Annual Performance and Evaluation Reports (CAPERs) are made available to the public at: http://www.tampagov.net/dept_Budget/index.asp

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	Year-2 PY08 Consolidated Plan Needs Table goal to meet gap = 734 PY08 actual households served = 533 Unmet need = 201 households
From Item 1, identify the number of households with unmet housing needs by type of housing assistance	
a. Tenant-Based Rental Assistance (TBRA)	Year-2 PY08 Consolidated Plan Needs Table goal to meet gap = 275 PY08 actual households served = 295 Goal exceeded by 20 households
b. Short-Term Rent, Mortgage and Utility payments (STRMU)	Year-2 PY08 Consolidated Plan Needs Table goal to meet gap = 355 PY08 actual households served = 137 Unmet need = 218 households
c. Housing Facilities, such as community residences, SRO dwellings, other housing facilities	Year-2 PY08 Consolidated Plan Needs Table goal to meet gap = 104 PY08 actual households served = 101 Unmet need = 3 households

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

<input checked="" type="checkbox"/>	= 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	=	=
2.	Federal government (please specify):	=	=
	Ryan White		= \$82,445
	U.S. HUD – HOME	= \$110,000	
	U. S. HUD – competitive HOPWA	= \$153,942	=
	U. S. HUD – SHP	= \$195,360	
3.	State government (please specify)	=	=
		=	=
		=	=
		=	=
4.	Local government (please specify)	=	=
		=	=
		=	=
		=	=
5.	Foundations and other private cash resources (please specify)	=	=
	Tampa AIDS Gateway, D.A.C.C.O., various fund raising events	=	= \$50,085
		=	=
		=	=
6.	In-kind Resources	=	=
7.	Resident rent payments in Rental, Facilities, and Leased Units	= \$98,570	=
8.	Grantee/project sponsor (Agency) cash	= \$204,483	= \$125,252
9.	TOTAL (Sum of 1-7) → included line 8	= \$762,355	= \$257,782

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	285	295	0	0	\$1,896,195	\$1,624,306
2a.	Households in permanent housing facilities that receive operating subsidies/leased units	128	101	0	0	\$680,393	\$572,868
2b.	Households in transitional/short-term housing facilities that receive operating subsidies/leased units	0	0	0	0	0	0
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	110	137	0	0	\$95,772	\$83,334
5.	Adjustments for duplication (subtract)	0	0	0	0		
6.	Total Housing Subsidy Assistance	523	533	0	0	\$2,672,360	\$2,280,508
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)	0	0	0	0	0	0
8.	Stewardship Units subject to 3 or 10 year use agreements	4	4	0	0		
9.	Total Housing Developed	0	0	0	0	0	0
Supportive Services		Output Households					
10a.	Supportive Services provided by project sponsors also delivering HOPWA housing assistance	523	533			\$45,538	\$39,045
10b.	Supportive Services provided by project sponsors serving households who have other housing arrangements	700	715			\$177,901	\$151,119
11.	Adjustment for duplication (subtract)	0	0	0	0		
12.	Total Supportive Services	1,223	1,248			\$223,439	\$190,164
Housing Placement Assistance Activities							
13.	Housing Information Services	425	485			0	0
14.	Permanent Housing Placement Services	0	0			0	0
15.	Adjustment for duplication	0	0			0	0
16.	Total Housing Placement Assistance	425	485			0	0
Grant Administration and Other Activities							
17.	Resource Identification to establish, coordinate and develop housing assistance resources					0	0
18.	Technical Assistance (if approved in grant agreement)					0	0
19.	Grantee Administration (maximum 3% of total HOPWA grant)					\$97,790	\$62,313
20.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$229,178	\$190,642
Total Expenditures for program year (Sum of rows 6, 9, 12, 16, and 20) → included 19						\$3,222,767	\$2,723,627

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	0	0
2.	Alcohol and drug abuse services	200	\$47,431
3.	Case management/client advocacy/ access to benefits & services	560	\$47,880
4.	Child care and other child services	0	0
5.	Education	0	0
6.	Employment assistance and training	0	0
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310	0	0
8.	Legal services	0	0
9.	Life skills management (outside of case management)	0	0
10.	Meals/nutritional services	934	\$41,453
11.	Mental health services	359	\$47,742
12.	Outreach	0	0
13.	Transportation	167	\$5,658
14.	Other Activity (if approved in grant agreement). Specify: early intervention	22	
15.	Adjustment for Duplication (subtract)	994	
16.	TOTAL Households receiving Supportive Services (unduplicated)	1,248	\$190,164

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	= 295	= 268		1 Emergency Shelter/Streets	= 0
				2 Temporary Housing	= 0
				3 Private Housing	= 14
				4 Other HOPWA	= 0
				5 Other Subsidy	= 0
				6 Institution	= 0
				7 Jail/Prison	= 2
				8 Disconnected/Unknown	= 10
				9 Death	= 1
Permanent Supportive Housing Facilities/Units	= 101	= 65		1 Emergency Shelter/Streets	= 0
				2 Temporary Housing	= 5
				3 Private Housing	= 16
				4 Other HOPWA	= 2
				5 Other Subsidy	= 2
				6 Institution	= 1
				7 Jail/Prison	= 2
				8 Disconnected/Unknown	= 7
				9 Death	= 1
[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	= 0	Total number of households that will continue in residences:	= 0	1 Emergency Shelter/Streets	= 0
		2 Temporary Housing		= 0	
		3 Private Housing		= 0	
		4 Other HOPWA		= 0	
		5 Other Subsidy		= 0	

		Total number of households whose tenure exceeded 24 months:	= 0	6 Institution	= 0
				7 Jail/Prison	= 0
				8 Disconnected/unknown	= 0
				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
= 137	Maintain Private Housing without subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	= 87	<i>Stable/Permanent Housing (PH)</i>
	Other Private Housing without subsidy	= 0	
	Other HOPWA support (PH)	= 2	
	Other housing subsidy (PH)	= 0	
	Institution (e.g. residential and long-term care)	= 0	
	Likely to maintain current housing arrangements, with additional STRMU assistance	= 48	<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	= 0	
	Temporary/non-permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	= 0	
	Emergency Shelter/street	= 0	<i>Unstable Arrangements</i>
	Jail/Prison	= 0	
	Disconnected	= 0	
	Death	= 0	<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.			= 24
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.			= 8

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.	= 358	<i>Support for Stable Housing</i>
2. Has contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan..	= 218	<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,	= 289	<i>Access to Health Care</i>
4. Has accessed and can maintain medical insurance/assistance.	= 289	<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income.	= 265	<i>Sources of Income</i>

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	= 3	<i>Sources of Income</i>

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.	= 201	<i>Support for Stable Housing</i>
2. Successfully accessed or maintained qualification for sources of income.	= 201	<i>Sources of Income</i>
3. Had contact with a primary health care provider consistent with the schedule specified in clients individual service plan.	= 201	<i>Access to Health Care</i>
4. Has accessed and can maintain medical insurance/assistance.	= 201	<i>Access to Health Care</i>
5. Has contact with case manager, benefits counselor, or housing counselor consistent with the schedule specified in client's individual service plan.	= 201	<i>Access to Support</i>

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	= 0	<i>Sources of Income</i>

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)	282	0	12	1
Permanent Facility-based Housing Assistance/Units	86	5	9	1
Transitional/Short-Term Facility-based Housing Assistance/Units	0	0	0	0
Total Permanent HOPWA Housing Assistance	368	5	21	2
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)	89	48	0	0
Total HOPWA Housing Assistance	457	53	21	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)

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) FLH08F003	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 checked="" type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name City of Tampa	Date Facility Began Operations (mm/dd/yy) 2002

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	4	Information is pending follow-up to 2009 monitoring visit.

3. Details of Project Site

Name of HOPWA-funded project site	Family Enrichment Center, Inc.
Project Zip Code(s) and Congressional District(s)	33610, Congressional District 11
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list. <input type="checkbox"/> Not confidential; information can be made available to the public.
If the site address is not confidential, please provide the contact name, phone, email, and physical address, if different from business address.	N/A

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.

Note: certification is pending follow-up to 2009 monitoring visit.

<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