

# **HOPWA 2024 CAPER SUMMARY**

For full CAPER please contact Jonathan Rogers, HOPWA Administrator  
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## Instructions for Completing the HOPWA Grantee Performance Report Workbook

### What is the HOPWA Grantee Performance Report Workbook?

This workbook provides information at the Grantee Administration level, including grantee contact information, annual performance report narratives, and stewardship unit information. This data will be compiled by the HOPWA Formula or Competitive Grantee, as part of providing annual performance reporting to HUD.

### Who completes this form?

This workbook will be completed by the HOPWA Formula or Competitive Grantee ONLY.

### Reminder:

ANY entity that provides DIRECT HOPWA services - including the HOPWA Grantee - must also complete a separate HOPWA Provider Performance Report Workbook.

### What tabs should be completed for this report?

#### EVERY GRANTEE USER should complete these tabs:

- **GRANTEE**
- **CONTACT**
- **Narrative**

STEWARD: The Stewardship tab should only be completed if the Grantee is reporting on HOPWA Stewardship Units.

Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation of a building or structure are required to operate the building or structure for HOPWA-eligible beneficiaries for a ten (10) years period.

If no further HOPWA funds are used to support the facility, in place of completing the "CAP DEV" tab in the Provider Performance Report workbook, the grantee must complete an Annual Report of Continued Project Operation throughout the required use periods found on the "STEWARD" tab of this workbook. The required use period is three (3) years if the rehabilitation is non-substantial.

### Important Information:

To ensure the integrity of this workbook, please to not DELETE or ALTER any rows, columns, tabs, or the NAME of the report. This workbook requires the entry of data only where applicable, with no other actions required.

- 1 Enter text in empty cells next to questions.
- 2 Enter numbers where the entry reads "0" and the answer is an amount.

The workbook MUST be submitted in this Excel format. The Grantee will be unable to submit it to HUD if it has been converted to any other format, such as a Word or PDF file.

### HOPWA Grantee Performance Report Submission Instructions:

HOPWA Annual Performance reporting is collected and submitted at both the Grantee and Project Provider levels.

HUD or a HUD contractor will provide HOPWA Grantees annually with an advance set of named Grantee and Project Sponsor files, based on Project Sponsor activity logged in HUD's IDIS system relative to the Grantee's Accomplishment Year on which it will be reporting.

Grantees complete this high-level Grantee workbook covering: Grantee organizational information, Grantee contact information, a narrative of all activities provided by the Grantee and its Project Sponsors, and Stewardship Unit information, as applicable.

**Project Sponsors (and any Grantee that provides direct HOPWA activities) will complete a separate detailed annual report, called the "Provider Performance Report Workbook," with every Project Sponsor completing a workbook and submitting it to the Grantee.**

The Grantee will then:

- Review all Provider Performance Report Workbooks for accuracy and will request that the Project Sponsor correct any missing or incorrect information.
  - Collect all of the Grantee and Project Sponsor workbooks together.
  - Submit the collection of all separate workbook files in a single transmission to HOPWAReports@HUD.gov.
  - The entire collection of HOPWA workbook files is considered the Grantee's submission of annual performance reporting under its HOPWA grant agreement.
  - Grantees shall submit their annual collection of workbooks within 90 days of the completion of their operating (or Accomplishment) year (except competitive Grantees submitting their grant's 3rd year report have 120 days to submit).
  - Submission of the collection of separate workbook files satisfies the HOPWA annual performance reporting submission requirements to HUD.
- No additional uploads or submission methods (i.e., eCon Planning Suite, SharePoint, etc.) are required.

Once submitted, the Grantee will receive confirmation regarding the submitted files and may be contacted by HUD or a HUD contractor to confirm or correct reported information,

For assistance with this process, please submit a query to HOPWAReports@HUD.gov.

<b>Grantee</b>	<b>Grant ID</b>	<b>Sponsor(s)</b>	<b>File ID</b>
FORT LAUDERD	FFL58522	S8521526_FORT LAUDERDALE S8521521_Mount Olive Development Corporation S8521523_Legal Aid Services of Broward County, Inc S8521524_Care Resource Community Health Centers, Inc dba Care Resource S8521520_Broward House, Inc. S8521522_Broward Regional Health Planning Council (BRHPC) S8521525_SunServe (Sunshine Social Services)	25230_2413496

**GRANTEE SUMMARY**

**Complete the chart below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program.**

Question	Responses
<b><i>For Competitive Grantees Only</i></b>	
For Competitive Grantees only, what is the grant number?	
For Competitive Grantees only, which year (1, 2, or 3) of the grant does this report cover?	
Is the Competitive Grantee a nonprofit organization? Yes or No.	
Is the Competitive Grantee a grassroots organization? Yes or No.	
For Competitive Grantees only, how much was expended on an "Other Housing Activity" (as approved in the grant agreement)?	
<b><i>For All HOPWA Grantees</i></b>	
What is the name of the Grantee organization?	City of Fort Lauderdale
What is the Grantee's Unique Entity Identifier (UEI)?	EYC3YWKM3H25
What is the Employer ID Number (EIN) or Tax ID Number (TIN) of the Grantee?	59-6000319
For formula grantees only, are there any changes to your program year? Yes or No.	No
<b><i>Note: HUD must be notified of consolidated program year changes at least two months before the date the program year would have ended if it had not been lengthened, or at least two months before the end of a proposed shortened program year.</i></b>	
If yes above, what is the revised program start date?	
If yes above, what is the revised program end date?	
What is the street address of the Grantee's office?	101 NE 3rd Avenue, Suite 2100
In what city is the Grantee's business address?	City of Fort Lauderdale
In what county is the Grantee's business address?	Broward County
In what state is the Grantee's office located?	Florida
What is the zip code for the Grantee's business address?	33301
What is the parent company of the Grantee (if applicable)?	
What department at the Grantee organization administers the grant?	Community Services
What is the Grantee organization's website address?	Fortlauderdale.gov
What is the Facebook name or page of the Grantee?	/CityofFortLauderdale
What is the Twitter handle of the Grantee?	FTLCityNews
What are the cities of the primary service area of the Grantee?	FortLauderdale, Hollywood, Pompano Beach, and all other cities in Broward County.
What are the counties of the primary service area of the Grantee?	Broward County

What is the congressional district of the Grantee's business address?	District FL 020
What is the congressional district of the Grantee's primary service area?	District FL: 017, 18, 20 , 21, 22, 23
Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service area? Yes or No.	Yes
Is the Grantee's System for Award Management (SAM) status currently active for this report? Yes or No.	Yes
What is the Grantee's SAM registration number for this report?	1Y1P2
Does the Grantee provide HOPWA-funded services directly to clients? Yes or No.	No
Does the Grantee take the allowable 3% Grantee Administration allowance? Yes or No.	Yes
How much was expended on Grantee Administration?	241916.64

<b>Contact Information for your Organization</b>	
<b>Question</b>	<b>Responses</b>
<b>Contact Information for Authorizing Official</b>	
What is the Authorizing Official contact name?	Rickelle Williams
What is the Authorizing Official contact title?	City Manager
In what department does the Authorizing Official contact work?	City Manager Office
What is the Authorizing Official contact email?	rickellewilliams@fortlauderdale.gov
What is the Authorizing Official contact phone number (including extension)?	954-828-5959
What is the Authorizing Official contact fax number?	
<b>Contact Information for Reporting (APR/CAPER) Contact</b>	
What is the Reporting contact name?	Rachel Williams
What is the Reporting contact title?	Housing and Community Development
In what department does the Reporting contact work?	Housing and Community Development
What is the Reporting contact email?	radwilliams@fortlauderdale.gov
What is the Reporting contact phone number (including extension)?	954-828-4527
What is the Reporting contact fax number?	954-847-3754
<b>Contact Information for HMIS User</b>	
What is the HMIS User contact name?	Daniel Schroeder
What is the HMIS User contact title?	Solution Consultant
In what department does the HMIS User contact work?	Program Development
What is the HMIS User contact email?	Daniel.Schroeder@groupstech.com
What is the HMIS User contact phone number (including extension)?	414-454-0161 Ext. 136
What is the HMIS User contact fax number?	
<b>Contact Information for IDIS User</b>	
What is the IDIS User contact name?	Deneice Graham
What is the IDIS User contact title?	Senior Administrative Assistant
In what department does the IDIS User contact work?	Housing and Community Development
What is the IDIS User contact email?	dgraham@fortlauderdale.gov
What is the IDIS User contact phone number (including extension)?	954-828-4523
What is the IDIS User contact fax number?	954-847-3754
<b>Contact Information for Primary Program Contact</b>	
What is the Primary Program contact name?	Rachel Williams
What is the Primary Program contact title?	Housing and Community Development
In what department does the Primary Program contact work?	Housing and Community Development
What is the Primary Program contact email?	radwilliams@fortlauderdale.gov
What is the Primary Program contact phone number (including extension)?	954-828-4527
What is the Primary Program contact fax number?	954-847-3754
<b>Contact Information for Secondary Program Contact</b>	
What is the Secondary Program contact name?	Jonathan Rogers
What is the Secondary Program contact title?	HOPWA Administrator
In what department does the Secondary Program contact work?	Housing and Community Development
What is the Secondary Program contact email?	jrogers@fortlauderdale.gov
What is the contact Secondary Program phone number (including extension)?	954-828-4775
What is the Secondary Program contact fax number?	954-828-3754
<b>Contact Information for Individuals Seeking Services</b>	
What is the Services contact name?	Jonathan Rogers
What is the Services contact title?	HOPWA Administrator
In what department does the Services contact work?	Housing and Community Development
What is the Services contact email?	jrogers@fortlauderdale.gov
What is the Services contact phone number (including extension)?	954-828-4775
What is the Services contact fax number?	954-828-3754

*This information may be published on HUD websites as a resource for clients seeking services.*

Narrative Questions: Any information provided in this tab could be used for monitoring grant compliance with HOPWA requirements and	Response - Maximum 4,000 characters for each question.	Character Count
Provide a maximum of 4,000 characters 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, 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.	The City Continues to provide a range of HOPWA services to benefit person living with HIV in Broward County. The City partners with six project sponsors to provide the following HOPWA Services: Tenant Based Rental Voucher, Short-term Rent Mortgage and Utility Assistance, Permanent Housing Placement, Housing Case Management, Project Based Rental Assistance, Legal Services and Facility Based Rental Assistance.	1283
Assess your program's success in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and improve access to care. Compare current year results to baseline results for clients. Describe how program activities/projects contributed to meeting stated goals. If program did not achieve expected targets, please describe how your program plans to address challenges in program implementation and the steps currently being taken to achieve goals in next operating year. If your program exceeded program targets, please describe strategies the program utilized and how those contributed to program successes.	The Cost of housing continues to increase across Broward County as such the program continues to monitor ways of accessing high quality housing at the most reasonable price. There has been a steady increase in the demand for STRMU assistance and PHP assistance. TBRV also reflected an increase in the number of clients. A strategy that is being used is HOPWA getting back to work. Case managers are encouraging participants to get job or increase their earning power. This has a direct positive impact on the number of clients utilizing a long-term subsidy and has increased the demand for short term financial support.	624
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 operating year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.	HOPWA continues to find ways to subsidize beneficiary housing despite high housing cost. City worked with HUD to implement a new rent standard for BWD county which enabled HOPWA beneficiaries to access to more affordable housing  A top priority of the City is to increase affordable housing options throughout the City as well as the County for HOPWA-eligible low-income households.	1589
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.	As a standard part of every housing plan, each beneficiary through their case manager will apply for mainstream housing opportunities.	134
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. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public.	With the passing of the OBBBA, the uncertainty of future HOPWA services has been a major issue in the community. Pushing self-sufficiency has been the main focus this year. Also, working with other housing programs that may be able to assist our most vulnerable client population that are completely unable to work. The current amount of clients in that group is 50.	369

## Instructions for Completing the HOPWA Provider Performance Report Workbook

### What is the HOPWA Provider Performance Report Workbook?

This workbook provides annual performance data for HOPWA activities. This includes outputs (e.g., households served and demographic information), outcomes (e.g., access to care and support outcomes) and expenditures (for HOPWA-eligible costs). This data will be compiled by the HOPWA Formula or Competitive Grantees, as part of providing annual performance reporting to HUD.

### Who completes this form?

This workbook will be completed by any organization that conducts any HOPWA activities other than administrative activities. This includes HOPWA Formula or Competitive Grantees that conduct other HOPWA activities besides administrative activities, and the Project Sponsor organizations that Grantees contract to provide HOPWA services (as defined in 24 CFR 574.3).

There should be one organization's HOPWA activities reported in each workbook. Each organization should complete a separate performance report workbook that only includes the HOPWA activities conducted by that organization.

### What tabs should be completed for this report?

The Performance Report Workbook requires the completion of the following tabs:

- *DEM (Demographics) & Prior Living (see Note)*
- *Leveraging*
- *ATC (Access to Care) & Totals*

ONLY PROJECT SPONSORS\* should complete these tabs:

- *HOPWA Provider*
- *CONTACT*

\*For Grantees that are approved to conduct Resource Identification or Technical Assistance activities, please report your expenditure amounts for those budget line items in the HOPWA Provider tab. These are the only cells that you will need to complete in the HOPWA Provider tab.

Note: Complete Prior Living information only for individuals served by TBRA, P-FBH, ST-TFBH or PHP.

The remaining tabs should ONLY be completed based on HOPWA services provided by the organization completing this workbook. Leave tabs untouched if the activity is not provided by the organization.

- *TBRA (Tenant-Based Rental Assistance)*
- *P-FBH (Permanent Facility-Based Housing)*
- *ST-TFBH (Short-Term or Transitional Facility-Based Housing)*
- *STRMU (Short-Term Rent, Mortgage and Utilities Assistance)*
- *PHP (Permanent Housing Placement Assistance)*
- *Housing Info (Housing Information Services)*
- *Supp Svcs (HOPWA Supportive Services)*
- *Other Competitive Activity*
- *CAP DEV (Capital Development)*
- *VAWA (Housing Transfers for Households Covered by the Violence Against Women Act)*

### Important Information

To ensure the integrity of this reporting form, please do not DELETE or ALTER any rows, columns, tabs, or the NAME of the report. This form requires the entry of data only where applicable, with no other actions required.

- 1 Enter text in empty cells next to questions.
- 2 Enter numbers where the entry reads "0" and the answer is an amount greater than zero.

### SUBMISSION INSTRUCTIONS

- Once complete, the Project Sponsor should return the entire workbook to the Grantee in the manner and timeline prescribed by the Grantee.
- The report MUST be submitted in this Excel format.
- DO NOT alter the name of this file; return it to the Grantee with the file name as provided.
- The Grantee is responsible for reviewing this report and submitting it to HUD. Project Sponsors should not submit this report to HUD; only to the Grantee.
- The Grantee may be contacted by HUD or a HUD contractor regarding the accuracy of this report.
- Please contact the Grantee if you require support submitting this form.
- Submission of the collection of separate workbook files satisfies the HOPWA annual performance reporting submission requirements to HUD. No additional uploads or submission methods (i.e., eCon Planning Suite, SharePoint, etc.) are required.

<b>Grant ID</b>	<b>Grantee</b>	<b>Sponsor ID</b>	<b>Sponsor</b>	<b>File ID</b>
FFL58522	FORT LAUDERDALE	S8521521	S8521521_Mount Olive Development Corporation	25230_241332

**Optional Data Quality Notes**

Use the space below to add notes about the data provided in the workbook that you would like communicated to your HOPWA grantee or HUD's Office of HIV/AIDS Housing staff. Use the ALT+enter keys to create a return in this section.

**GENERAL PROVIDER DATA COMMENTS:**

**HOPWA PROVIDER TAB DATA COMMENTS:**

**CONTACT TAB DATA COMMENTS:**

**DEMOGRAPHICS & PRIOR LIVING TAB (DEM & Prior Living) DATA COMMENTS:**

[Empty light blue box for data entry]

**LEVERAGING AND PROGRAM INCOME TAB DATA COMMENTS:**

[Empty light blue box for data entry]

**TENANT-BASED RENTAL ASSISTANCE TAB (TBRA) DATA COMMENTS:**

[Empty light blue box for data entry]

**PERMANENT FACILITY-BASED HOUSING TAB (P-FBH) ASSISTANCE DATA COMMENTS:**

[Empty light blue box for data entry]

[Empty light blue box for data entry]

**SHORT-TERM/TRANSITIONAL FACILITY-BASED HOUSING TAB (ST-TFBH) ASSISTANCE DATA COMMENTS:**

[Empty light blue box for data entry]

**SHORT-TERM RENT, MORTGAGE, AND UTILITY TAB (STRMU) ASSISTANCE DATA COMMENTS:**

[Empty light blue box for data entry]

**PERMANENT HOUSING PLACEMENT TAB (PHP) DATA COMMENTS:**

[Empty light blue box for data entry]

**HOUSING INFORMATION TAB DATA COMMENTS:**

[Empty light blue box for data entry]

**SUPPORTIVE SERVICES TAB DATA COMMENTS:**

**OTHER COMPETITIVE ACTIVITY TAB DATA COMMENTS:**

**ACCESS TO CARE TAB (ATC & Totals) DATA COMMENTS:**

**CAPITAL DEVELOPMENT TAB (CAP DEV) DATA COMMENTS:**

**VIOLENCE AGAINST WOMENT ACT TAB (VAWA) DATA COMMENTS:**

**Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.**

Project Sponsor Questions	Responses
What is the organization's name?	Mount Olive Development Corporation
What is the organization's Unique Entity Identifier (UEI)?	EMGFB3FMFR83
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	65-0548855
What is the HOPWA contract amount for this organization?	352406
What is the organization's business street address?	1530 NW 6th Street
In what city is the organization's business address?	Fort Lauderdale
In what county is the organization's business address?	Broward
In what state is the organization's business address?	Florida
What is the organization's business address zip code?	33311
What is the organization's parent company, if applicable?	
What department administers the organization's grant?	Fiscal
What is the organization's phone number (including extension)?	954-764-6488
What is the organization's fax number?	954-525-2235
What is the organization's website?	modcocares.org
What is the organization's Facebook page?	Mount Olive Development Corporation
What is the organization's Twitter handle?	
Is this a faith-based organization? Yes or No.	Yes
Is this a nonprofit organization? Yes or No.	Yes
Is this a grassroots organization? Yes or No.	NO
What are the cities of the organization's primary service area?	Fort Lauderdale
What are the counties of the organization's primary service area?	Broward
In what congressional district is the organization located?	3
In what congressional district is the primary service area?	8
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	Yes
<b>Provider Non-Direct Service Expenditures</b>	
What were the total HOPWA funds expended for Administration costs?	24321.63
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

**NOTE:** The amount in Row 6 should be the amount of HOPWA funds the project sponsor receives from this grantee. It should not include any HOPWA funds received from other grantees.

**NOTE:** For HOPWA GRANTEES ONLY who ALSO provide direct HOPWA services to HOPWA-eligible individuals:

You do not need to complete Rows 3 - 28: skip and complete Rows 29 & 30 only as applicable, and enter all HOPWA Grantee Admin expenditures in the Grantee workbook only: do not report any Admin expenditures in Row 28 of this tab.

**Data Check for Project Sponsors: Rows 12, 15, 17, 18, 28, 29, & 30 need only be filled in if applicable: All other questions are mandatory).**

**NOTE:** for HOPWA Project Sponsors: if Row 28 is "0", please provide a comment to confirm no Admin expenditures in the "HOPWA Provider" section of "Data Quality Notes" Tab.

Percentage of Total Grant amount expended on Admin:	<b>7%</b>
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**NOTE:** Project sponsor administrative costs are limited to 7% of the total HOPWA grant award amount they receive. If your administrative costs for the reporting period as calculated in Cell G30 are greater than 7% of the award amount reported for the period, please provide an explanation in "HOPWA Provider" section of the "Data Notes" Tab

<b>Contact Information for your Organization</b>	
<b>Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.</b>	
<b>Question</b>	<b>Responses</b>
<b>Contact Information for Primary Program Contact</b>	
What is the Primary Program contact name?	Dr. Rosalind Osgood
What is the Primary Program contact title?	Chief Executive Officer
In what department does the Primary Program contact work?	Administrative
What is the Primary Program contact email?	drosgood@yahoo.com
What is the Primary Program contact phone number (including extension)?	954-764-6488
What is the Primary Program contact fax number?	954-525-2235
<b>Contact Information for Secondary Program Contact</b>	
What is the Secondary Program contact name?	Jacqueline Stewart
What is the Secondary Program contact title?	Director of Operations
In what department does the Secondary Program contact work?	Operations
What is the Secondary Program contact email?	jselders357@bellsouth.net
What is the Secondary Program contact phone number (including extension)?	954-380-2284
What is the Secondary Program contact fax number?	954-525-2235
<b>Contact Information for Individuals Seeking Services</b>	
What is the Services contact name?	Jacqueline Stewart
What is the Services contact title?	Director of Operations
In what department does the Services contact work?	Operations
What is the Services contact email?	jselders357@bellsouth.net
What is the Services contact phone number (including extension)?	954-380-2284
What is the Services contact fax number?	954-525-2235

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

For HOPWA GRANTEES ONLY who ALSO provided direct HOPWA services: You do not need to complete this tab.

**Data Check for Project Sponsors: Rows 9, 16, & 23 need only be completed if applicable. All other contact information is mandatory. Complete even if a contact is duplicated across multiple roles.**

*This information may be published on HUD websites as a resource for clients seeking services.*

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	No
HOME	0	No
Ryan White	0	No
Continuum of Care (CoC)	0	No
Low-Income Housing Tax Credit	0	No
Housing Choice Voucher Program	0	No
Private grants	0	No
In-kind resources	0	No
Grantee cash	0	No
<b>Other types of private or public funding:</b>		
Other FUNDING 1	0	
Other FUNDING 2	0	
Other FUNDING 3	0	
Other FUNDING 4	0	
Other FUNDING 5	0	
Other FUNDING 6	0	
Other FUNDING 7	0	
Other FUNDING 8	0	
Other FUNDING 9	0	
Other FUNDING 10	0	
Other FUNDING 11	0	
Other FUNDING 12	0	
Other FUNDING 13	0	
Other FUNDING 14	0	
Other FUNDING 15	0	
<b>Program Income</b>	<b>0</b>	
What was the amount of program income collected from resident rent payments in the program year?	68883	
What was the amount of program income collected from other sources (non-resident payments) in the program year?	\$352,406.00	
<b>Uses of Program Income</b>	<b>0</b>	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
<b>Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords</b>	<b>0</b>	
What was the amount of resident rent payment that residents paid directly to private landlords?	68883	

Scroll to the bottom of this tab for required Program Income reporting questions.

Complete Rows 3-11 for specific leveraging sources listed in Column A.  
 Column B: Should be a single dollar amount.  
 Column C: Should be a "Yes" or "No" response only to indicate whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations on this tab.

NOTE: Enter any leveraged project sponsor cash in row 11, "Grantee cash."

In rows 13-27, enter other leveraged funds not included in the sources listed Rows 3-11.

Column A: Do not enter anything: you do not need to report the specific source of the leveraged funds.

Column B: Should be a single dollar amount.

Column C: Should have "Yes" or "No" response only as to whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations or other text.

If P-FBH or ST-TFBH activity reported and Row 29 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab  
 If Subsidy Assistance activity reported and Row 30 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If TBRA activity reported and Row 35 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

**Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.**

Question	This Report
<b>TBRA Households Served and Expenditures</b>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<b>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</b>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<b>TBRA Household Total (TBRA + Other)</b>	<b>0</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
<b>Health Outcomes for HOPWA-Eligible Individuals Served by this Activity</b>	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Note: This total should include overhead (staff costs, fringe, etc.).

**NOTE: Rows 7-9 should not be completed unless you have been approved by HUD in your grant agreement to carry out these activities. Facilities-based Housing, STRMU & PHP activities should not be reported here.**

**Income Levels in Rows 12-14:  
Data Check: Sum of 12-14 as shown in Row 11 must be = to Row 10.**

Sources of income in Rows 17-29: Report ALL sources of income to HOPWA-eligible households (including those for other household members).  
Data Check: Sum of 17-29 as shown in Row 16 must be = or > than Row 10.

Medical Insurance in Rows 32-37: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
Data Check: If 32-37 are all "0", provide explanation in TBRA section of Data Quality Notes Tab..

NOTE: Health outcomes do NOT have to be supported by labs or other medical

How many HOPWA-eligible individuals served with TBRA this year have ever been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>2</b>
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

supported by labs or other medical documentation. It can be self-report from clients.  
Data Check: If 39 and/or 40 are "0", provide explanation in TBRA section of Data Quality Notes Tab.

**Longevity in Rows 42-46:**  
**Data Check: Sum of 42-46 as shown in Row 41 Must be = to Row 10.**

**Housing Outcomes in Rows 48-61:**  
**Data Check: Sum of 48-61 as shown in Row 47 Must be = to Row 10.**

**Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity - STRMU Breakdown</b>	
a. How many households were served with STRMU mortgage assistance only?	0
b. How many households were served with STRMU rental assistance only?	0
c. How many households were served with STRMU utilities assistance only?	0
d. How many households received more than one type of STRMU assistance?	0
<b>STRMU Households Total</b>	<b>0</b>
<b>STRMU Expenditures</b>	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
<b>Total STRMU Expenditures</b>	<b>0</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

This total should include overhead (staff costs, fringe, etc.). NOTE: The grantee determines how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures). All sponsors should report in the same manner.

**Income Levels in Rows 16-18:**  
**Data Check: Sum of 16-18 as shown in Row 15 must be = to Row 8**

**Income Sources in Rows 21-33:**  
**Report ALL sources of income for HOPWA-eligible households (including those for other household members).**  
**Data Check: Sum of 21-33 as shown in Row 20 must be = to or > than Row 8**

Medical Insurance in Rows 36-41: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 36-41 are all "0", provide explanation in TBRA section of Data Quality Notes Tab.

State Children's Health Insurance Program (CHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>0</b>
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

Longevity in Rows 43-46:  
The total of this section does NOT have to match your household total for this activity.

Data Check: Individually, Rows 44-46 cannot be > than Row 8

**Housing Outcomes in Rows 48-61:**

**Data Check: Sum of 48-61 as shown in Row 47 must be = to Row 8**

**Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with PHP assistance?	0
<b>PHP Expenditures for Households Served by this Activity</b>	
What were the HOPWA funds expended for PHP?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Housing Outcomes for Households Served by this Activity</b>	
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

The total in Row 6 should include overhead (staff costs, fringe, etc.).

Income Sources in Rows 9-21:  
Report ALL sources of income for HOPWA-eligible households (including those for other household members).  
  
Data Check: Sum of 9-21 as shown in Row 8 must be = to or > than Row 4

Medical Insurance in Rows 24-29: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 24-29 are all "0", provide explanation in "PHP" section of "Data Quality Notes" Tab.

Housing Outcomes in Rows 32-34:  
Data Check: Sum of 32-34 as shown in Row 30 must be = to Row 4: if not, provide explanation in "PHP" section of "Data Quality Notes" Tab.

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.  
 See definition of "Housing Information Services" on "Performance Report Cover" tab

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with housing information services?	0
<b>Housing Information Services Expenditures</b>	
What were the HOPWA funds expended for Housing Information Services?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

NOTE: The total in Row 6 should include overhead (staff costs, fringe, etc.).

**Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.**  
**Note that this table also collects HOPWA Supportive Service expenditures.**

Questions	This Report	
	Number of Households	Expenditures
<b>Households and Expenditures for Supportive Service Types</b>		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
<b>Deduplication of Supportive Services</b>		
How many households received more than one of any type of Supportive Services?	0	

<b>Deduplicated Supportive Services Household Total (based on amounts reported in Rows 5-21 above):</b>	<b>0</b>	
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**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Column B: enter the unduplicated number of households served by each type of HOPWA-FUNDED Supportive Services

Column C: Report all HOPWA expenditures associated with delivering each type of HOPWA-FUNDED Supportive Services. This total should include overhead (staff costs, fringe, etc.).

NOTE: The grantee can determine how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures. All sponsors should report in the same manner.

**Data Check: If your unduplicated household total calculated in Cell B23 appears incorrect, adjust Row 21.**

**Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.**

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Complete this tab ONLY if you have been approved by HUD in your grant agreement to carry our "Other Housing Activities."

The total in Row 4 should include overhead (staff costs, fringe, etc.).

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
<b>Total Households Served in ALL Activities from this report for each Activity.</b>	2	17	0	0	0	0	0	0
<b>Housing Subsidy Assistance Household Count Deduplication</b>		<p><b>Data Check: The highest unduplicated activity total shown in row 2 on this ATC tab must be equal to or less than the HOPWA-Eligible individual total reported in row 27 on the DEM &amp; Prior Living Tab. The HOPWA-Eligible individual total from row 27 is also shown directly to the right for your reference.</b></p>						
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	19							DEM tab, row 27:
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							22
<b>Total Unduplicated Housing Subsidy Assistance Household Count</b>	19							
<b>Access to Care (ATC)</b>								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
<b>Questions</b>	<b>This Report</b>							
How many households had contact with a case manager?	19							
How many households developed a housing plan for maintaining or establishing stable housing?	16							
How many households accessed and maintained medical insurance and/or assistance?	19							
How many households had contact with a primary health care provider?	19							
How many households accessed or maintained qualification for sources of income?	16							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	10							
<b>Subsidy Assistance with Supportive Service, Funded Case Management</b>								
<b>Questions</b>	<b>This Report</b>							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							
<p><b>Rows 10-15: Data Checks:</b>  <b>The values entered in each of these rows individually cannot be greater than the value calculated in Row 6.</b>   <b>If insurance or income were reported on any of the activity tabs, Rows 12 &amp; 14 should be completed accordingly.</b>   <b>If all Rows are "0", provide explanation in Access to Care section of Data Quality Notes Tab.</b>   <b>Reminders: 1. Contact with a case manager does not have to be a HOPWA-funded case manager.</b>             2. Access to medical insurance can include those who accessed other types of insurance not included in the activity tabs.</p>								
<p><b>Data Check: Individually, Rows 18 &amp; 19 cannot be &gt; than the lesser of Cells H2 or B6.</b>             In Rows 18 &amp; 19, report on Housing Subsidy Assistance households as calculated in Row 6 ONLY.             Case management is a supportive service; therefore, all individuals reported in Row 18 should be included in total reported in Row 19.</p>								

**Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.**

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

If you have this data, please complete Rows 3-7. If you do not have this data, it is currently NOT an error to leave this chart blank.

## Instructions for Completing the HOPWA Provider Performance Report Workbook

### What is the HOPWA Provider Performance Report Workbook?

This workbook provides annual performance data for HOPWA activities. This includes outputs (e.g., households served and demographic information), outcomes (e.g., access to care and support outcomes) and expenditures (for HOPWA-eligible costs). This data will be compiled by the HOPWA Formula or Competitive Grantees, as part of providing annual performance reporting to HUD.

### Who completes this form?

This workbook will be completed by any organization that conducts any HOPWA activities other than administrative activities. This includes HOPWA Formula or Competitive Grantees that conduct other HOPWA activities besides administrative activities, and the Project Sponsor organizations that Grantees contract to provide HOPWA services (as defined in 24 CFR 574.3).

There should be one organization's HOPWA activities reported in each workbook. Each organization should complete a separate performance report workbook that only includes the HOPWA activities conducted by that organization.

### What tabs should be completed for this report?

The Performance Report Workbook requires the completion of the following tabs:

- *DEM (Demographics) & Prior Living (see Note)*
- *Leveraging*
- *ATC (Access to Care) & Totals*

ONLY PROJECT SPONSORS\* should complete these tabs:

- *HOPWA Provider*
- *CONTACT*

\*For Grantees that are approved to conduct Resource Identification or Technical Assistance activities, please report your expenditure amounts for those budget line items in the HOPWA Provider tab. These are the only cells that you will need to complete in the HOPWA Provider tab.

Note: Complete Prior Living information only for individuals served by TBRA, P-FBH, ST-TFBH or PHP.

The remaining tabs should ONLY be completed based on HOPWA services provided by the organization completing this workbook. Leave tabs untouched if the activity is not provided by the organization.

- *TBRA (Tenant-Based Rental Assistance)*
- *P-FBH (Permanent Facility-Based Housing)*
- *ST-TFBH (Short-Term or Transitional Facility-Based Housing)*
- *STRMU (Short-Term Rent, Mortgage and Utilities Assistance)*
- *PHP (Permanent Housing Placement Assistance)*
- *Housing Info (Housing Information Services)*
- *Supp Svcs (HOPWA Supportive Services)*
- *Other Competitive Activity*
- *CAP DEV (Capital Development)*
- *VAWA (Housing Transfers for Households Covered by the Violence Against Women Act)*

### Important Information

To ensure the integrity of this reporting form, please do not DELETE or ALTER any rows, columns, tabs, or the NAME of the report. This form requires the entry of data only where applicable, with no other actions required.

- 1 Enter text in empty cells next to questions.
- 2 Enter numbers where the entry reads "0" and the answer is an amount greater than zero.

### SUBMISSION INSTRUCTIONS

- Once complete, the Project Sponsor should return the entire workbook to the Grantee in the manner and timeline prescribed by the Grantee.
- The report MUST be submitted in this Excel format.
- DO NOT alter the name of this file; return it to the Grantee with the file name as provided.
- The Grantee is responsible for reviewing this report and submitting it to HUD. Project Sponsors should not submit this report to HUD; only to the Grantee.
- The Grantee may be contacted by HUD or a HUD contractor regarding the accuracy of this report.
- Please contact the Grantee if you require support submitting this form.
- Submission of the collection of separate workbook files satisfies the HOPWA annual performance reporting submission requirements to HUD. No additional uploads or submission methods (i.e., eCon Planning Suite, SharePoint, etc.) are required.

<b>Grant ID</b>	<b>Grantee</b>	<b>Sponsor ID</b>	<b>Sponsor</b>	<b>File ID</b>
FFL58522	FORT LAUDERDALE	S8521525	S8521525_SunServe (Sunshine Social Services)	25230_241369

**Optional Data Quality Notes**

Use the space below to add notes about the data provided in the workbook that you would like communicated to your HOPWA grantee or HUD's Office of HIV/AIDS Housing staff. Use the ALT+enter keys to create a return in this section.

**GENERAL PROVIDER DATA COMMENTS:**

**HOPWA PROVIDER TAB DATA COMMENTS:**

**CONTACT TAB DATA COMMENTS:**

**DEMOGRAPHICS & PRIOR LIVING TAB (DEM & Prior Living) DATA COMMENTS:**

Corrections made due to an issue with the formulas.

[Empty comment box]

**LEVERAGING AND PROGRAM INCOME TAB DATA COMMENTS:**

[Empty comment box]

**TENANT-BASED RENTAL ASSISTANCE TAB (TBRA) DATA COMMENTS:**

[Empty comment box]

**PERMANENT FACILITY-BASED HOUSING TAB (P-FBH) ASSISTANCE DATA COMMENTS:**

[Empty comment box]

[Empty light blue box for data entry]

**SHORT-TERM/TRANSITIONAL FACILITY-BASED HOUSING TAB (ST-TFBH) ASSISTANCE DATA COMMENTS:**

[Empty light blue box for data entry]

**SHORT-TERM RENT, MORTGAGE, AND UTILITY TAB (STRMU) ASSISTANCE DATA COMMENTS:**

[Empty light blue box for data entry]

**PERMANENT HOUSING PLACEMENT TAB (PHP) DATA COMMENTS:**

[Empty light blue box for data entry]

**HOUSING INFORMATION TAB DATA COMMENTS:**

[Empty light blue box for data entry]

**SUPPORTIVE SERVICES TAB DATA COMMENTS:**

**OTHER COMPETITIVE ACTIVITY TAB DATA COMMENTS:**

**ACCESS TO CARE TAB (ATC & Totals) DATA COMMENTS:**

**CAPITAL DEVELOPMENT TAB (CAP DEV) DATA COMMENTS:**

**VIOLENCE AGAINST WOMENT ACT TAB (VAWA) DATA COMMENTS:**

**Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.**

Project Sponsor Questions	Responses
What is the organization's name?	SunServe
What is the organization's Unique Entity Identifier (UEI)?	XKWWWSZAPZ3C3
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	01-0582371
What is the HOPWA contract amount for this organization?	398760.61
What is the organization's business street address?	2550 NE 15th Avenue
In what city is the organization's business address?	Wilton Manors
In what county is the organization's business address?	Broward
In what state is the organization's business address?	Florida
What is the organization's business address zip code?	33305
What is the organization's parent company, if applicable?	
What department administers the organization's grant?	Housing
What is the organization's phone number (including extension)?	954-764-5150
What is the organization's fax number?	954-764-5143
What is the organization's website?	SunServe.org
What is the organization's Facebook page?	<a href="https://www.facebook.com/SunServeFTL/">https://www.facebook.com/SunServeFTL/</a>
What is the organization's Twitter handle?	<a href="https://twitter.com/sunserveftl">https://twitter.com/sunserveftl</a>
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	Yes
Is this a grassroots organization? Yes or No.	No
What are the cities of the organization's primary service area?	Wilton Manors, Fort Lauderdale, Oakland Park, and Hollywood
What are the counties of the organization's primary service area?	Broward
In what congressional district is the organization located?	FL 23
In what congressional district is the primary service area?	FL 23
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	
<b>Provider Non-Direct Service Expenditures</b>	
What were the total HOPWA funds expended for Administration costs?	25895.08
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

**NOTE:** The amount in Row 6 should be the amount of HOPWA funds the project sponsor receives from this grantee. It should not include any HOPWA funds received from other grantees.

**NOTE:** For HOPWA GRANTEES ONLY who ALSO provide direct HOPWA services to HOPWA-eligible individuals:

You do not need to complete Rows 3 - 28: skip and complete Rows 29 & 30 only as applicable, and enter all HOPWA Grantee Admin expenditures in the Grantee workbook only: do not report any Admin expenditures in Row 28 of this tab.

**Data Check for Project Sponsors: Rows 12, 15, 17, 18, 28, 29, & 30 need only be filled in if applicable: All other questions are mandatory).**

**NOTE:** for HOPWA Project Sponsors: if Row 28 is "0", please provide a comment to confirm no Admin expenditures in the "HOPWA Provider" section of "Data Quality Notes" Tab.

Percentage of Total Grant amount expended on Admin:	<b>6%</b>
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**NOTE:** Project sponsor administrative costs are limited to 7% of the total HOPWA grant award amount they receive. If your administrative costs for the reporting period as calculated in Cell G30 are greater than 7% of the award amount reported for the period, please provide an explanation in "HOPWA Provider" section of the "Data Notes" Tab

<b>Contact Information for your Organization</b>	
<b>Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.</b>	
<b>Question</b>	<b>Responses</b>
<b>Contact Information for Primary Program Contact</b>	
What is the Primary Program contact name?	Brenda Lee Rentas
What is the Primary Program contact title?	Director of Housing Case
In what department does the Primary Program contact work?	Housing
What is the Primary Program contact email?	brentas@sunserve.org
What is the Primary Program contact phone number (including extension)?	954-686-8479
What is the Primary Program contact fax number?	954-764-5143
<b>Contact Information for Secondary Program Contact</b>	
What is the Secondary Program contact name?	Gary Hensley
What is the Secondary Program contact title?	Vice President of Operations
In what department does the Secondary Program contact work?	Administrative & Executive
What is the Secondary Program contact email?	ghensley@sunserve.org
What is the Secondary Program contact phone number (including extension)?	954-764-5150 Ext 109
What is the Secondary Program contact fax number?	954-764-5143
<b>Contact Information for Individuals Seeking Services</b>	
What is the Services contact name?	Brenda Lee Rentas
What is the Services contact title?	Director of Housing Case
In what department does the Services contact work?	Housing
What is the Services contact email?	brentas@sunserve.org
What is the Services contact phone number (including extension)?	954-686-8479
What is the Services contact fax number?	954-764-5143

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

For HOPWA GRANTEES ONLY who ALSO provided direct HOPWA services: You do not need to complete this tab.

**Data Check for Project Sponsors: Rows 9, 16, & 23 need only be completed if applicable. All other contact information is mandatory. Complete even if a contact is duplicated across multiple roles.**

*This information may be published on HUD websites as a resource for clients seeking services.*

Complete the age, sex, race, and ethnicity information for all individuals served with all types of HOPWA assistance. See totals in rows 27 and 28. Each number cell must contain a number. If nothing to report, leave the zero.

A. For each racial category, how many HOPWA-eligible individuals were as such?	Male				Female				Not Reported				Or the total number of individual Total Hispanic or Latinx
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	
Asian	0	0	1	1	0	0	0	0	0	0	0	0	0
Asian & White	0	0	0	0	0	0	0	0	0	0	0	0	0
Black/African American	0	10	54	35	0	5	47	33	0	0	0	0	9
Black/African American & White	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American	0	0	0	0	0	0	1	0	0	0	0	0	0
American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
Other Multi-Racial	0	0	0	0	0	0	0	0	0	0	0	0	0
White	0	3	29	57	0	1	3	3	0	0	0	0	20
B. For each racial category, how many other household members (beneficiaries) were as such?	Male				Female				Not Reported				Or the total number of individual Total Hispanic or Latinx
	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	Younger Than 18	18-30	31-50	51 or Older	
b. Asian	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Asian & White	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Black/African American	29	12	7	5	35	9	3	5	0	0	0	0	1
b. Black/African American & White	2	0	0	0	2	3	0	0	0	0	0	0	0
b. American Indian/Alaskan Native	0	0	0	0	0	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native & Black/African American	0	0	0	0	1	0	0	0	0	0	0	0	0
b. American Indian/Alaskan Native & White	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Native Hawaiian/Other Pacific Islander	0	0	0	0	0	0	0	0	0	0	0	0	0
b. Other Multi-Racial	1	0	0	0	0	0	0	0	0	0	0	0	0
b. White	0	1	4	4	1	1	1	1	0	0	0	0	4

Total number of HOPWA-eligible individuals served with HOPWA assistance (rows 4-13):

283

Data Check: The total in Row 27 must = unduplicated household count across all activities.

Total number of other household members (beneficiaries) served with HOPWA assistance (rows 16-25):

128

How many other household members (beneficiaries) are HIV+?  
How many other household members (beneficiaries) are HIV negative or have an unknown HIV status?

14  
114

Data Check: Sum of 29 & 30 must be = to Row 28

**Complete Prior Living Situations for HOPWA-eligible Individuals served by TBRA, P-FBH, ST-TFBH, or PHP**

How many HOPWA-eligible individuals continued receiving HOPWA assistance from the previous year?	0
How many individuals newly receiving HOPWA assistance came from:	
A place not meant for human habitation?	0
An emergency shelter?	0
A transitional housing facility for formerly homeless persons?	0
A permanent housing situation for formerly homeless persons?	0
A psychiatric hospital or other psychiatric facility?	0
A substance abuse facility?	0
A non-psychiatric hospital?	0
A foster care home?	0
Jail, prison, or a juvenile detention facility?	0
A rented room, apartment or house?	0
A house the individual owned?	0
Staying at someone else's house?	0
A hotel or motel paid for by the individual?	0
Any other prior living situation?	0
How many individuals newly receiving HOPWA assistance didn't report or refused to report their prior living situation?	0
How many individuals newly receiving HOPWA assistance during this program year reported a prior living situation of homelessness [place not for human habitation, emergency shelter, transitional housing]:	0
Also meet the definition of experiencing chronic homelessness?	0
Also were veterans?	0

Data Check: SUM of rows 32 + 34 through 48 must equal your unduplicated household count for TBRA, P-FBH, ST-TFBH & PHP activities (Do not include Supportive Services or STRMU households in this section).

Data Checks: Row 50 cannot be > Row 49  
Row 51 cannot be > Row 49

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
<b>Other types of private or public funding:</b>		
Other FUNDING 1	228419	No
Other FUNDING 2	0	
Other FUNDING 3	0	
Other FUNDING 4	0	
Other FUNDING 5	0	
Other FUNDING 6	0	
Other FUNDING 7	0	
Other FUNDING 8	0	
Other FUNDING 9	0	
Other FUNDING 10	0	
Other FUNDING 11	0	
Other FUNDING 12	0	
Other FUNDING 13	0	
Other FUNDING 14	0	
Other FUNDING 15	0	
<b>Program Income</b>	<b>0</b>	
What was the amount of program income collected from resident rent payments in the program year?	0	
What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
<b>Uses of Program Income</b>	<b>0</b>	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
<b>Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords</b>		
What was the amount of resident rent payment that residents paid directly to private landlords?	0	

Scroll to the bottom of this tab for required Program Income reporting questions.

Complete Rows 3-11 for specific leveraging sources listed in Column A.  
 Column B: Should be a single dollar amount.  
 Column C: Should be a "Yes" or "No" response only to indicate whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations on this tab.

NOTE: Enter any leveraged project sponsor cash in row 11, "Grantee cash."

In rows 13-27, enter other leveraged funds not included in the sources listed Rows 3-11.

Column A: Do not enter anything: you do not need to report the specific source of the leveraged funds.

Column B: Should be a single dollar amount.

Column C: Should have "Yes" or "No" response only as to whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations or other text.

If P-FBH or ST-TFBH activity reported and Row 29 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If Subsidy Assistance activity reported and Row 30 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If TBRA activity reported and Row 35 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

**Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.**

Question	This Report
<b>TBRA Households Served and Expenditures</b>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<b>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</b>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<b>TBRA Household Total (TBRA + Other)</b>	<b>0</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
<b>Health Outcomes for HOPWA-Eligible Individuals Served by this Activity</b>	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Note: This total should include overhead (staff costs, fringe, etc.).

**NOTE: Rows 7-9 should not be completed unless you have been approved by HUD in your grant agreement to carry out these activities. Facilities-based Housing, STRMU & PHP activities should not be reported here.**

**Income Levels in Rows 12-14:  
Data Check: Sum of 12-14 as shown in Row 11 must be = to Row 10.**

Sources of income in Rows 17-29: Report ALL sources of income to HOPWA-eligible households (including those for other household members).  
Data Check: Sum of 17-29 as shown in Row 16 must be = or > than Row 10.

Medical Insurance in Rows 32-37: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
Data Check: If 32-37 are all "0", provide explanation in TBRA section of Data Quality Notes Tab..

NOTE: Health outcomes do NOT have to be supported by labs or other medical

How many HOPWA-eligible individuals served with TBRA this year have ever been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>0</b>
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

supported by labs or other medical documentation. It can be self-report from clients.  
 Data Check: If 39 and/or 40 are "0", provide explanation in TBRA section of Data Quality Notes Tab.

**Longevity in Rows 42-46:**  
**Data Check: Sum of 42-46 as shown in Row 41 Must be = to Row 10.**

**Housing Outcomes in Rows 48-61:**  
**Data Check: Sum of 48-61 as shown in Row 47 Must be = to Row 10.**

**Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity - STRMU Breakdown</b>	
a. How many households were served with STRMU mortgage assistance only?	0
b. How many households were served with STRMU rental assistance only?	0
c. How many households were served with STRMU utilities assistance only?	0
d. How many households received more than one type of STRMU assistance?	0
<b>STRMU Households Total</b>	<b>0</b>
<b>STRMU Expenditures</b>	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
<b>Total STRMU Expenditures</b>	<b>0</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

This total should include overhead (staff costs, fringe, etc.). NOTE: The grantee determines how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures). All sponsors should report in the same manner.

**Income Levels in Rows 16-18:**  
**Data Check: Sum of 16-18 as shown in Row 15 must be = to Row 8**

**Income Sources in Rows 21-33:**  
**Report ALL sources of income for HOPWA-eligible households (including those for other household members).**  
**Data Check: Sum of 21-33 as shown in Row 20 must be = to or > than Row 8**

Medical Insurance in Rows 36-41: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 36-41 are all "0", provide explanation in TBRA section of Data Quality Notes Tab.

State Children's Health Insurance Program (CHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>0</b>
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

Longevity in Rows 43-46:  
The total of this section does NOT have to match your household total for this activity.

Data Check: Individually, Rows 44-46 cannot be > than Row 8

**Housing Outcomes in Rows 48-61:**

**Data Check: Sum of 48-61 as shown in Row 47 must be = to Row 8**

**Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with PHP assistance?	0
<b>PHP Expenditures for Households Served by this Activity</b>	
What were the HOPWA funds expended for PHP?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Housing Outcomes for Households Served by this Activity</b>	
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

The total in Row 6 should include overhead (staff costs, fringe, etc.).

Income Sources in Rows 9-21:  
Report ALL sources of income for HOPWA-eligible households (including those for other household members).  
  
Data Check: Sum of 9-21 as shown in Row 8 must be = to or > than Row 4

Medical Insurance in Rows 24-29: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 24-29 are all "0", provide explanation in "PHP" section of "Data Quality Notes" Tab.

Housing Outcomes in Rows 32-34:  
Data Check: Sum of 32-34 as shown in Row 30 must be = to Row 4: if not, provide explanation in "PHP" section of "Data Quality Notes" Tab.

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.  
 See definition of "Housing Information Services" on "Performance Report Cover" tab

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with housing information services?	0
<b>Housing Information Services Expenditures</b>	
What were the HOPWA funds expended for Housing Information Services?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

NOTE: The total in Row 6 should include overhead (staff costs, fringe, etc.).

**Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.**  
**Note that this table also collects HOPWA Supportive Service expenditures.**

Questions	This Report	
	Number of Households	Expenditures
<b>Households and Expenditures for Supportive Service Types</b>		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	283	398760.61
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
<b>Deduplication of Supportive Services</b>		
How many households received more than one of any type of Supportive Services?	0	

<b>Deduplicated Supportive Services Household Total (based on amounts reported in Rows 5-21 above):</b>	<b>283</b>	
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**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Column B: enter the unduplicated number of households served by each type of HOPWA-FUNDED Supportive Services

Column C: Report all HOPWA expenditures associated with delivering each type of HOPWA-FUNDED Supportive Services. This total should include overhead (staff costs, fringe, etc.).

NOTE: The grantee can determine how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures. All sponsors should report in the same manner.

**Data Check: If your unduplicated household total calculated in Cell B23 appears incorrect, adjust Row 21.**

**Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.**

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Complete this tab ONLY if you have been approved by HUD in your grant agreement to carry our "Other Housing Activities."

The total in Row 4 should include overhead (staff costs, fringe, etc.).

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity	
<b>Total Households Served in ALL Activities from this report for each Activity.</b>	0	0	0	0	0	0	284	0	
<b>Housing Subsidy Assistance Household Count Deduplication</b>		<p><b>Data Check: The highest unduplicated activity total shown in row 2 on this ATC tab must be equal to or less than the HOPWA-Eligible individual total reported in row 27 on the DEM &amp; Prior Living Tab. The HOPWA-Eligible individual total from row 27 is also shown directly to the right for your reference.</b></p>							
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	0							<b>DEM tab, row 27:</b>	
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							<b>283</b>	
<b>Total Unduplicated Housing Subsidy Assistance Household Count</b>	0								
<b>Access to Care (ATC)</b>									
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.									
<b>Questions</b>		<b>This Report</b>							
How many households had contact with a case manager?		0							
How many households developed a housing plan for maintaining or establishing stable housing?		0							
How many households accessed and maintained medical insurance and/or assistance?		0							
How many households had contact with a primary health care provider?		0							
How many households accessed or maintained qualification for sources of income?		0							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?		0							
<b>Subsidy Assistance with Supportive Service, Funded Case Management</b>									
<b>Questions</b>		<b>This Report</b>							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?		0							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?		0							
		<p><b>Rows 10-15: Data Checks:</b>  <b>The values entered in each of these rows individually cannot be greater than the value calculated in Row 6.</b>   <b>If insurance or income were reported on any of the activity tabs, Rows 12 &amp; 14 should be completed accordingly.</b>   <b>If all Rows are "0", provide explanation in Access to Care section of Data Quality Notes Tab.</b>   <b>Reminders: 1. Contact with a case manager does not have to be a HOPWA-funded case manager.</b>             2. Access to medical insurance can include those who accessed other types of insurance not included in the activity tabs.</p>							
		<p><b>Data Check: Individually, Rows 18 &amp; 19 cannot be &gt; than the lesser of Cells H2 or B6.</b>             In Rows 18 &amp; 19, report on Housing Subsidy Assistance households as calculated in Row 6 ONLY.             Case management is a supportive service; therefore, all individuals reported in Row 18 should be included in total reported in Row 19.</p>							

**Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.**

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

If you have this data, please complete Rows 3-7. If you do not have this data, it is currently NOT an error to leave this chart blank.

## Instructions for Completing the HOPWA Provider Performance Report Workbook

### What is the HOPWA Provider Performance Report Workbook?

This workbook provides annual performance data for HOPWA activities. This includes outputs (e.g., households served and demographic information), outcomes (e.g., access to care and support outcomes) and expenditures (for HOPWA-eligible costs). This data will be compiled by the HOPWA Formula or Competitive Grantees, as part of providing annual performance reporting to HUD.

### Who completes this form?

This workbook will be completed by any organization that conducts any HOPWA activities other than administrative activities. This includes HOPWA Formula or Competitive Grantees that conduct other HOPWA activities besides administrative activities, and the Project Sponsor organizations that Grantees contract to provide HOPWA services (as defined in 24 CFR 574.3).

There should be one organization's HOPWA activities reported in each workbook. Each organization should complete a separate performance report workbook that only includes the HOPWA activities conducted by that organization.

### What tabs should be completed for this report?

The Performance Report Workbook requires the completion of the following tabs:

- *DEM (Demographics) & Prior Living (see Note)*
- *Leveraging*
- *ATC (Access to Care) & Totals*

ONLY PROJECT SPONSORS\* should complete these tabs:

- *HOPWA Provider*
- *CONTACT*

\*For Grantees that are approved to conduct Resource Identification or Technical Assistance activities, please report your expenditure amounts for those budget line items in the HOPWA Provider tab. These are the only cells that you will need to complete in the HOPWA Provider tab.

Note: Complete Prior Living information only for individuals served by TBRA, P-FBH, ST-TFBH or PHP.

The remaining tabs should ONLY be completed based on HOPWA services provided by the organization completing this workbook. Leave tabs untouched if the activity is not provided by the organization.

- *TBRA (Tenant-Based Rental Assistance)*
- *P-FBH (Permanent Facility-Based Housing)*
- *ST-TFBH (Short-Term or Transitional Facility-Based Housing)*
- *STRMU (Short-Term Rent, Mortgage and Utilities Assistance)*
- *PHP (Permanent Housing Placement Assistance)*
- *Housing Info (Housing Information Services)*
- *Supp Svcs (HOPWA Supportive Services)*
- *Other Competitive Activity*
- *CAP DEV (Capital Development)*
- *VAWA (Housing Transfers for Households Covered by the Violence Against Women Act)*

### Important Information

To ensure the integrity of this reporting form, please do not DELETE or ALTER any rows, columns, tabs, or the NAME of the report. This form requires the entry of data only where applicable, with no other actions required.

- 1 Enter text in empty cells next to questions.
- 2 Enter numbers where the entry reads "0" and the answer is an amount greater than zero.

### SUBMISSION INSTRUCTIONS

- Once complete, the Project Sponsor should return the entire workbook to the Grantee in the manner and timeline prescribed by the Grantee.
- The report MUST be submitted in this Excel format.
- DO NOT alter the name of this file; return it to the Grantee with the file name as provided.
- The Grantee is responsible for reviewing this report and submitting it to HUD. Project Sponsors should not submit this report to HUD; only to the Grantee.
- The Grantee may be contacted by HUD or a HUD contractor regarding the accuracy of this report.
- Please contact the Grantee if you require support submitting this form.
- Submission of the collection of separate workbook files satisfies the HOPWA annual performance reporting submission requirements to HUD. No additional uploads or submission methods (i.e., eCon Planning Suite, SharePoint, etc.) are required.

<b>Grant ID</b>	<b>Grantee</b>	<b>Sponsor ID</b>	<b>Sponsor</b>	<b>File ID</b>
FFL58522	FORT LAUDERDALE	S8521524	S8521524_Care Resource Community Health Ce	25230_241334

**Optional Data Quality Notes**

Use the space below to add notes about the data provided in the workbook that you would like communicated to your HOPWA grantee or HUD's Office of HIV/AIDS Housing staff. Use the ALT+enter keys to create a return in this section.

**GENERAL PROVIDER DATA COMMENTS:**

**HOPWA PROVIDER TAB DATA COMMENTS:**

**CONTACT TAB DATA COMMENTS:**

**DEMOGRAPHICS & PRIOR LIVING TAB (DEM & Prior Living) DATA COMMENTS:**

[Empty light blue box for data entry]

**LEVERAGING AND PROGRAM INCOME TAB DATA COMMENTS:**

[Empty light blue box for data entry]

**TENANT-BASED RENTAL ASSISTANCE TAB (TBRA) DATA COMMENTS:**

[Empty light blue box for data entry]

**PERMANENT FACILITY-BASED HOUSING TAB (P-FBH) ASSISTANCE DATA COMMENTS:**

[Empty light blue box for data entry]

[Empty light blue box for data entry]

**SHORT-TERM/TRANSITIONAL FACILITY-BASED HOUSING TAB (ST-TFBH) ASSISTANCE DATA COMMENTS:**

[Empty light blue box for data entry]

**SHORT-TERM RENT, MORTGAGE, AND UTILITY TAB (STRMU) ASSISTANCE DATA COMMENTS:**

[Empty light blue box for data entry]

**PERMANENT HOUSING PLACEMENT TAB (PHP) DATA COMMENTS:**

[Empty light blue box for data entry]

**HOUSING INFORMATION TAB DATA COMMENTS:**

[Empty light blue box for data entry]

**SUPPORTIVE SERVICES TAB DATA COMMENTS:**

**OTHER COMPETITIVE ACTIVITY TAB DATA COMMENTS:**

**ACCESS TO CARE TAB (ATC & Totals) DATA COMMENTS:**

**CAPITAL DEVELOPMENT TAB (CAP DEV) DATA COMMENTS:**

**VIOLENCE AGAINST WOMENT ACT TAB (VAWA) DATA COMMENTS:**

**Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.**

Project Sponsor Questions	Responses
What is the organization's name?	Care Resource Community Health
What is the organization's Unique Entity Identifier (UEI)?	YMDTWM21RUB6
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	59-2564198
What is the HOPWA contract amount for this organization?	341760.61
What is the organization's business street address?	3510 Biscayne Blvd.
In what city is the organization's business address?	Miami
In what county is the organization's business address?	Miami-Dade
In what state is the organization's business address?	Florida
What is the organization's business address zip code?	33137
What is the organization's parent company, if applicable?	
What department administers the organization's grant?	Social Services Department
What is the organization's phone number (including extension)?	305-576-1234
What is the organization's fax number?	305-571-2020
What is the organization's website?	www.careresource.org
What is the organization's Facebook page?	https://www.facebook.com/CareResource
What is the organization's Twitter handle?	https://www.twitter.com/CareResourceFL
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	Yes
Is this a grassroots organization? Yes or No.	No
What are the cities of the organization's primary service area?	City of Fort Lauderdale
What are the counties of the organization's primary service area?	Broward
In what congressional district is the organization located?	FL-23
In what congressional district is the primary service area?	FL-20, FL-23
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	No
<b>Provider Non-Direct Service Expenditures</b>	
What were the total HOPWA funds expended for Administration costs?	21329.82
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

**NOTE:** The amount in Row 6 should be the amount of HOPWA funds the project sponsor receives from this grantee. It should not include any HOPWA funds received from other grantees.

**NOTE:** For HOPWA GRANTEES ONLY who ALSO provide direct HOPWA services to HOPWA-eligible individuals:

You do not need to complete Rows 3 - 28: skip and complete Rows 29 & 30 only as applicable, and enter all HOPWA Grantee Admin expenditures in the Grantee workbook only: do not report any Admin expenditures in Row 28 of this tab.

**Data Check for Project Sponsors: Rows 12, 15, 17, 18, 28, 29, & 30 need only be filled in if applicable: All other questions are mandatory).**

**NOTE:** for HOPWA Project Sponsors: if Row 28 is "0", please provide a comment to confirm no Admin expenditures in the "HOPWA Provider" section of "Data Quality Notes" Tab.

Percentage of Total Grant amount expended on Admin:	<b>6%</b>
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**NOTE:** Project sponsor administrative costs are limited to 7% of the total HOPWA grant award amount they receive. If your administrative costs for the reporting period as calculated in Cell G30 are greater than 7% of the award amount reported for the period, please provide an explanation in "HOPWA Provider" section of the "Data Notes" Tab

<b>Contact Information for your Organization</b>	
<b>Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.</b>	
<b>Question</b>	<b>Responses</b>
<b>Contact Information for Primary Program Contact</b>	
What is the Primary Program contact name?	Rafael Jimenez
What is the Primary Program contact title?	Chief of Social Services
In what department does the Primary Program contact work?	Social Services
What is the Primary Program contact email?	rjimenez@careresource.org
What is the Primary Program contact phone number (including extension)?	954-567-7141 Ext. 251
What is the Primary Program contact fax number?	954-703-2029
<b>Contact Information for Secondary Program Contact</b>	
What is the Secondary Program contact name?	Francisco Gomez
What is the Secondary Program contact title?	Director of Housing Services
In what department does the Secondary Program contact work?	Social Services
What is the Secondary Program contact email?	fgomez@careresource.org
What is the Secondary Program contact phone number (including extension)?	954-567-7141 Ext. 110
What is the Secondary Program contact fax number?	954-703-2029
<b>Contact Information for Individuals Seeking Services</b>	
What is the Services contact name?	Maryfer Lacruz
What is the Services contact title?	Housing Services Supervisor
In what department does the Services contact work?	Social Services
What is the Services contact email?	mlacruz@careresource.org
What is the Services contact phone number (including extension)?	954-567-7141 Ext. 149
What is the Services contact fax number?	954-703-2029

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

For HOPWA GRANTEEES ONLY who ALSO provided direct HOPWA services: You do not need to complete this tab.

**Data Check for Project Sponsors: Rows 9, 16, & 23 need only be completed if applicable. All other contact information is mandatory. Complete even if a contact is duplicated across multiple roles.**

*This information may be published on HUD websites as a resource for clients seeking services.*

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	1350780.04	No
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
<b>Other types of private or public funding:</b>		
Other FUNDING 1	130000	Yes
Other FUNDING 2	304296.07	Yes
Other FUNDING 3	230737	Yes
Other FUNDING 4	1989421.63	Yes
Other FUNDING 5	389651.21	Yes
Other FUNDING 6	142516.32	Yes
Other FUNDING 7	125623.21	Yes
Other FUNDING 8	119871.56	Yes
Other FUNDING 9	525000	Yes
Other FUNDING 10	1185250	Yes
Other FUNDING 11	0	
Other FUNDING 12	0	
Other FUNDING 13	0	
Other FUNDING 14	0	
Other FUNDING 15	0	
<b>Program Income</b>	<b>0</b>	
What was the amount of program income collected from resident rent payments in the program year?	0	
What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
<b>Uses of Program Income</b>	<b>0</b>	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
<b>Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords</b>		
What was the amount of resident rent payment that residents paid directly to private landlords?	0	

Scroll to the bottom of this tab for required Program Income reporting questions.

Complete Rows 3-11 for specific leveraging sources listed in Column A.  
 Column B: Should be a single dollar amount.  
 Column C: Should be a "Yes" or "No" response only to indicate whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations on this tab.

NOTE: Enter any leveraged project sponsor cash in row 11, "Grantee cash."

In rows 13-27, enter other leveraged funds not included in the sources listed Rows 3-11.

Column A: Do not enter anything: you do not need to report the specific source of the leveraged funds.

Column B: Should be a single dollar amount.

Column C: Should have "Yes" or "No" response only as to whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations or other text.

If P-FBH or ST-TFBH activity reported and Row 29 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If Subsidy Assistance activity reported and Row 30 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If TBRA activity reported and Row 35 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

**Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.**

Question	This Report
<b>TBRA Households Served and Expenditures</b>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<b>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</b>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<b>TBRA Household Total (TBRA + Other)</b>	<b>0</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
<b>Health Outcomes for HOPWA-Eligible Individuals Served by this Activity</b>	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Note: This total should include overhead (staff costs, fringe, etc.).

**NOTE: Rows 7-9 should not be completed unless you have been approved by HUD in your grant agreement to carry out these activities. Facilities-based Housing, STRMU & PHP activities should not be reported here.**

**Income Levels in Rows 12-14:  
Data Check: Sum of 12-14 as shown in Row 11 must be = to Row 10.**

Sources of income in Rows 17-29: Report ALL sources of income to HOPWA-eligible households (including those for other household members).  
Data Check: Sum of 17-29 as shown in Row 16 must be = or > than Row 10.

Medical Insurance in Rows 32-37: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
Data Check: If 32-37 are all "0", provide explanation in TBRA section of Data Quality Notes Tab..

NOTE: Health outcomes do NOT have to be supported by labs or other medical

How many HOPWA-eligible individuals served with TBRA this year have ever been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>0</b>
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

supported by labs or other medical documentation. It can be self-report from clients.  
 Data Check: If 39 and/or 40 are "0", provide explanation in TBRA section of Data Quality Notes Tab.

**Longevity in Rows 42-46:**  
**Data Check: Sum of 42-46 as shown in Row 41 Must be = to Row 10.**

**Housing Outcomes in Rows 48-61:**  
**Data Check: Sum of 48-61 as shown in Row 47 Must be = to Row 10.**

**Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity - STRMU Breakdown</b>	
a. How many households were served with STRMU mortgage assistance only?	0
b. How many households were served with STRMU rental assistance only?	0
c. How many households were served with STRMU utilities assistance only?	0
d. How many households received more than one type of STRMU assistance?	0
<b>STRMU Households Total</b>	<b>0</b>
<b>STRMU Expenditures</b>	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
<b>Total STRMU Expenditures</b>	<b>0</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

This total should include overhead (staff costs, fringe, etc.). NOTE: The grantee determines how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures). All sponsors should report in the same manner.

**Income Levels in Rows 16-18:**  
**Data Check: Sum of 16-18 as shown in Row 15 must be = to Row 8**

**Income Sources in Rows 21-33:**  
**Report ALL sources of income for HOPWA-eligible households (including those for other household members).**  
**Data Check: Sum of 21-33 as shown in Row 20 must be = to or > than Row 8**

Medical Insurance in Rows 36-41: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 36-41 are all "0", provide explanation in TBRA section of Data Quality Notes Tab.

State Children's Health Insurance Program (CHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>0</b>
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

Longevity in Rows 43-46:  
The total of this section does NOT have to match your household total for this activity.

Data Check: Individually, Rows 44-46 cannot be > than Row 8

**Housing Outcomes in Rows 48-61:**

**Data Check: Sum of 48-61 as shown in Row 47 must be = to Row 8**

**Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with PHP assistance?	0
<b>PHP Expenditures for Households Served by this Activity</b>	
What were the HOPWA funds expended for PHP?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Housing Outcomes for Households Served by this Activity</b>	
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

The total in Row 6 should include overhead (staff costs, fringe, etc.).

Income Sources in Rows 9-21:  
Report ALL sources of income for HOPWA-eligible households (including those for other household members).  
  
Data Check: Sum of 9-21 as shown in Row 8 must be = to or > than Row 4

Medical Insurance in Rows 24-29: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 24-29 are all "0", provide explanation in "PHP" section of "Data Quality Notes" Tab.

Housing Outcomes in Rows 32-34:  
Data Check: Sum of 32-34 as shown in Row 30 must be = to Row 4: if not, provide explanation in "PHP" section of "Data Quality Notes" Tab.

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.  
 See definition of "Housing Information Services" on "Performance Report Cover" tab

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with housing information services?	0
<b>Housing Information Services Expenditures</b>	
What were the HOPWA funds expended for Housing Information Services?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

NOTE: The total in Row 6 should include overhead (staff costs, fringe, etc.).

**Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.**  
**Note that this table also collects HOPWA Supportive Service expenditures.**

Questions	This Report	
	Number of Households	Expenditures
<b>Households and Expenditures for Supportive Service Types</b>		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	369	286237.63
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
<b>Deduplication of Supportive Services</b>		
How many households received more than one of any type of Supportive Services?	0	

<b>Deduplicated Supportive Services Household Total (based on amounts reported in Rows 5-21 above):</b>	<b>369</b>	
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**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Column B: enter the unduplicated number of households served by each type of HOPWA-FUNDED Supportive Services

Column C: Report all HOPWA expenditures associated with delivering each type of HOPWA-FUNDED Supportive Services. This total should include overhead (staff costs, fringe, etc.).

NOTE: The grantee can determine how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures. All sponsors should report in the same manner.

**Data Check: If your unduplicated household total calculated in Cell B23 appears incorrect, adjust Row 21.**

**Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.**

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Complete this tab ONLY if you have been approved by HUD in your grant agreement to carry our "Other Housing Activities."

The total in Row 4 should include overhead (staff costs, fringe, etc.).

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity	
<b>Total Households Served in ALL Activities from this report for each Activity.</b>	0	0	0	0	0	0	369	0	
<b>Housing Subsidy Assistance Household Count Deduplication</b>		<p><b>Data Check: The highest unduplicated activity total shown in row 2 on this ATC tab must be equal to or less than the HOPWA-Eligible individual total reported in row 27 on the DEM &amp; Prior Living Tab. The HOPWA-Eligible individual total from row 27 is also shown directly to the right for your reference.</b></p>							
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	0							<b>DEM tab, row 27:</b>	
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							369	
<b>Total Unduplicated Housing Subsidy Assistance Household Count</b>	0								
<b>Access to Care (ATC)</b>									
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.									
<b>Questions</b>		<b>This Report</b>							
How many households had contact with a case manager?	0	<p><b>Rows 10-15: Data Checks:</b>  <b>The values entered in each of these rows individually cannot be greater than the value calculated in Row 6.</b>   <b>If insurance or income were reported on any of the activity tabs, Rows 12 &amp; 14 should be completed accordingly.</b>   <b>If all Rows are "0", provide explanation in Access to Care section of Data Quality Notes Tab.</b>   <b>Reminders: 1. Contact with a case manager does not have to be a HOPWA-funded case manager.</b>             2. Access to medical insurance can include those who accessed other types of insurance not included in the activity tabs.</p>							
How many households developed a housing plan for maintaining or establishing stable housing?	0								
How many households accessed and maintained medical insurance and/or assistance?	0								
How many households had contact with a primary health care provider?	0								
How many households accessed or maintained qualification for sources of income?	0								
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	0								
<b>Subsidy Assistance with Supportive Service, Funded Case Management</b>									
<b>Questions</b>		<b>This Report</b>							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0	<p><b>Data Check: Individually, Rows 18 &amp; 19 cannot be &gt; than the lesser of Cells H2 or B6.</b>             In Rows 18 &amp; 19, report on Housing Subsidy Assistance households as calculated in Row 6 ONLY.             Case management is a supportive service; therefore, all individuals reported in Row 18 should be included in total reported in Row 19.</p>							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0								

**Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.**

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

If you have this data, please complete Rows 3-7. If you do not have this data, it is currently NOT an error to leave this chart blank.

## Instructions for Completing the HOPWA Provider Performance Report Workbook

### What is the HOPWA Provider Performance Report Workbook?

This workbook provides annual performance data for HOPWA activities. This includes outputs (e.g., households served and demographic information), outcomes (e.g., access to care and support outcomes) and expenditures (for HOPWA-eligible costs). This data will be compiled by the HOPWA Formula or Competitive Grantees, as part of providing annual performance reporting to HUD.

### Who completes this form?

This workbook will be completed by any organization that conducts any HOPWA activities other than administrative activities. This includes HOPWA Formula or Competitive Grantees that conduct other HOPWA activities besides administrative activities, and the Project Sponsor organizations that Grantees contract to provide HOPWA services (as defined in 24 CFR 574.3).

There should be one organization's HOPWA activities reported in each workbook. Each organization should complete a separate performance report workbook that only includes the HOPWA activities conducted by that organization.

### What tabs should be completed for this report?

The Performance Report Workbook requires the completion of the following tabs:

- *DEM (Demographics) & Prior Living (see Note)*
- *Leveraging*
- *ATC (Access to Care) & Totals*

ONLY PROJECT SPONSORS\* should complete these tabs:

- *HOPWA Provider*
- *CONTACT*

\*For Grantees that are approved to conduct Resource Identification or Technical Assistance activities, please report your expenditure amounts for those budget line items in the HOPWA Provider tab. These are the only cells that you will need to complete in the HOPWA Provider tab.

Note: Complete Prior Living information only for individuals served by TBRA, P-FBH, ST-TFBH or PHP.

The remaining tabs should ONLY be completed based on HOPWA services provided by the organization completing this workbook. Leave tabs untouched if the activity is not provided by the organization.

- *TBRA (Tenant-Based Rental Assistance)*
- *P-FBH (Permanent Facility-Based Housing)*
- *ST-TFBH (Short-Term or Transitional Facility-Based Housing)*
- *STRMU (Short-Term Rent, Mortgage and Utilities Assistance)*
- *PHP (Permanent Housing Placement Assistance)*
- *Housing Info (Housing Information Services)*
- *Supp Svcs (HOPWA Supportive Services)*
- *Other Competitive Activity*
- *CAP DEV (Capital Development)*
- *VAWA (Housing Transfers for Households Covered by the Violence Against Women Act)*

### Important Information

To ensure the integrity of this reporting form, please do not DELETE or ALTER any rows, columns, tabs, or the NAME of the report. This form requires the entry of data only where applicable, with no other actions required.

- 1 Enter text in empty cells next to questions.
- 2 Enter numbers where the entry reads "0" and the answer is an amount greater than zero.

### SUBMISSION INSTRUCTIONS

- Once complete, the Project Sponsor should return the entire workbook to the Grantee in the manner and timeline prescribed by the Grantee.
- The report MUST be submitted in this Excel format.
- DO NOT alter the name of this file; return it to the Grantee with the file name as provided.
- The Grantee is responsible for reviewing this report and submitting it to HUD. Project Sponsors should not submit this report to HUD; only to the Grantee.
- The Grantee may be contacted by HUD or a HUD contractor regarding the accuracy of this report.
- Please contact the Grantee if you require support submitting this form.
- Submission of the collection of separate workbook files satisfies the HOPWA annual performance reporting submission requirements to HUD. No additional uploads or submission methods (i.e., eCon Planning Suite, SharePoint, etc.) are required.

<b>Grant ID</b>	<b>Grantee</b>	<b>Sponsor ID</b>	<b>Sponsor</b>	<b>File ID</b>
FFL58522	FORT LAUDER	S8521520	S8521520_Broward House, Inc.	25230_241367

**Optional Data Quality Notes**

Use the space below to add notes about the data provided in the workbook that you would like communicated to your HOPWA grantee or HUD's Office of HIV/AIDS Housing staff. Use the ALT+enter keys to create a return in this section.

**GENERAL PROVIDER DATA COMMENTS:**

**HOPWA PROVIDER TAB DATA COMMENTS:**

**CONTACT TAB DATA COMMENTS:**

**DEMOGRAPHICS & PRIOR LIVING TAB (DEM & Prior Living) DATA COMMENTS:**

[Empty light blue box]

**LEVERAGING AND PROGRAM INCOME TAB DATA COMMENTS:**

We have no "Other Program Income" to report in Row 30. Other than resident rent payments, we have no income that is the direct result of the expenditure of HOPWA funds.

**TENANT-BASED RENTAL ASSISTANCE TAB (TBRA) DATA COMMENTS:**

[Empty light blue box]

**PERMANENT FACILITY-BASED HOUSING TAB (P-FBH) ASSISTANCE DATA COMMENTS:**

[Empty light blue box]

[Empty comment box]

**SHORT-TERM/TRANSITIONAL FACILITY-BASED HOUSING TAB (ST-TFBH) ASSISTANCE DATA COMMENTS:**

[Empty comment box]

**SHORT-TERM RENT, MORTGAGE, AND UTILITY TAB (STRMU) ASSISTANCE DATA COMMENTS:**

[Empty comment box]

**PERMANENT HOUSING PLACEMENT TAB (PHP) DATA COMMENTS:**

[Empty comment box]

**HOUSING INFORMATION TAB DATA COMMENTS:**

[Empty comment box]

**SUPPORTIVE SERVICES TAB DATA COMMENTS:**

**OTHER COMPETITIVE ACTIVITY TAB DATA COMMENTS:**

**ACCESS TO CARE TAB (ATC & Totals) DATA COMMENTS:**

**CAPITAL DEVELOPMENT TAB (CAP DEV) DATA COMMENTS:**

**VIOLENCE AGAINST WOMENT ACT TAB (VAWA) DATA COMMENTS:**

**Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.**

Project Sponsor Questions	Responses
What is the organization's name?	Broward House, Inc.
What is the organization's Unique Entity Identifier (UEI)?	P9UVYL71H2A5
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	59-2913416
What is the HOPWA contract amount for this organization?	3910074
What is the organization's business street address?	2800 Andrews Ave
In what city is the organization's business address?	Fort Lauderdale
In what county is the organization's business address?	Broward
In what state is the organization's business address?	Florida
What is the organization's business address zip code?	33311
What is the organization's parent company, if applicable?	
What department administers the organization's grant?	Housing
What is the organization's phone number (including extension)?	954-568-7373 ext. 1234
What is the organization's fax number?	954-563-5923
What is the organization's website?	www.browardhouse.org
What is the organization's Facebook page?	www.facebook.com/browardhouse
What is the organization's Twitter handle?	browardhouse
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	Yes
Is this a grassroots organization? Yes or No.	No
What are the cities of the organization's primary service area?	Wilton Manors, Fort Lauderdale, Lauderhill, Lauderdale Lakes, Dania, Hollywood, Oakland Park
What are the counties of the organization's primary service area?	Broward
In what congressional district is the organization located?	FL-023
In what congressional district is the primary service area?	FL-023
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	Yes
<b>Provider Non-Direct Service Expenditures</b>	
What were the total HOPWA funds expended for Administration costs?	202313.21
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

**NOTE:** The amount in Row 6 should be the amount of HOPWA funds the project sponsor receives from this grantee. It should not include any HOPWA funds received from other grantees.

**NOTE:** For HOPWA GRANTEES ONLY who ALSO provide direct HOPWA services to HOPWA-eligible individuals:

You do not need to complete Rows 3 - 28: skip and complete Rows 29 & 30 only as applicable, and enter all HOPWA Grantee Admin expenditures in the Grantee workbook only: do not report any Admin expenditures in Row 28 of this tab.

**Data Check for Project Sponsors: Rows 12, 15, 17, 18, 28, 29, & 30 need only be filled in if applicable: All other questions are mandatory).**

**NOTE:** for HOPWA Project Sponsors: if Row 28 is "0", please provide a comment to confirm no Admin expenditures in the "HOPWA Provider" section of "Data Quality Notes" Tab.

Percentage of Total Grant amount expended on Admin:	<b>5%</b>
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**NOTE:** Project sponsor administrative costs are limited to 7% of the total HOPWA grant award amount they receive. If your administrative costs for the reporting period as calculated in Cell G30 are greater than 7% of the award amount reported for the period, please provide an explanation in "HOPWA Provider" section of the "Data Notes" Tab

**Contact Information for your Organization**  
**Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.**

Question	Responses
<b>Contact Information for Primary Program Contact</b>	
What is the Primary Program contact name?	Tameka Weaver
What is the Primary Program contact title?	Director of Housing
In what department does the Primary Program contact work?	Housing
What is the Primary Program contact email?	tweaver@browardhouse.org
What is the Primary Program contact phone number (including extension)?	954-568-7373 ext. 3232
What is the Primary Program contact fax number?	954-563-5923
<b>Contact Information for Secondary Program Contact</b>	
What is the Secondary Program contact name?	Matthew Patterson
What is the Secondary Program contact title?	Director of Contracts
In what department does the Secondary Program contact work?	Administration
What is the Secondary Program contact email?	mpatterson@browardhouse.org
What is the Secondary Program contact phone number (including extension)?	954-568-7373 ext. 1203
What is the Secondary Program contact fax number?	954-563-5923
<b>Contact Information for Individuals Seeking Services</b>	
What is the Services contact name?	Fidal Young
What is the Services contact title?	Residential Director
In what department does the Services contact work?	Residential
What is the Services contact email?	fyoung@browardhouse.org
What is the Services contact phone number (including extension)?	954-568-7373 ext. 3227
What is the Services contact fax number?	954-563-5923

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

For HOPWA GRANTEEES ONLY who ALSO provided direct HOPWA services: You do not need to complete this tab.

**Data Check for Project Sponsors: Rows 9, 16, & 23 need only be completed if applicable. All other contact information is mandatory. Complete even if a contact is duplicated across multiple roles.**

*This information may be published on HUD websites as a resource for clients seeking services.*

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	507165.7	No
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
<b>Other types of private or public funding:</b>		
Other FUNDING 1	6000	No
Other FUNDING 2	0	
Other FUNDING 3	0	
Other FUNDING 4	0	
Other FUNDING 5	0	
Other FUNDING 6	0	
Other FUNDING 7	0	
Other FUNDING 8	0	
Other FUNDING 9	0	
Other FUNDING 10	0	
Other FUNDING 11	0	
Other FUNDING 12	0	
Other FUNDING 13	0	
Other FUNDING 14	0	
Other FUNDING 15	0	
<b>Program Income</b>	<b>200512.18</b>	
What was the amount of program income collected from resident rent payments in the program year?	200512.18	
What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
<b>Uses of Program Income</b>	<b>200512.18</b>	
What was the amount of total program income that was spent on housing assistance in the program year?	200512.18	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
<b>Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords</b>		
What was the amount of resident rent payment that residents paid directly to private landlords?	426347	

Scroll to the bottom of this tab for required Program Income reporting questions.

Complete Rows 3-11 for specific leveraging sources listed in Column A.  
 Column B: Should be a single dollar amount.  
 Column C: Should be a "Yes" or "No" response only to indicate whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations on this tab.

NOTE: Enter any leveraged project sponsor cash in row 11, "Grantee cash."

In rows 13-27, enter other leveraged funds not included in the sources listed Rows 3-11.

Column A: Do not enter anything: you do not need to report the specific source of the leveraged funds.

Column B: Should be a single dollar amount.

Column C: Should have "Yes" or "No" response only as to whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations or other text.

If P-FBH or ST-TFBH activity reported and Row 29 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab  
 If Subsidy Assistance activity reported and Row 30 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If TBRA activity reported and Row 35 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

**Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.**

Question	This Report
<b>TBRA Households Served and Expenditures</b>	
How many households were served with HOPWA TBRA assistance?	80
What were the total HOPWA funds expended for TBRA rental assistance?	1447598.94
<b>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</b>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<b>TBRA Household Total (TBRA + Other)</b>	<b>80</b>
<b>Income Levels for Households Served by this Activity</b>	<b>80</b>
What is the number of households with income below 30% of Area Median Income?	59
What is the number of households with income between 31% and 50% of Area Median Income?	15
What is the number of households with income between 51% and 80% of Area Median Income?	6
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>124</b>
Earned Income from Employment	16
Retirement	14
SSI	44
SSDI	27
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	1
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	1
Unemployment Insurance	0
Other Sources of Income	21
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	47
MEDICARE Health Insurance or local program equivalent	33
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	10
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
<b>Health Outcomes for HOPWA-Eligible Individuals Served by this Activity</b>	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Note: This total should include overhead (staff costs, fringe, etc.).

**NOTE: Rows 7-9 should not be completed unless you have been approved by HUD in your grant agreement to carry out these activities. Facilities-based Housing, STRMU & PHP activities should not be reported here.**

**Income Levels in Rows 12-14:  
Data Check: Sum of 12-14 as shown in Row 11 must be = to Row 10.**

Sources of income in Rows 17-29: Report ALL sources of income to HOPWA-eligible households (including those for other household members).  
Data Check: Sum of 17-29 as shown in Row 16 must be = or > than Row 10.

Medical Insurance in Rows 32-37: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
Data Check: If 32-37 are all "0", provide explanation in TBRA section of Data Quality Notes Tab..

NOTE: Health outcomes do NOT have to be supported by labs or other medical

How many HOPWA-eligible individuals served with TBRA this year have ever been prescribed Anti-Retroviral Therapy?	80
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	78
<b>Longevity for Households Served by this Activity</b>	<b>80</b>
How many households have been served with TBRA for less than one year?	5
How many households have been served with TBRA for more than one year, but less than five years?	17
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	28
How many households have been served with TBRA for more than 15 years?	30
<b>Housing Outcomes for Households Served by this Activity</b>	<b>80</b>
How many households continued receiving HOPWA TBRA assistance into the next year?	74
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	1
How many households exited to transitional housing (time limited - up to 24 months)?	1
How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	4
How many of the HOPWA eligible individuals died?	0

supported by labs or other medical documentation. It can be self-report from clients.  
Data Check: If 39 and/or 40 are "0", provide explanation in TBRA section of Data Quality Notes Tab.

**Longevity in Rows 42-46:**  
**Data Check: Sum of 42-46 as shown in Row 41 Must be = to Row 10.**

**Housing Outcomes in Rows 48-61:**  
**Data Check: Sum of 48-61 as shown in Row 47 Must be = to Row 10.**

**Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity - STRMU Breakdown</b>	
a. How many households were served with STRMU mortgage assistance only?	0
b. How many households were served with STRMU rental assistance only?	0
c. How many households were served with STRMU utilities assistance only?	0
d. How many households received more than one type of STRMU assistance?	0
<b>STRMU Households Total</b>	<b>0</b>
<b>STRMU Expenditures</b>	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
<b>Total STRMU Expenditures</b>	<b>0</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

This total should include overhead (staff costs, fringe, etc.). NOTE: The grantee determines how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures). All sponsors should report in the same manner.

**Income Levels in Rows 16-18:**  
**Data Check: Sum of 16-18 as shown in Row 15 must be = to Row 8**

**Income Sources in Rows 21-33:**  
**Report ALL sources of income for HOPWA-eligible households (including those for other household members).**  
**Data Check: Sum of 21-33 as shown in Row 20 must be = to or > than Row 8**

Medical Insurance in Rows 36-41: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 36-41 are all "0", provide explanation in TBRA section of Data Quality Notes Tab.

State Children's Health Insurance Program (CHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>0</b>
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

Longevity in Rows 43-46:  
The total of this section does NOT have to match your household total for this activity.

Data Check: Individually, Rows 44-46 cannot be > than Row 8

**Housing Outcomes in Rows 48-61:**

**Data Check: Sum of 48-61 as shown in Row 47 must be = to Row 8**

**Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with PHP assistance?	0
<b>PHP Expenditures for Households Served by this Activity</b>	
What were the HOPWA funds expended for PHP?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Housing Outcomes for Households Served by this Activity</b>	
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

The total in Row 6 should include overhead (staff costs, fringe, etc.).

Income Sources in Rows 9-21:  
Report ALL sources of income for HOPWA-eligible households (including those for other household members).  
  
Data Check: Sum of 9-21 as shown in Row 8 must be = to or > than Row 4

Medical Insurance in Rows 24-29: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 24-29 are all "0", provide explanation in "PHP" section of "Data Quality Notes" Tab.

Housing Outcomes in Rows 32-34:  
Data Check: Sum of 32-34 as shown in Row 30 must be = to Row 4: if not, provide explanation in "PHP" section of "Data Quality Notes" Tab.

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.  
 See definition of "Housing Information Services" on "Performance Report Cover" tab

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with housing information services?	0
<b>Housing Information Services Expenditures</b>	
What were the HOPWA funds expended for Housing Information Services?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

NOTE: The total in Row 6 should include overhead (staff costs, fringe, etc.).

**Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.**  
**Note that this table also collects HOPWA Supportive Service expenditures.**

Questions	This Report	
	Number of Households	Expenditures
<b>Households and Expenditures for Supportive Service Types</b>		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
<b>Deduplication of Supportive Services</b>		
How many households received more than one of any type of Supportive Services?	0	

<b>Deduplicated Supportive Services Household Total (based on amounts reported in Rows 5-21 above):</b>	<b>0</b>	
---	----------	--

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Column B: enter the unduplicated number of households served by each type of HOPWA-FUNDED Supportive Services

Column C: Report all HOPWA expenditures associated with delivering each type of HOPWA-FUNDED Supportive Services. This total should include overhead (staff costs, fringe, etc.).

NOTE: The grantee can determine how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures. All sponsors should report in the same manner.

**Data Check: If your unduplicated household total calculated in Cell B23 appears incorrect, adjust Row 21.**

**Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.**

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Complete this tab ONLY if you have been approved by HUD in your grant agreement to carry our "Other Housing Activities."

The total in Row 4 should include overhead (staff costs, fringe, etc.).

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
<b>Total Households Served in ALL Activities from this report for each Activity.</b>	80	60	115	0	0	0	0	0
<b>Housing Subsidy Assistance Household Count Deduplication</b>		<p><b>Data Check: The highest unduplicated activity total shown in row 2 on this ATC tab must be equal to or less than the HOPWA-Eligible individual total reported in row 27 on the DEM &amp; Prior Living Tab. The HOPWA-Eligible individual total from row 27 is also shown directly to the right for your reference.</b></p>						
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	255							DEM tab, row 27:
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	2							253
<b>Total Unduplicated Housing Subsidy Assistance Household Count</b>	253							
<b>Access to Care (ATC)</b>								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
<b>Questions</b>	<b>This Report</b>							
How many households had contact with a case manager?	246							
How many households developed a housing plan for maintaining or establishing stable housing?	242							
How many households accessed and maintained medical insurance and/or assistance?	247							
How many households had contact with a primary health care provider?	248							
How many households accessed or maintained qualification for sources of income?	235							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	41							
<b>Subsidy Assistance with Supportive Service, Funded Case Management</b>								
<b>Questions</b>	<b>This Report</b>							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							
<p><b>Rows 10-15: Data Checks:</b>  <b>The values entered in each of these rows individually cannot be greater than the value calculated in Row 6.</b>   <b>If insurance or income were reported on any of the activity tabs, Rows 12 &amp; 14 should be completed accordingly.</b>   <b>If all Rows are "0", provide explanation in Access to Care section of Data Quality Notes Tab.</b>   <b>Reminders: 1. Contact with a case manager does not have to be a HOPWA-funded case manager.</b>             2. Access to medical insurance can include those who accessed other types of insurance not included in the activity tabs.</p>								
<p><b>Data Check: Individually, Rows 18 &amp; 19 cannot be &gt; than the lesser of Cells H2 or B6.</b>             In Rows 18 &amp; 19, report on Housing Subsidy Assistance households as calculated in Row 6 ONLY.             Case management is a supportive service; therefore, all individuals reported in Row 18 should be included in total reported in Row 19.</p>								

**Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.**

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

If you have this data, please complete Rows 3-7. If you do not have this data, it is currently NOT an error to leave this chart blank.

## Instructions for Completing the HOPWA Provider Performance Report Workbook

### What is the HOPWA Provider Performance Report Workbook?

This workbook provides annual performance data for HOPWA activities. This includes outputs (e.g., households served and demographic information), outcomes (e.g., access to care and support outcomes) and expenditures (for HOPWA-eligible costs). This data will be compiled by the HOPWA Formula or Competitive Grantees, as part of providing annual performance reporting to HUD.

### Who completes this form?

This workbook will be completed by any organization that conducts any HOPWA activities other than administrative activities. This includes HOPWA Formula or Competitive Grantees that conduct other HOPWA activities besides administrative activities, and the Project Sponsor organizations that Grantees contract to provide HOPWA services (as defined in 24 CFR 574.3).

There should be one organization's HOPWA activities reported in each workbook. Each organization should complete a separate performance report workbook that only includes the HOPWA activities conducted by that organization.

### What tabs should be completed for this report?

The Performance Report Workbook requires the completion of the following tabs:

- *DEM (Demographics) & Prior Living (see Note)*
- *Leveraging*
- *ATC (Access to Care) & Totals*

ONLY PROJECT SPONSORS\* should complete these tabs:

- *HOPWA Provider*
- *CONTACT*

\*For Grantees that are approved to conduct Resource Identification or Technical Assistance activities, please report your expenditure amounts for those budget line items in the HOPWA Provider tab. These are the only cells that you will need to complete in the HOPWA Provider tab.

Note: Complete Prior Living information only for individuals served by TBRA, P-FBH, ST-TFBH or PHP.

The remaining tabs should ONLY be completed based on HOPWA services provided by the organization completing this workbook. Leave tabs untouched if the activity is not provided by the organization.

- *TBRA (Tenant-Based Rental Assistance)*
- *P-FBH (Permanent Facility-Based Housing)*
- *ST-TFBH (Short-Term or Transitional Facility-Based Housing)*
- *STRMU (Short-Term Rent, Mortgage and Utilities Assistance)*
- *PHP (Permanent Housing Placement Assistance)*
- *Housing Info (Housing Information Services)*
- *Supp Svcs (HOPWA Supportive Services)*
- *Other Competitive Activity*
- *CAP DEV (Capital Development)*
- *VAWA (Housing Transfers for Households Covered by the Violence Against Women Act)*

### Important Information

To ensure the integrity of this reporting form, please do not DELETE or ALTER any rows, columns, tabs, or the NAME of the report. This form requires the entry of data only where applicable, with no other actions required.

- 1 Enter text in empty cells next to questions.
- 2 Enter numbers where the entry reads "0" and the answer is an amount greater than zero.

### SUBMISSION INSTRUCTIONS

- Once complete, the Project Sponsor should return the entire workbook to the Grantee in the manner and timeline prescribed by the Grantee.
- The report MUST be submitted in this Excel format.
- DO NOT alter the name of this file; return it to the Grantee with the file name as provided.
- The Grantee is responsible for reviewing this report and submitting it to HUD. Project Sponsors should not submit this report to HUD; only to the Grantee.
- The Grantee may be contacted by HUD or a HUD contractor regarding the accuracy of this report.
- Please contact the Grantee if you require support submitting this form.
- Submission of the collection of separate workbook files satisfies the HOPWA annual performance reporting submission requirements to HUD. No additional uploads or submission methods (i.e., eCon Planning Suite, SharePoint, etc.) are required.

<b>Grant ID</b>	<b>Grantee</b>	<b>Sponsor ID</b>	<b>Sponsor</b>	<b>File ID</b>
FFL58522	FORT LAUDERDALE	S8521526	S8521526_FORT LAUDERDALE	25230_241322

## Optional Data Quality Notes

Use the space below to add notes about the data provided in the workbook that you would like communicated to your HOPWA grantee or HUD's Office of HIV/AIDS Housing staff. Use the ALT+enter keys to create a return in this section.

### GENERAL PROVIDER DATA COMMENTS:

The grantee provides Housing Quality Inspection (HQS) services to support the housing activities reported by the project sponsors. As such the grantee does not maintain demographic information or prior living information as this would create duplication on the number of clients served. Data and Demographic counts are reported by the respective project sponsors that provide housing assistance. This spreadsheet is supportive of the data already reported by these project sponsors and should NOT be counted as unduplicated clients served by the grantee. All relevant data has been reported by the respective project sponsors.

### HOPWA PROVIDER TAB DATA COMMENTS:

The City engaged in an Equity Cohort. The Consolidated Plan and annual action plan were amended to include resource identification. Funds were used to compensate people with lived experience that participate in the cohort. For this reporting period 9946.37 was spent on Resource Identification.

### CONTACT TAB DATA COMMENTS:

Per spreadsheet instruction this tab is not required for Grantees that also provide direct Services. This grantee provides housing quality Standards Inspections services for all project sponsors housing units

### DEMOGRAPHICS & PRIOR LIVING TAB (DEM & Prior Living) DATA COMMENTS:

DEM And Prior Living The Housing Quality Inspections being reported on in this report are for the

clients supported by the programs being report on by the Project sponsors. For this reason the demographic data is not captured separately. The data is included in the project sponsors report. The City employs a FTE staff to conduct housing quality inspections. The expenditures reported here represnts the associated staff costs for conducting inspections and a small cost incurred for resource identification

**LEVERAGING AND PROGRAM INCOME TAB DATA COMMENTS:**

The grantee provides HOS services only. There is no leveraging associated with this service . No program income as a result of resident rent payments made to the program. No other program income

**TENANT-BASED RENTAL ASSISTANCE TAB (TBRA) DATA COMMENTS:**

The data reported here is reported on the Broward House and Broward Regional Health Planning Council. Recording the information serves as a justification for the funds spent on Housing Quality Inspection for Tenant Based Rental Assistance.

**PERMANENT FACILITY-BASED HOUSING TAB (P-FBH) ASSISTANCE DATA COMMENTS:**

The data reported here serve to support the funds spent on Housing qulaity inspections and is reported in Broward Hosue and MODCO's CAPER reports.

[Empty comment box]

**SHORT-TERM/TRANSITIONAL FACILITY-BASED HOUSING TAB (ST-TFBH) ASSISTANCE DATA COMMENTS:**

[Empty comment box]

**SHORT-TERM RENT, MORTGAGE, AND UTILITY TAB (STRMU) ASSISTANCE DATA COMMENTS:**

The data reported here serve to support the funds spent on Housing quality inspections and is reported in Broward Hosue and MODCO's CAPER reports.

**PERMANENT HOUSING PLACEMENT TAB (PHP) DATA COMMENTS:**

The data reported her is reported in the CAPER report for Broward Regional Health Planning Council. These numbers should NOT be treated as unduplicated clients served by the Grantee.

**HOUSING INFORMATION TAB DATA COMMENTS:**

The Grantee does not provide this service at this time.

**SUPPORTIVE SERVICES TAB DATA COMMENTS:**

**OTHER COMPETITIVE ACTIVITY TAB DATA COMMENTS:**

Not applicable

**ACCESS TO CARE TAB (ATC & Totals) DATA COMMENTS:**

No data to report. This data is reported by the respective projects sponsors for which the grantee provides HQS support. The 547 reported here is also reported in the CAPER report for MODCO, BH, and BRHPC. This information is being reported to support the funds spent on HQS. This should NOT be counted as unduplicated clients.

**CAPITAL DEVELOPMENT TAB (CAP DEV) DATA COMMENTS:**

The Grantee did not engage in capital development activities this reporting period

**VIOLENCE AGAINST WOMENT ACT TAB (VAWA) DATA COMMENTS:**

The Grantee does not provide direct services in this area.

**Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.**

Project Sponsor Questions	Responses
What is the organization's name?	
What is the organization's Unique Entity Identifier (UEI)?	
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	
What is the HOPWA contract amount for this organization?	0
What is the organization's business street address?	
In what city is the organization's business address?	
In what county is the organization's business address?	
In what state is the organization's business address?	
What is the organization's business address zip code?	
What is the organization's parent company, if applicable?	
What department administers the organization's grant?	
What is the organization's phone number (including extension)?	
What is the organization's fax number?	
What is the organization's website?	
What is the organization's Facebook page?	
What is the organization's Twitter handle?	
Is this a faith-based organization? Yes or No.	
Is this a nonprofit organization? Yes or No.	
Is this a grassroots organization? Yes or No.	
What are the cities of the organization's primary service area?	
What are the counties of the organization's primary service area?	
In what congressional district is the organization located?	
In what congressional district is the primary service area?	
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	
<b>Provider Non-Direct Service Expenditures</b>	
What were the total HOPWA funds expended for Administration costs?	0
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	9946.37

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

**NOTE:** The amount in Row 6 should be the amount of HOPWA funds the project sponsor receives from this grantee. It should not include any HOPWA funds received from other grantees.

**NOTE:** For HOPWA GRANTEES ONLY who ALSO provide direct HOPWA services to HOPWA-eligible individuals:

You do not need to complete Rows 3 - 28: skip and complete Rows 29 & 30 only as applicable, and enter all HOPWA Grantee Admin expenditures in the Grantee workbook only: do not report any Admin expenditures in Row 28 of this tab.

**Data Check for Project Sponsors: Rows 12, 15, 17, 18, 28, 29, & 30 need only be filled in if applicable: All other questions are mandatory).**

**NOTE:** for HOPWA Project Sponsors: if Row 28 is "0", please provide a comment to confirm no Admin expenditures in the "HOPWA Provider" section of "Data Quality Notes" Tab.

Percentage of Total Grant amount expended on Admin:	<b>#DIV/0!</b>
---	----------------

**NOTE:** Project sponsor administrative costs are limited to 7% of the total HOPWA grant award amount they receive. If your administrative costs for the reporting period as calculated in Cell G30 are greater than 7% of the award amount reported for the period, please provide an explanation in "HOPWA Provider" section of the "Data Notes" Tab

<b>Contact Information for your Organization</b>	
<b>Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.</b>	
<b>Question</b>	<b>Responses</b>
<b>Contact Information for Primary Program Contact</b>	
What is the Primary Program contact name?	Rachel Williams
What is the Primary Program contact title?	Housing and Community
In what department does the Primary Program contact work?	CSD-Housing and Community
What is the Primary Program contact email?	radwilliams@fortlauderdale.gov
What is the Primary Program contact phone number (including extension)?	954-828-4527
What is the Primary Program contact fax number?	954-847-3754
<b>Contact Information for Secondary Program Contact</b>	
What is the Secondary Program contact name?	Jonathan Rogers
What is the Secondary Program contact title?	HOPWA Administrator
In what department does the Secondary Program contact work?	CSD-Housing and Community
What is the Secondary Program contact email?	jrogers@fortlauderdale.gov
What is the Secondary Program contact phone number (including extension)?	954-828-4775
What is the Secondary Program contact fax number?	954-847-3754
<b>Contact Information for Individuals Seeking Services</b>	
What is the Services contact name?	Jonathan Rogers
What is the Services contact title?	HOPWA Administrator
In what department does the Services contact work?	CSD-Housing and Community
What is the Services contact email?	jrogers@fortlauderdale.gov
What is the Services contact phone number (including extension)?	954-828-4775
What is the Services contact fax number?	954-847-3754

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

For HOPWA GRANTEEES ONLY who ALSO provided direct HOPWA services: You do not need to complete this tab.

**Data Check for Project Sponsors: Rows 9, 16, & 23 need only be completed if applicable. All other contact information is mandatory. Complete even if a contact is duplicated across multiple roles.**

*This information may be published on HUD websites as a resource for clients seeking services.*

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	0	
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
<b>Other types of private or public funding:</b>		
Other FUNDING 1	0	
Other FUNDING 2	0	
Other FUNDING 3	0	
Other FUNDING 4	0	
Other FUNDING 5	0	
Other FUNDING 6	0	
Other FUNDING 7	0	
Other FUNDING 8	0	
Other FUNDING 9	0	
Other FUNDING 10	0	
Other FUNDING 11	0	
Other FUNDING 12	0	
Other FUNDING 13	0	
Other FUNDING 14	0	
Other FUNDING 15	0	
<b>Program Income</b>	<b>0</b>	
What was the amount of program income collected from resident rent payments in the program year?	0	
What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
<b>Uses of Program Income</b>	<b>0</b>	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
<b>Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords</b>		
What was the amount of resident rent payment that residents paid directly to private landlords?	0	

Scroll to the bottom of this tab for required Program Income reporting questions.

Complete Rows 3-11 for specific leveraging sources listed in Column A.  
 Column B: Should be a single dollar amount.  
 Column C: Should be a "Yes" or "No" response only to indicate whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations on this tab.

NOTE: Enter any leveraged project sponsor cash in row 11, "Grantee cash."

In rows 13-27, enter other leveraged funds not included in the sources listed Rows 3-11.

Column A: Do not enter anything: you do not need to report the specific source of the leveraged funds.

Column B: Should be a single dollar amount.

Column C: Should have "Yes" or "No" response only as to whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations or other text.

If P-FBH or ST-TFBH activity reported and Row 29 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If Subsidy Assistance activity reported and Row 30 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If TBRA activity reported and Row 35 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

**Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.**

Question	This Report
<b>TBRA Households Served and Expenditures</b>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	52257.65
<b>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</b>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<b>TBRA Household Total (TBRA + Other)</b>	<b>0</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
<b>Health Outcomes for HOPWA-Eligible Individuals Served by this Activity</b>	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Note: This total should include overhead (staff costs, fringe, etc.).

**NOTE: Rows 7-9 should not be completed unless you have been approved by HUD in your grant agreement to carry out these activities. Facilities-based Housing, STRMU & PHP activities should not be reported here.**

**Income Levels in Rows 12-14:  
Data Check: Sum of 12-14 as shown in Row 11 must be = to Row 10.**

Sources of income in Rows 17-29: Report ALL sources of income to HOPWA-eligible households (including those for other household members).  
Data Check: Sum of 17-29 as shown in Row 16 must be = or > than Row 10.

Medical Insurance in Rows 32-37: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
Data Check: If 32-37 are all "0", provide explanation in TBRA section of Data Quality Notes Tab..

NOTE: Health outcomes do NOT have to be supported by labs or other medical

How many HOPWA-eligible individuals served with TBRA this year have ever been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>0</b>
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

supported by labs or other medical documentation. It can be self-report from clients.  
Data Check: If 39 and/or 40 are "0", provide explanation in TBRA section of Data Quality Notes Tab.

**Longevity in Rows 42-46:**  
**Data Check: Sum of 42-46 as shown in Row 41 Must be = to Row 10.**

**Housing Outcomes in Rows 48-61:**  
**Data Check: Sum of 48-61 as shown in Row 47 Must be = to Row 10.**

**Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity - STRMU Breakdown</b>	
a. How many households were served with STRMU mortgage assistance only?	0
b. How many households were served with STRMU rental assistance only?	0
c. How many households were served with STRMU utilities assistance only?	0
d. How many households received more than one type of STRMU assistance?	0
<b>STRMU Households Total</b>	<b>0</b>
<b>STRMU Expenditures</b>	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	16357.78
STRMU utility assistance	0
<b>Total STRMU Expenditures</b>	<b>16357.78</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

This total should include overhead (staff costs, fringe, etc.). NOTE: The grantee determines how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures). All sponsors should report in the same manner.

**Income Levels in Rows 16-18:**  
**Data Check: Sum of 16-18 as shown in Row 15 must be = to Row 8**

**Income Sources in Rows 21-33:**  
**Report ALL sources of income for HOPWA-eligible households (including those for other household members).**  
**Data Check: Sum of 21-33 as shown in Row 20 must be = to or > than Row 8**

Medical Insurance in Rows 36-41: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 36-41 are all "0", provide explanation in TBRA section of Data Quality Notes Tab.

State Children's Health Insurance Program (CHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>0</b>
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

Longevity in Rows 43-46:  
The total of this section does NOT have to match your household total for this activity.

Data Check: Individually, Rows 44-46 cannot be > than Row 8

**Housing Outcomes in Rows 48-61:**

**Data Check: Sum of 48-61 as shown in Row 47 must be = to Row 8**

**Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with PHP assistance?	0
<b>PHP Expenditures for Households Served by this Activity</b>	
What were the HOPWA funds expended for PHP?	1589.37
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Housing Outcomes for Households Served by this Activity</b>	
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

The total in Row 6 should include overhead (staff costs, fringe, etc.).

Income Sources in Rows 9-21:  
Report ALL sources of income for HOPWA-eligible households (including those for other household members).

Data Check: Sum of 9-21 as shown in Row 8 must be = to or > than Row 4

Medical Insurance in Rows 24-29: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.

Data Check: If 24-29 are all "0", provide explanation in "PHP" section of "Data Quality Notes" Tab.

Housing Outcomes in Rows 32-34:  
Data Check: Sum of 32-34 as shown in Row 30 must be = to Row 4: if not, provide explanation in "PHP" section of "Data Quality Notes" Tab.

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.  
 See definition of "Housing Information Services" on "Performance Report Cover" tab

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with housing information services?	0
<b>Housing Information Services Expenditures</b>	
What were the HOPWA funds expended for Housing Information Services?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

NOTE: The total in Row 6 should include overhead (staff costs, fringe, etc.).

**Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.**  
**Note that this table also collects HOPWA Supportive Service expenditures.**

Questions	This Report	
	Number of Households	Expenditures
<b>Households and Expenditures for Supportive Service Types</b>		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
<b>Deduplication of Supportive Services</b>		
How many households received more than one of any type of Supportive Services?	0	

<b>Deduplicated Supportive Services Household Total (based on amounts reported in Rows 5-21 above):</b>	<b>0</b>	
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**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Column B: enter the unduplicated number of households served by each type of HOPWA-FUNDED Supportive Services

Column C: Report all HOPWA expenditures associated with delivering each type of HOPWA-FUNDED Supportive Services. This total should include overhead (staff costs, fringe, etc.).

NOTE: The grantee can determine how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures. All sponsors should report in the same manner.

**Data Check: If your unduplicated household total calculated in Cell B23 appears incorrect, adjust Row 21.**

**Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.**

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Complete this tab ONLY if you have been approved by HUD in your grant agreement to carry our "Other Housing Activities."

The total in Row 4 should include overhead (staff costs, fringe, etc.).

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
<b>Total Households Served in ALL Activities from this report for each Activity.</b>	0	0	0	0	0	0	0	0
<b>Housing Subsidy Assistance Household Count Deduplication</b>		<p><b>Data Check: The highest unduplicated activity total shown in row 2 on this ATC tab must be equal to or less than the HOPWA-Eligible individual total reported in row 27 on the DEM &amp; Prior Living Tab. The HOPWA-Eligible individual total from row 27 is also shown directly to the right for your reference.</b></p>						
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	0							DEM tab, row 27:
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							0
<b>Total Unduplicated Housing Subsidy Assistance Household Count</b>	0							
<b>Access to Care (ATC)</b>								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
<b>Questions</b>		<b>This Report</b>						
How many households had contact with a case manager?	0	<p><b>Rows 10-15: Data Checks:</b>  <b>The values entered in each of these rows individually cannot be greater than the value calculated in Row 6.</b>   <b>If insurance or income were reported on any of the activity tabs, Rows 12 &amp; 14 should be completed accordingly.</b>   <b>If all Rows are "0", provide explanation in Access to Care section of Data Quality Notes Tab.</b>   <b>Reminders: 1. Contact with a case manager does not have to be a HOPWA-funded case manager.</b>             2. Access to medical insurance can include those who accessed other types of insurance not included in the activity tabs.</p>						
How many households developed a housing plan for maintaining or establishing stable housing?	0							
How many households accessed and maintained medical insurance and/or assistance?	0							
How many households had contact with a primary health care provider?	0							
How many households accessed or maintained qualification for sources of income?	0							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	0							
<b>Subsidy Assistance with Supportive Service, Funded Case Management</b>								
<b>Questions</b>		<b>This Report</b>						
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0	<p><b>Data Check: Individually, Rows 18 &amp; 19 cannot be &gt; than the lesser of Cells H2 or B6.</b>             In Rows 18 &amp; 19, report on Housing Subsidy Assistance households as calculated in Row 6 ONLY.             Case management is a supportive service; therefore, all individuals reported in Row 18 should be included in total reported in Row 19.</p>						
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							

**Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.**

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

If you have this data, please complete Rows 3-7. If you do not have this data, it is currently NOT an error to leave this chart blank.

## Instructions for Completing the HOPWA Provider Performance Report Workbook

### What is the HOPWA Provider Performance Report Workbook?

This workbook provides annual performance data for HOPWA activities. This includes outputs (e.g., households served and demographic information), outcomes (e.g., access to care and support outcomes) and expenditures (for HOPWA-eligible costs). This data will be compiled by the HOPWA Formula or Competitive Grantees, as part of providing annual performance reporting to HUD.

### Who completes this form?

This workbook will be completed by any organization that conducts any HOPWA activities other than administrative activities. This includes HOPWA Formula or Competitive Grantees that conduct other HOPWA activities besides administrative activities, and the Project Sponsor organizations that Grantees contract to provide HOPWA services (as defined in 24 CFR 574.3).

There should be one organization's HOPWA activities reported in each workbook. Each organization should complete a separate performance report workbook that only includes the HOPWA activities conducted by that organization.

### What tabs should be completed for this report?

The Performance Report Workbook requires the completion of the following tabs:

- *DEM (Demographics) & Prior Living (see Note)*
- *Leveraging*
- *ATC (Access to Care) & Totals*

ONLY PROJECT SPONSORS\* should complete these tabs:

- *HOPWA Provider*
- *CONTACT*

\*For Grantees that are approved to conduct Resource Identification or Technical Assistance activities, please report your expenditure amounts for those budget line items in the HOPWA Provider tab. These are the only cells that you will need to complete in the HOPWA Provider tab.

Note: Complete Prior Living information only for individuals served by TBRA, P-FBH, ST-TFBH or PHP.

The remaining tabs should ONLY be completed based on HOPWA services provided by the organization completing this workbook. Leave tabs untouched if the activity is not provided by the organization.

- *TBRA (Tenant-Based Rental Assistance)*
- *P-FBH (Permanent Facility-Based Housing)*
- *ST-TFBH (Short-Term or Transitional Facility-Based Housing)*
- *STRMU (Short-Term Rent, Mortgage and Utilities Assistance)*
- *PHP (Permanent Housing Placement Assistance)*
- *Housing Info (Housing Information Services)*
- *Supp Svcs (HOPWA Supportive Services)*
- *Other Competitive Activity*
- *CAP DEV (Capital Development)*
- *VAWA (Housing Transfers for Households Covered by the Violence Against Women Act)*

### Important Information

To ensure the integrity of this reporting form, please do not DELETE or ALTER any rows, columns, tabs, or the NAME of the report. This form requires the entry of data only where applicable, with no other actions required.

- 1 Enter text in empty cells next to questions.
- 2 Enter numbers where the entry reads "0" and the answer is an amount greater than zero.

### SUBMISSION INSTRUCTIONS

- Once complete, the Project Sponsor should return the entire workbook to the Grantee in the manner and timeline prescribed by the Grantee.
- The report MUST be submitted in this Excel format.
- DO NOT alter the name of this file; return it to the Grantee with the file name as provided.
- The Grantee is responsible for reviewing this report and submitting it to HUD. Project Sponsors should not submit this report to HUD; only to the Grantee.
- The Grantee may be contacted by HUD or a HUD contractor regarding the accuracy of this report.
- Please contact the Grantee if you require support submitting this form.
- Submission of the collection of separate workbook files satisfies the HOPWA annual performance reporting submission requirements to HUD. No additional uploads or submission methods (i.e., eCon Planning Suite, SharePoint, etc.) are required.

<b>Grant ID</b>	<b>Grantee</b>	<b>Sponsor ID</b>	<b>Sponsor</b>	<b>File ID</b>
FFL58522	FORT LAUDERDALE	S8521522	S8521522_Broward Regional Health Planning Cc	25230_241368

**Optional Data Quality Notes**

Use the space below to add notes about the data provided in the workbook that you would like communicated to your HOPWA grantee or HUD's Office of HIV/AIDS Housing staff. Use the ALT+enter keys to create a return in this section.

**GENERAL PROVIDER DATA COMMENTS:**

**HOPWA PROVIDER TAB DATA COMMENTS:**

**CONTACT TAB DATA COMMENTS:**

**DEMOGRAPHICS & PRIOR LIVING TAB (DEM & Prior Living) DATA COMMENTS:**

[Empty light blue box]

**LEVERAGING AND PROGRAM INCOME TAB DATA COMMENTS:**

We do not collect rent from residents. Additionally, we do not collect any other program income under any of our programs.

**TENANT-BASED RENTAL ASSISTANCE TAB (TBRA) DATA COMMENTS:**

[Empty light blue box]

**PERMANENT FACILITY-BASED HOUSING TAB (P-FBH) ASSISTANCE DATA COMMENTS:**

[Empty light blue box]

[Empty comment box]

**SHORT-TERM/TRANSITIONAL FACILITY-BASED HOUSING TAB (ST-TFBH) ASSISTANCE DATA COMMENTS:**

[Empty comment box]

**SHORT-TERM RENT, MORTGAGE, AND UTILITY TAB (STRMU) ASSISTANCE DATA COMMENTS:**

[Empty comment box]

**PERMANENT HOUSING PLACEMENT TAB (PHP) DATA COMMENTS:**

[Empty comment box]

**HOUSING INFORMATION TAB DATA COMMENTS:**

[Empty comment box]

**SUPPORTIVE SERVICES TAB DATA COMMENTS:**

**OTHER COMPETITIVE ACTIVITY TAB DATA COMMENTS:**

**ACCESS TO CARE TAB (ATC & Totals) DATA COMMENTS:**

**CAPITAL DEVELOPMENT TAB (CAP DEV) DATA COMMENTS:**

**VIOLENCE AGAINST WOMENT ACT TAB (VAWA) DATA COMMENTS:**

**Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.**

Project Sponsor Questions	Responses
What is the organization's name?	Broward Regional Health Planning
What is the organization's Unique Entity Identifier (UEI)?	VHNNUT7P75Q5
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	592274772
What is the HOPWA contract amount for this organization?	2682303.46
What is the organization's business street address?	200 Oakwood Lane, Ste 100
In what city is the organization's business address?	Hollywood
In what county is the organization's business address?	USA
In what state is the organization's business address?	Florida
What is the organization's business address zip code?	33020
What is the organization's parent company, if applicable?	
What department administers the organization's grant?	City of Fort Lauderdale
What is the organization's phone number (including extension)?	954-567-9688
What is the organization's fax number?	954-568-6318
What is the organization's website?	ww.brhpc.org
What is the organization's Facebook page?	BRHPC Broward Regional Health Planning Council
What is the organization's Twitter handle?	
Is this a faith-based organization? Yes or No.	No
Is this a nonprofit organization? Yes or No.	Yes
Is this a grassroots organization? Yes or No.	No
What are the cities of the organization's primary service area?	All cities in Broward County
What are the counties of the organization's primary service area?	Broward County
In what congressional district is the organization located?	25th
In what congressional district is the primary service area?	23rd to 25th
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	Yes - TBRV
<b>Provider Non-Direct Service Expenditures</b>	
What were the total HOPWA funds expended for Administration costs?	171734.7
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

**NOTE:** The amount in Row 6 should be the amount of HOPWA funds the project sponsor receives from this grantee. It should not include any HOPWA funds received from other grantees.

**NOTE:** For HOPWA GRANTEES ONLY who ALSO provide direct HOPWA services to HOPWA-eligible individuals:

You do not need to complete Rows 3 - 28: skip and complete Rows 29 & 30 only as applicable, and enter all HOPWA Grantee Admin expenditures in the Grantee workbook only: do not report any Admin expenditures in Row 28 of this tab.

**Data Check for Project Sponsors: Rows 12, 15, 17, 18, 28, 29, & 30 need only be filled in if applicable: All other questions are mandatory).**

**NOTE:** for HOPWA Project Sponsors: if Row 28 is "0", please provide a comment to confirm no Admin expenditures in the "HOPWA Provider" section of "Data Quality Notes" Tab.

Percentage of Total Grant amount expended on Admin:	<b>6%</b>
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**NOTE:** Project sponsor administrative costs are limited to 7% of the total HOPWA grant award amount they receive. If your administrative costs for the reporting period as calculated in Cell G30 are greater than 7% of the award amount reported for the period, please provide an explanation in "HOPWA Provider" section of the "Data Notes" Tab

<b>Contact Information for your Organization</b>	
<b>Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.</b>	
<b>Question</b>	<b>Responses</b>
<b>Contact Information for Primary Program Contact</b>	
What is the Primary Program contact name?	Sharon Alveranga-Jones
What is the Primary Program contact title?	Director of Housing
In what department does the Primary Program contact work?	HOPWA
What is the Primary Program contact email?	smcdonald@brhpc.org
What is the Primary Program contact phone number (including extension)?	954-561-9681 X1213
What is the Primary Program contact fax number?	954-568-6318
<b>Contact Information for Secondary Program Contact</b>	
What is the Secondary Program contact name?	Michele Rosierre
What is the Secondary Program contact title?	VP of Programs
In what department does the Secondary Program contact work?	Administration
What is the Secondary Program contact email?	mrosierre@brhpc.org
What is the Secondary Program contact phone number (including extension)?	954-567-9688 X1247
What is the Secondary Program contact fax number?	954-568-6318
<b>Contact Information for Individuals Seeking Services</b>	
What is the Services contact name?	Sharon Alveranga-Jones
What is the Services contact title?	Director of Housing
In what department does the Services contact work?	HOPWA
What is the Services contact email?	smcdonald@brhpc.org
What is the Services contact phone number (including extension)?	954-561-9681 X1213
What is the Services contact fax number?	954-568-6318

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

For HOPWA GRANTEEES ONLY who ALSO provided direct HOPWA services: You do not need to complete this tab.

**Data Check for Project Sponsors: Rows 9, 16, & 23 need only be completed if applicable. All other contact information is mandatory. Complete even if a contact is duplicated across multiple roles.**

*This information may be published on HUD websites as a resource for clients seeking services.*

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	926644	NO
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
<b>Other types of private or public funding:</b>		
Other FUNDING 1	0	
Other FUNDING 2	0	
Other FUNDING 3	0	
Other FUNDING 4	0	
Other FUNDING 5	0	
Other FUNDING 6	0	
Other FUNDING 7	0	
Other FUNDING 8	0	
Other FUNDING 9	0	
Other FUNDING 10	0	
Other FUNDING 11	0	
Other FUNDING 12	0	
Other FUNDING 13	0	
Other FUNDING 14	0	
Other FUNDING 15	0	
<b>Program Income</b>	<b>0</b>	
What was the amount of program income collected from resident rent payments in the program year?	0	
What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
<b>Uses of Program Income</b>	<b>0</b>	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
<b>Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords</b>		
What was the amount of resident rent payment that residents paid directly to private landlords?	490073	

Scroll to the bottom of this tab for required Program Income reporting questions.

Complete Rows 3-11 for specific leveraging sources listed in Column A.  
 Column B: Should be a single dollar amount.  
 Column C: Should be a "Yes" or "No" response only to indicate whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations on this tab.

NOTE: Enter any leveraged project sponsor cash in row 11, "Grantee cash."

In rows 13-27, enter other leveraged funds not included in the sources listed Rows 3-11.

Column A: Do not enter anything: you do not need to report the specific source of the leveraged funds.

Column B: Should be a single dollar amount.

Column C: Should have "Yes" or "No" response only as to whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations or other text.

If P-FBH or ST-TFBH activity reported and Row 29 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If Subsidy Assistance activity reported and Row 30 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If TBRA activity reported and Row 35 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

**Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.**

Question	This Report
<b>TBRA Households Served and Expenditures</b>	
How many households were served with HOPWA TBRA assistance?	100
What were the total HOPWA funds expended for TBRA rental assistance?	1927558.98
<b>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</b>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<b>TBRA Household Total (TBRA + Other)</b>	<b>100</b>
<b>Income Levels for Households Served by this Activity</b>	<b>100</b>
What is the number of households with income below 30% of Area Median Income?	64
What is the number of households with income between 31% and 50% of Area Median Income?	27
What is the number of households with income between 51% and 80% of Area Median Income?	9
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>158</b>
Earned Income from Employment	36
Retirement	38
SSI	32
SSDI	35
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	1
Private Disability Insurance	3
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	11
How many households maintained no sources of income?	2
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	51
MEDICARE Health Insurance or local program equivalent	46
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	25
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
<b>Health Outcomes for HOPWA-Eligible Individuals Served by this Activity</b>	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Note: This total should include overhead (staff costs, fringe, etc.).

**NOTE: Rows 7-9 should not be completed unless you have been approved by HUD in your grant agreement to carry out these activities. Facilities-based Housing, STRMU & PHP activities should not be reported here.**

**Income Levels in Rows 12-14:  
Data Check: Sum of 12-14 as shown in Row 11 must be = to Row 10.**

Sources of income in Rows 17-29: Report ALL sources of income to HOPWA-eligible households (including those for other household members).  
Data Check: Sum of 17-29 as shown in Row 16 must be = or > than Row 10.

Medical Insurance in Rows 32-37: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
Data Check: If 32-37 are all "0", provide explanation in TBRA section of Data Quality Notes Tab..

NOTE: Health outcomes do NOT have to be supported by labs or other medical

How many HOPWA-eligible individuals served with TBRA this year have ever been prescribed Anti-Retroviral Therapy?	100
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	98
<b>Longevity for Households Served by this Activity</b>	<b>100</b>
How many households have been served with TBRA for less than one year?	3
How many households have been served with TBRA for more than one year, but less than five years?	35
How many households have been served with TBRA for more than five years, but less than 10 years?	8
How many households have been served with TBRA for more than 10 years, but less than 15 years?	23
How many households have been served with TBRA for more than 15 years?	31
<b>Housing Outcomes for Households Served by this Activity</b>	<b>100</b>
How many households continued receiving HOPWA TBRA assistance into the next year?	93
How many households exited to other HOPWA housing programs?	1
How many households exited to other housing subsidy programs?	1
How many households exited to an emergency shelter?	1
How many households exited to private housing?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	1
How many of the HOPWA eligible individuals died?	3

supported by labs or other medical documentation. It can be self-report from clients.  
Data Check: If 39 and/or 40 are "0", provide explanation in TBRA section of Data Quality Notes Tab.

**Longevity in Rows 42-46:**

**Data Check: Sum of 42-46 as shown in Row 41 Must be = to Row 10.**

**Housing Outcomes in Rows 48-61:**

**Data Check: Sum of 48-61 as shown in Row 47 Must be = to Row 10.**

**Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity - STRMU Breakdown</b>	
a. How many households were served with STRMU mortgage assistance only?	7
b. How many households were served with STRMU rental assistance only?	99
c. How many households were served with STRMU utilities assistance only?	4
d. How many households received more than one type of STRMU assistance?	2
<b>STRMU Households Total</b>	<b>112</b>
<b>STRMU Expenditures</b>	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	11493.11
STRMU rental assistance	523383.94
STRMU utility assistance	1152.91
<b>Total STRMU Expenditures</b>	<b>536029.96</b>
<b>Income Levels for Households Served by this Activity</b>	<b>112</b>
What is the number of households with income below 30% of Area Median Income?	65
What is the number of households with income between 31% and 50% of Area Median Income?	34
What is the number of households with income between 51% and 80% of Area Median Income?	13
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>139</b>
Earned Income from Employment	70
Retirement	8
SSI	7
SSDI	17
Other Welfare Assistance (Supplemental Nutrition	1
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	1
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	2
Other Sources of Income	21
How many households maintained no sources of income?	12
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	26
MEDICARE Health Insurance or local program equivalent	22
Veterans Affairs Medical Services	1
AIDS Drug Assistance Program	65

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

This total should include overhead (staff costs, fringe, etc.). NOTE: The grantee determines how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures). All sponsors should report in the same manner.

**Income Levels in Rows 16-18:**  
**Data Check: Sum of 16-18 as shown in Row 15 must be = to Row 8**

**Income Sources in Rows 21-33:**  
**Report ALL sources of income for HOPWA-eligible households (including those for other household members).**  
**Data Check: Sum of 21-33 as shown in Row 20 must be = to or > than Row 8**

Medical Insurance in Rows 36-41: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 36-41 are all "0", provide explanation in TBRA section of Data Quality Notes Tab.

State Children's Health Insurance Program (CHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Longevity for Households Served by this Activity</b>	<b>88</b>
How many households have been served by STRMU for the first time this year?	34
How many households also received STRMU assistance during the previous STRMU eligibility period?	33
How many households received STRMU assistance more than twice during the previous five eligibility periods?	19
How many households received STRMU assistance during the last five consecutive eligibility periods?	2
<b>Housing Outcomes for Households Served by this Activity</b>	<b>112</b>
How many households continued receiving this type of HOPWA assistance into the next year?	53
How many households exited to other HOPWA housing programs?	1
How many households exited to other housing subsidy programs?	9
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	32
How many households exited to transitional housing (time limited - up to 24 months)?	3
How many households exited to institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	13
How many of the HOPWA eligible individuals died?	1

Longevity in Rows 43-46:  
The total of this section does NOT have to match your household total for this activity.

Data Check: Individually, Rows 44-46 cannot be > than Row 8

**Housing Outcomes in Rows 48-61:**

**Data Check: Sum of 48-61 as shown in Row 47 must be = to Row 8**

**Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with PHP assistance?	43
<b>PHP Expenditures for Households Served by this Activity</b>	
What were the HOPWA funds expended for PHP?	201433.98
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>58</b>
Earned Income from Employment	25
Retirement	6
SSI	11
SSDI	6
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	9
How many households maintained no sources of income?	1
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	15
MEDICARE Health Insurance or local program equivalent	5
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	15
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	1
<b>Housing Outcomes for Households Served by this Activity</b>	
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	
How many households exited to other HOPWA housing programs?	28
How many households exited to other housing subsidy programs?	3
How many households exited to private housing?	12

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

The total in Row 6 should include overhead (staff costs, fringe, etc.).

Income Sources in Rows 9-21:  
Report ALL sources of income for HOPWA-eligible households (including those for other household members).  
  
Data Check: Sum of 9-21 as shown in Row 8 must be = to or > than Row 4

Medical Insurance in Rows 24-29: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 24-29 are all "0", provide explanation in "PHP" section of "Data Quality Notes" Tab.

Housing Outcomes in Rows 32-34:  
Data Check: Sum of 32-34 as shown in Row 30 must be = to Row 4: if not, provide explanation in "PHP" section of "Data Quality Notes" Tab.

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.  
 See definition of "Housing Information Services" on "Performance Report Cover" tab

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with housing information services?	0
<b>Housing Information Services Expenditures</b>	
What were the HOPWA funds expended for Housing Information Services?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

NOTE: The total in Row 6 should include overhead (staff costs, fringe, etc.).

**Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.**  
**Note that this table also collects HOPWA Supportive Service expenditures.**

Questions	This Report	
	Number of Households	Expenditures
<b>Households and Expenditures for Supportive Service Types</b>		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	0	0
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
<b>Deduplication of Supportive Services</b>		
How many households received more than one of any type of Supportive Services?	0	

<b>Deduplicated Supportive Services Household Total (based on amounts reported in Rows 5-21 above):</b>	<b>0</b>	
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**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Column B: enter the unduplicated number of households served by each type of HOPWA-FUNDED Supportive Services

Column C: Report all HOPWA expenditures associated with delivering each type of HOPWA-FUNDED Supportive Services. This total should include overhead (staff costs, fringe, etc.).

NOTE: The grantee can determine how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures. All sponsors should report in the same manner.

**Data Check: If your unduplicated household total calculated in Cell B23 appears incorrect, adjust Row 21.**

**Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.**

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Complete this tab ONLY if you have been approved by HUD in your grant agreement to carry our "Other Housing Activities."

The total in Row 4 should include overhead (staff costs, fringe, etc.).

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity
<b>Total Households Served in ALL Activities from this report for each Activity.</b>	100	0	3	112	43	0	0	0
<b>Housing Subsidy Assistance Household Count Deduplication</b>		<p><b>Data Check: The highest unduplicated activity total shown in row 2 on this ATC tab must be equal to or less than the HOPWA-Eligible individual total reported in row 27 on the DEM &amp; Prior Living Tab. The HOPWA-Eligible individual total from row 27 is also shown directly to the right for your reference.</b></p>						
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	258							DEM tab, row 27:
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							258
<b>Total Unduplicated Housing Subsidy Assistance Household Count</b>	258							
<b>Access to Care (ATC)</b>								
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.								
<b>Questions</b>	<b>This Report</b>	<p><b>Rows 10-15: Data Checks:</b>  <b>The values entered in each of these rows individually cannot be greater than the value calculated in Row 6.</b>   <b>If insurance or income were reported on any of the activity tabs, Rows 12 &amp; 14 should be completed accordingly.</b>   <b>If all Rows are "0", provide explanation in Access to Care section of Data Quality Notes Tab.</b>   <b>Reminders: 1. Contact with a case manager does not have to be a HOPWA-funded case manager.</b>             2. Access to medical insurance can include those who accessed other types of insurance not included in the activity tabs.</p>						
How many households had contact with a case manager?	237							
How many households developed a housing plan for maintaining or establishing stable housing?	239							
How many households accessed and maintained medical insurance and/or assistance?	242							
How many households had contact with a primary health care provider?	239							
How many households accessed or maintained qualification for sources of income?	243							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?	7							
<b>Subsidy Assistance with Supportive Service, Funded Case Management</b>								
<b>Questions</b>	<b>This Report</b>	<p><b>Data Check: Individually, Rows 18 &amp; 19 cannot be &gt; than the lesser of Cells H2 or B6.</b>             In Rows 18 &amp; 19, report on Housing Subsidy Assistance households as calculated in Row 6 ONLY.             Case management is a supportive service; therefore, all individuals reported in Row 18 should be included in total reported in Row 19.</p>						
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?	0							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?	0							

**Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.**

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

If you have this data, please complete Rows 3-7. If you do not have this data, it is currently NOT an error to leave this chart blank.

## Instructions for Completing the HOPWA Provider Performance Report Workbook

### What is the HOPWA Provider Performance Report Workbook?

This workbook provides annual performance data for HOPWA activities. This includes outputs (e.g., households served and demographic information), outcomes (e.g., access to care and support outcomes) and expenditures (for HOPWA-eligible costs). This data will be compiled by the HOPWA Formula or Competitive Grantees, as part of providing annual performance reporting to HUD.

### Who completes this form?

This workbook will be completed by any organization that conducts any HOPWA activities other than administrative activities. This includes HOPWA Formula or Competitive Grantees that conduct other HOPWA activities besides administrative activities, and the Project Sponsor organizations that Grantees contract to provide HOPWA services (as defined in 24 CFR 574.3).

There should be one organization's HOPWA activities reported in each workbook. Each organization should complete a separate performance report workbook that only includes the HOPWA activities conducted by that organization.

### What tabs should be completed for this report?

The Performance Report Workbook requires the completion of the following tabs:

- *DEM (Demographics) & Prior Living (see Note)*
- *Leveraging*
- *ATC (Access to Care) & Totals*

ONLY PROJECT SPONSORS\* should complete these tabs:

- *HOPWA Provider*
- *CONTACT*

\*For Grantees that are approved to conduct Resource Identification or Technical Assistance activities, please report your expenditure amounts for those budget line items in the HOPWA Provider tab. These are the only cells that you will need to complete in the HOPWA Provider tab.

Note: Complete Prior Living information only for individuals served by TBRA, P-FBH, ST-TFBH or PHP.

The remaining tabs should ONLY be completed based on HOPWA services provided by the organization completing this workbook. Leave tabs untouched if the activity is not provided by the organization.

- *TBRA (Tenant-Based Rental Assistance)*
- *P-FBH (Permanent Facility-Based Housing)*
- *ST-TFBH (Short-Term or Transitional Facility-Based Housing)*
- *STRMU (Short-Term Rent, Mortgage and Utilities Assistance)*
- *PHP (Permanent Housing Placement Assistance)*
- *Housing Info (Housing Information Services)*
- *Supp Svcs (HOPWA Supportive Services)*
- *Other Competitive Activity*
- *CAP DEV (Capital Development)*
- *VAWA (Housing Transfers for Households Covered by the Violence Against Women Act)*

### Important Information

To ensure the integrity of this reporting form, please do not DELETE or ALTER any rows, columns, tabs, or the NAME of the report. This form requires the entry of data only where applicable, with no other actions required.

- 1 Enter text in empty cells next to questions.
- 2 Enter numbers where the entry reads "0" and the answer is an amount greater than zero.

### SUBMISSION INSTRUCTIONS

- Once complete, the Project Sponsor should return the entire workbook to the Grantee in the manner and timeline prescribed by the Grantee.
- The report MUST be submitted in this Excel format.
- DO NOT alter the name of this file; return it to the Grantee with the file name as provided.
- The Grantee is responsible for reviewing this report and submitting it to HUD. Project Sponsors should not submit this report to HUD; only to the Grantee.
- The Grantee may be contacted by HUD or a HUD contractor regarding the accuracy of this report.
- Please contact the Grantee if you require support submitting this form.
- Submission of the collection of separate workbook files satisfies the HOPWA annual performance reporting submission requirements to HUD. No additional uploads or submission methods (i.e., eCon Planning Suite, SharePoint, etc.) are required.

<b>Grant ID</b>	<b>Grantee</b>	<b>Sponsor ID</b>	<b>Sponsor</b>	<b>File ID</b>
FFL58522	FORT LAUDERC	S8521523	S8521523_Legal Aid Services of Broward County	25230_241333

**Optional Data Quality Notes**

Use the space below to add notes about the data provided in the workbook that you would like communicated to your HOPWA grantee or HUD's Office of HIV/AIDS Housing staff. Use the ALT+enter keys to create a return in this section.

**GENERAL PROVIDER DATA COMMENTS:**

**HOPWA PROVIDER TAB DATA COMMENTS:**

**CONTACT TAB DATA COMMENTS:**

**DEMOGRAPHICS & PRIOR LIVING TAB (DEM & Prior Living) DATA COMMENTS:**

Legal Aid collects demographic information as to the client's age, race, gender, sexual orientation and

HIV/Aids status, as well as the number of household members including how many minors or adults are members of that household. Legal Aid does not collect demographic information about additional household members, other than how many minors or other adults reside with our clients. For that reason we cannot complete Rows 16-25 of the DEM & Prior Living Tab.

**LEVERAGING AND PROGRAM INCOME TAB DATA COMMENTS:**

**TENANT-BASED RENTAL ASSISTANCE TAB (TBRA) DATA COMMENTS:**

**PERMANENT FACILITY-BASED HOUSING TAB (P-FBH) ASSISTANCE DATA COMMENTS:**

[Empty comment box]

**SHORT-TERM/TRANSITIONAL FACILITY-BASED HOUSING TAB (ST-TFBH) ASSISTANCE DATA COMMENTS:**

[Empty comment box]

**SHORT-TERM RENT, MORTGAGE, AND UTILITY TAB (STRMU) ASSISTANCE DATA COMMENTS:**

[Empty comment box]

**PERMANENT HOUSING PLACEMENT TAB (PHP) DATA COMMENTS:**

[Empty comment box]

**HOUSING INFORMATION TAB DATA COMMENTS:**

[Empty comment box]

**SUPPORTIVE SERVICES TAB DATA COMMENTS:**

**OTHER COMPETITIVE ACTIVITY TAB DATA COMMENTS:**

**ACCESS TO CARE TAB (ATC & Totals) DATA COMMENTS:**

**CAPITAL DEVELOPMENT TAB (CAP DEV) DATA COMMENTS:**

**VIOLENCE AGAINST WOMENT ACT TAB (VAWA) DATA COMMENTS:**

**Please complete for organizations designated to serve as project sponsor, i.e., organizations involved in the direct delivery of services for client households, as defined by 24 CFR 574.3.**

Project Sponsor Questions	Responses
What is the organization's name?	12933.04
What is the organization's Unique Entity Identifier (UEI)?	12933.04
What is the organization's Employer ID Number (EIN) or Tax ID Number (TIN)?	12933.04
What is the HOPWA contract amount for this organization?	12933.04
What is the organization's business street address?	12933.04
In what city is the organization's business address?	12933.04
In what county is the organization's business address?	12933.04
In what state is the organization's business address?	12933.04
What is the organization's business address zip code?	12933.04
What is the organization's parent company, if applicable?	12933.04
What department administers the organization's grant?	12933.04
What is the organization's phone number (including extension)?	12933.04
What is the organization's fax number?	12933.04
What is the organization's website?	12933.04
What is the organization's Facebook page?	12933.04
What is the organization's Twitter handle?	12933.04
Is this a faith-based organization? Yes or No.	12933.04
Is this a nonprofit organization? Yes or No.	12933.04
Is this a grassroots organization? Yes or No.	12933.04
What are the cities of the organization's primary service area?	12933.04
What are the counties of the organization's primary service area?	12933.04
In what congressional district is the organization located?	12933.04
In what congressional district is the primary service area?	12933.04
Is there a waiting list for HOPWA housing subsidy assistance services in the organization's service area? Yes or No.	12933.04
<b>Provider Non-Direct Service Expenditures</b>	
What were the total HOPWA funds expended for Administration costs?	12933.04
How much was expended on Technical Assistance?	0
How much was expended on Resource Identification?	0

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

**NOTE:** The amount in Row 6 should be the amount of HOPWA funds the project sponsor receives from this grantee. It should not include any HOPWA funds received from other grantees.

**NOTE:** For HOPWA GRANTEES ONLY who ALSO provide direct HOPWA services to HOPWA-eligible individuals:

You do not need to complete Rows 3 - 28: skip and complete Rows 29 & 30 only as applicable, and enter all HOPWA Grantee Admin expenditures in the Grantee workbook only: do not report any Admin expenditures in Row 28 of this tab.

**Data Check for Project Sponsors: Rows 12, 15, 17, 18, 28, 29, & 30 need only be filled in if applicable: All other questions are mandatory).**

**NOTE:** for HOPWA Project Sponsors: if Row 28 is "0", please provide a comment to confirm no Admin expenditures in the "HOPWA Provider" section of "Data Quality Notes" Tab.

Percentage of Total Grant amount expended on Admin:	<b>100%</b>
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**NOTE:** Project sponsor administrative costs are limited to 7% of the total HOPWA grant award amount they receive. If your administrative costs for the reporting period as calculated in Cell G30 are greater than 7% of the award amount reported for the period, please provide an explanation in "HOPWA Provider" section of the "Data Notes" Tab

**Contact Information for your Organization**  
**Only organizations designated as project sponsors (see definition of "Project Sponsor Organization" in Performance Report Cover tab) should complete this tab.**

Question	Responses
<b>Contact Information for Primary Program Contact</b>	
What is the Primary Program contact name?	Edwin Cordova
What is the Primary Program contact title?	Supervising Attorney
In what department does the Primary Program contact work?	Housing Rights Unit
What is the Primary Program contact email?	ecordova@legalaid.org
What is the Primary Program contact phone number (including extension)?	(954)736-2420
What is the Primary Program contact fax number?	(954)736-2480
<b>Contact Information for Secondary Program Contact</b>	
What is the Secondary Program contact name?	Angela Palmer
What is the Secondary Program contact title?	Fiscal Administrator CFO
In what department does the Secondary Program contact work?	Fiscal Department
What is the Secondary Program contact email?	apalmer@legalaid.org
What is the Secondary Program contact phone number (including extension)?	(954)736-2434
What is the Secondary Program contact fax number?	(754)900-5177
<b>Contact Information for Individuals Seeking Services</b>	
What is the Services contact name?	Rio Romero
What is the Services contact title?	HOPWA Paralegal
In what department does the Services contact work?	Housing Rights Unit
What is the Services contact email?	respinoza@legalaid.org
What is the Services contact phone number (including extension)?	(954)358-5642
What is the Services contact fax number?	(954)736-2480

**General data note: Do not enter "N/A" or "Not Applicable" - If a row does not apply, please skip and leave blank.**

For HOPWA GRANTEES ONLY who ALSO provided direct HOPWA services: You do not need to complete this tab.

**Data Check for Project Sponsors: Rows 9, 16, & 23 need only be completed if applicable. All other contact information is mandatory. Complete even if a contact is duplicated across multiple roles.**

*This information may be published on HUD websites as a resource for clients seeking services.*

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in either the Consolidated or Annual Plan (for formula grantees) or the grant proposal/application (for competitive grantees) and used in the delivery of the HOPWA program and the amount of leveraged dollars.

What is the amount and type of leveraged funding that was provided by any of these sources?	Funding for this Report	Was this a Housing Subsidy Assistance? Yes or No.
ESG	0	
HOME	0	
Ryan White	129150	No
Continuum of Care (CoC)	0	
Low-Income Housing Tax Credit	0	
Housing Choice Voucher Program	0	
Private grants	0	
In-kind resources	0	
Grantee cash	0	
<b>Other types of private or public funding:</b>		
Other FUNDING 1	0	
Other FUNDING 2	0	
Other FUNDING 3	0	
Other FUNDING 4	0	
Other FUNDING 5	0	
Other FUNDING 6	0	
Other FUNDING 7	0	
Other FUNDING 8	0	
Other FUNDING 9	0	
Other FUNDING 10	0	
Other FUNDING 11	0	
Other FUNDING 12	0	
Other FUNDING 13	0	
Other FUNDING 14	0	
Other FUNDING 15	0	
<b>Program Income</b>	<b>0</b>	
What was the amount of program income collected from resident rent payments in the program year?	0	
What was the amount of program income collected from other sources (non-resident payments) in the program year?	0	
<b>Uses of Program Income</b>	<b>0</b>	
What was the amount of total program income that was spent on housing assistance in the program year?	0	
What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year?	0	
<b>Rent Payments Made by HOPWA Housing Subsidy Assistance Recipients Directly to Private Landlords</b>		
What was the amount of resident rent payment that residents paid directly to private landlords?	0	

Scroll to the bottom of this tab for required Program Income reporting questions.

Complete Rows 3-11 for specific leveraging sources listed in Column A.  
 Column B: Should be a single dollar amount.  
 Column C: Should be a "Yes" or "No" response only to indicate whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations on this tab.

NOTE: Enter any leveraged project sponsor cash in row 11, "Grantee cash."

In rows 13-27, enter other leveraged funds not included in the sources listed Rows 3-11.

Column A: Do not enter anything: you do not need to report the specific source of the leveraged funds.

Column B: Should be a single dollar amount.

Column C: Should have "Yes" or "No" response only as to whether any of the reported funds were for Housing Subsidy Assistance. Do not add explanations or other text.

If P-FBH or ST-TFBH activity reported and Row 29 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If Subsidy Assistance activity reported and Row 30 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

If TBRA activity reported and Row 35 is "0", provide an explanation in "Leveraging" section of the "Data Quality Notes" Tab

**Complete this section for all Households served with HOPWA Tenant-Based Rental Assistance (TBRA) by your organization in the reporting year.**

Question	This Report
<b>TBRA Households Served and Expenditures</b>	
How many households were served with HOPWA TBRA assistance?	0
What were the total HOPWA funds expended for TBRA rental assistance?	0
<b>Other (Non-TBRA) Rental Assistance Households Served and Expenditures (Other Non-TBRA Rental Assistance activities must be approved in the grant agreement).</b>	
How many total households were served with Other (non-TBRA) Rental Assistance?	0
What were the total HOPWA funds expended for Other (non-TBRA) Rental Assistance, as approved in the grant agreement?	0
Describe the Other (non-TBRA) Rental Assistance provided. (150 characters).	
<b>TBRA Household Total (TBRA + Other)</b>	<b>0</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or Ryan White-funded Medical or Dental Assistance	0
<b>Health Outcomes for HOPWA-Eligible Individuals Served by this Activity</b>	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Note: This total should include overhead (staff costs, fringe, etc.).

**NOTE: Rows 7-9 should not be completed unless you have been approved by HUD in your grant agreement to carry out these activities. Facilities-based Housing, STRMU & PHP activities should not be reported here.**

**Income Levels in Rows 12-14:  
Data Check: Sum of 12-14 as shown in Row 11 must be = to Row 10.**

Sources of income in Rows 17-29: Report ALL sources of income to HOPWA-eligible households (including those for other household members).  
Data Check: Sum of 17-29 as shown in Row 16 must be = or > than Row 10.

Medical Insurance in Rows 32-37: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
Data Check: If 32-37 are all "0", provide explanation in TBRA section of Data Quality Notes Tab..

NOTE: Health outcomes do NOT have to be supported by labs or other medical

How many HOPWA-eligible individuals served with TBRA this year have ever been prescribed Anti-Retroviral Therapy?	0
How many HOPWA-eligible persons served with TBRA have shown an improved viral load or achieved viral suppression?	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served with TBRA for less than one year?	0
How many households have been served with TBRA for more than one year, but less than five years?	0
How many households have been served with TBRA for more than five years, but less than 10 years?	0
How many households have been served with TBRA for more than 10 years, but less than 15 years?	0
How many households have been served with TBRA for more than 15 years?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>0</b>
How many households continued receiving HOPWA TBRA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households exited to private housing?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to an institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

supported by labs or other medical documentation. It can be self-report from clients.  
 Data Check: If 39 and/or 40 are "0", provide explanation in TBRA section of Data Quality Notes Tab.

**Longevity in Rows 42-46:**  
**Data Check: Sum of 42-46 as shown in Row 41 Must be = to Row 10.**

**Housing Outcomes in Rows 48-61:**  
**Data Check: Sum of 48-61 as shown in Row 47 Must be = to Row 10.**

**Complete this section for all Households served with HOPWA Short-Term Rent, Mortgage, and Utilities Assistance (STRMU) by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity - STRMU Breakdown</b>	
a. How many households were served with STRMU mortgage assistance only?	0
b. How many households were served with STRMU rental assistance only?	0
c. How many households were served with STRMU utilities assistance only?	0
d. How many households received more than one type of STRMU assistance?	0
<b>STRMU Households Total</b>	<b>0</b>
<b>STRMU Expenditures</b>	
What were the HOPWA funds expended for the following budget line items?	
STRMU mortgage assistance	0
STRMU rental assistance	0
STRMU utility assistance	0
<b>Total STRMU Expenditures</b>	<b>0</b>
<b>Income Levels for Households Served by this Activity</b>	<b>0</b>
What is the number of households with income below 30% of Area Median Income?	0
What is the number of households with income between 31% and 50% of Area Median Income?	0
What is the number of households with income between 51% and 80% of Area Median Income?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	<b>0</b>
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service	0
Regular contributions or gifts from organizations or	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

This total should include overhead (staff costs, fringe, etc.). NOTE: The grantee determines how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures). All sponsors should report in the same manner.

**Income Levels in Rows 16-18:**  
**Data Check: Sum of 16-18 as shown in Row 15 must be = to Row 8**

**Income Sources in Rows 21-33:**  
**Report ALL sources of income for HOPWA-eligible households (including those for other household members).**  
**Data Check: Sum of 21-33 as shown in Row 20 must be = to or > than Row 8**

Medical Insurance in Rows 36-41: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 36-41 are all "0", provide explanation in TBRA section of Data Quality Notes Tab.

State Children's Health Insurance Program (CHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Longevity for Households Served by this Activity</b>	<b>0</b>
How many households have been served by STRMU for the first time this year?	0
How many households also received STRMU assistance during the previous STRMU eligibility period?	0
How many households received STRMU assistance more than twice during the previous five eligibility periods?	0
How many households received STRMU assistance during the last five consecutive eligibility periods?	0
<b>Housing Outcomes for Households Served by this Activity</b>	<b>0</b>
How many households continued receiving this type of HOPWA assistance into the next year?	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to an emergency shelter?	0
How many households served with STRMU were able to maintain a private housing situation without subsidy?	0
How many households exited to transitional housing (time limited - up to 24 months)?	0
How many households exited to institutional arrangement expected to last less than six months?	0
How many households exited to institutional arrangement expected to last more than six months?	0
How many households exited to a jail/prison term expected to last less than six months?	0
How many households exited to a jail/prison term expected to last more than six months?	0
How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain?	0
How many households exited to a place not meant for human habitation?	0
How many households were disconnected from care?	0
How many of the HOPWA eligible individuals died?	0

Longevity in Rows 43-46:  
The total of this section does NOT have to match your household total for this activity.

Data Check: Individually, Rows 44-46 cannot be > than Row 8

**Housing Outcomes in Rows 48-61:**

**Data Check: Sum of 48-61 as shown in Row 47 must be = to Row 8**

**Complete this section for all Households served with HOPWA Permanent Housing Placement (PHP) assistance by your organization in the reporting year.**

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with PHP assistance?	0
<b>PHP Expenditures for Households Served by this Activity</b>	
What were the HOPWA funds expended for PHP?	0
<b>Sources of Income for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of income in the past year?	0
Earned Income from Employment	0
Retirement	0
SSI	0
SSDI	0
Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.)	0
Private Disability Insurance	0
Veteran's Disability Payment (service or non-service connected payment)	0
Regular contributions or gifts from organizations or persons not residing in the residence	0
Worker's Compensation	0
General Assistance (GA), or local program	0
Unemployment Insurance	0
Other Sources of Income	0
How many households maintained no sources of income?	0
<b>Medical Insurance/Assistance for Households Served by this Activity</b>	
How many households accessed or maintained access to the following sources of medical insurance in the past year?	
MEDICAID Health Program or local program equivalent	0
MEDICARE Health Insurance or local program equivalent	0
Veterans Affairs Medical Services	0
AIDS Drug Assistance Program	0
State Children's Health Insurance Program (SCHIP) or local program equivalent	0
Ryan White-funded Medical or Dental Assistance	0
<b>Housing Outcomes for Households Served by this Activity</b>	
<i>In the context of PHP, "exited" means the housing situation into which the household was placed using the PHP assistance.</i>	0
How many households exited to other HOPWA housing programs?	0
How many households exited to other housing subsidy programs?	0
How many households exited to private housing?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

The total in Row 6 should include overhead (staff costs, fringe, etc.).

Income Sources in Rows 9-21:  
Report ALL sources of income for HOPWA-eligible households (including those for other household members).  
  
Data Check: Sum of 9-21 as shown in Row 8 must be = to or > than Row 4

Medical Insurance in Rows 24-29: Report ALL of the specific insurance types listed that were accessed by HOPWA-eligible households (including those for other household members). The sum of this section does NOT have to match your household total.  
  
Data Check: If 24-29 are all "0", provide explanation in "PHP" section of "Data Quality Notes" Tab.

Housing Outcomes in Rows 32-34:  
Data Check: Sum of 32-34 as shown in Row 30 must be = to Row 4: if not, provide explanation in "PHP" section of "Data Quality Notes" Tab.

Complete for all households served with HOPWA-funded Housing Information Services by your organization in the reporting year.  
 See definition of "Housing Information Services" on "Performance Report Cover" tab

Question	This Report
<b>Households Served by this Activity</b>	
How many households were served with housing information services?	0
<b>Housing Information Services Expenditures</b>	
What were the HOPWA funds expended for Housing Information Services?	0

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

NOTE: The total in Row 6 should include overhead (staff costs, fringe, etc.).

**Complete for all households served with HOPWA funded Supportive Services by your organization in the reporting year.  
Note that this table also collects HOPWA Supportive Service expenditures.**

Questions	This Report	
	Number of Households	Expenditures
<b>Households and Expenditures for Supportive Service Types</b>		
What were the expenditures and number of households for each of the following types of supportive services in the program year?		
Adult Day Care and Personal Assistance	0	0
Alcohol-Drug Abuse	0	0
Child Care	0	0
Case Management	0	0
Education	0	0
Employment Assistance and Training	0	0
Health/Medical Services	0	0
Legal Services	156	233149.28
Life Skills Management	0	0
Meals/Nutritional Services	0	0
Mental Health Services	0	0
Outreach	0	0
Transportation	0	0
Any other type of HOPWA funded, HUD approved supportive service?	0	0
What were the other type(s) of supportive services provided? (150 characters)		
<b>Deduplication of Supportive Services</b>		
How many households received more than one of any type of Supportive Services?	0	

<b>Deduplicated Supportive Services Household Total (based on amounts reported in Rows 5-21 above):</b>	<b>156</b>	
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**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Column B: enter the unduplicated number of households served by each type of HOPWA-FUNDED Supportive Services

Column C: Report all HOPWA expenditures associated with delivering each type of HOPWA-FUNDED Supportive Services. This total should include overhead (staff costs, fringe, etc.).

NOTE: The grantee can determine how to report/distribute overhead costs (i.e., all overhead included in one row, or divided across categories with expenditures. All sponsors should report in the same manner.

**Data Check: If your unduplicated household total calculated in Cell B23 appears incorrect, adjust Row 21.**

**Only Competitive Grantees with an "Other Housing Activity" approved in their grant agreement should complete this tab.**

"Other" Housing Activities -- Households and Expenditures Served by this Activity	This Report
How many households were served with "Other Housing Activity" assistance?	0
What were the HOPWA funds expended for "Other Housing Activity" assistance?	0
What is the "Other" HOPWA budget line item approved in the grant agreement? (150 characters)	

**General Data Check: If you report expenditures you must report corresponding households. If you report households, you must report expenditures.**

Complete this tab ONLY if you have been approved by HUD in your grant agreement to carry our "Other Housing Activities."

The total in Row 4 should include overhead (staff costs, fringe, etc.).

Activity Review	TBRA	P-FBH	ST-TFBH	STRMU	PHP	Housing Info	SUPP SVC	Other Competitive Activity	
<b>Total Households Served in ALL Activities from this report for each Activity.</b>	0	0	0	0	0	0	156	0	
<b>Housing Subsidy Assistance Household Count Deduplication</b>		<p><b>Data Check: The highest unduplicated activity total shown in row 2 on this ATC tab must be equal to or less than the HOPWA-Eligible individual total reported in row 27 on the DEM &amp; Prior Living Tab. The HOPWA-Eligible individual total from row 27 is also shown directly to the right for your reference.</b></p>							
<i>Total Housing Subsidy Assistance (from the TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity counts above)</i>	0							<b>DEM tab, row 27:</b>	
How many households received more than one type of HOPWA Housing Subsidy Assistance for TBRA, P-FBH, ST-TFBH, STRMU, PHP, Other Competitive Activity?	0							156	
<b>Total Unduplicated Housing Subsidy Assistance Household Count</b>	0								
<b>Access to Care (ATC)</b>									
Complete HOPWA Outcomes for Access to Care and Support for all households served with HOPWA housing assistance and "other competitive activities" in the reporting year.									
<b>Questions</b>		<b>This Report</b>							
How many households had contact with a case manager?		0							
How many households developed a housing plan for maintaining or establishing stable housing?		0							
How many households accessed and maintained medical insurance and/or assistance?		0							
How many households had contact with a primary health care provider?		0							
How many households accessed or maintained qualification for sources of income?		0							
How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)?		0							
<b>Subsidy Assistance with Supportive Service, Funded Case Management</b>									
<b>Questions</b>		<b>This Report</b>							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Funded Case Management?		0							
How many households received any type of HOPWA Housing Subsidy Assistance and HOPWA Supportive Services?		0							
		<p><b>Rows 10-15: Data Checks:</b>  <b>The values entered in each of these rows individually cannot be greater than the value calculated in Row 6.</b>   <b>If insurance or income were reported on any of the activity tabs, Rows 12 &amp; 14 should be completed accordingly.</b>   <b>If all Rows are "0", provide explanation in Access to Care section of Data Quality Notes Tab.</b>   <b>Reminders: 1. Contact with a case manager does not have to be a HOPWA-funded case manager.</b>             2. Access to medical insurance can include those who accessed other types of insurance not included in the activity tabs.</p>							
		<p><b>Data Check: Individually, Rows 18 &amp; 19 cannot be &gt; than the lesser of Cells H2 or B6.</b>             In Rows 18 &amp; 19, report on Housing Subsidy Assistance households as calculated in Row 6 ONLY.             Case management is a supportive service; therefore, all individuals reported in Row 18 should be included in total reported in Row 19.</p>							

**Complete for all households who requested Violence Against Women Act (VAWA) protections per 24 CFR 5.2005 with your organization in the reporting year.**

Question	This Report
How many internal emergency transfers were requested?	0
How many internal emergency transfers were granted?	0
How many external emergency transfers were requested?	0
How many external emergency transfers were granted?	0
How many emergency transfers were denied?	0

If you have this data, please complete Rows 3-7. If you do not have this data, it is currently NOT an error to leave this chart blank.