

CITY OF CHICAGO

2017 Comprehensive Annual Performance and
Evaluation Report (CAPER)

Period of January 1st 2017 to December 31st 2017

Community Development Block Grant (CDBG)
HOME Investment Partnerships (HOME)
Housing Opportunities for Persons with AIDS (HOPWA)
Emergency Solutions Grant (ESG)
Community Development Block Grant-Disaster Recovery



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Budget Director

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Introduction

As a recipient of federal entitlement grant funds from the U.S. Department of Housing and Urban Development (HUD), the City of Chicago is required to submit a Consolidated Annual Performance and Evaluation Report (CAPER). The 2017 CAPER reports on the City's progress in achieving priorities and goals set forth in the second year of the 2015-2019 Consolidated Plan. The Consolidated Plan is a five-year strategic planning guide that identifies the City's affordable housing and community development needs, and each annual Action Plan describes planned activities and how funds will be used for a given year of the Consolidated Plan.

In May 2012, HUD introduced the Econ-Planning Suite, a new electronic template for producing the Consolidated Plan, Action Plan and CAPER, directly within HUD's Integrated Disbursement and Information System (IDIS). As required by HUD, the City has developed the 2017 CAPER using HUD's template. The CAPER is submitted each year to HUD for review and approval.

CR-05 - Goals and Outcomes

Progress the jurisdiction has made in carrying out its strategic plan and its action plan.

91.520(a)

In its 2015-2019 Consolidated Plan, the City identified the following priorities:

- Developing, rehabilitating, and preserving affordable housing;
- Providing public services, including mental health services; HIV/AIDS prevention; workforce development; domestic violence resources; disability resources; senior and homeless services, to low- and moderate-income residents;
- Expanding economic opportunities for low- and moderate-income residents; and
- Demolishing or clearing homes or buildings that are hazardous and uninhabitable.

The City was successful in meeting many of the goals of the 2017 Action Plan and made gains in addressing the housing and community development needs of individuals in low- and moderate-income community areas of Chicago. Below are programmatic highlights by priority area:

Developing, rehabilitating, and preserving affordable housing

The Department of Planning and Development (DPD), in partnership with the Neighborhood Housing Services Redevelopment Corporation, administers a housing preservation program known as the Single-Family Troubled Buildings Initiative (TBI) that works to preserve at-risk households through the designation of receivers to take over and cure troubled or deteriorating properties. Under this program, 157 units were repaired and stabilized, rehabilitated, or placed in receivership in 2017, exceeding the projected number of 150 units.

The Neighborhood Lending Program (NLP) is a citywide homeownership program that provides loans in three areas: Home Purchase or Purchase-Rehab; Home Improvement; and Home Ownership Preservation. Under the program, Neighborhood Housing Services of Chicago offers forgivable loans or grants to help cover closing costs, affordability gaps and rehab costs for

income-eligible buyers or owners of single-family homes. In 2017 NLP assisted 148 households, exceeding the projected number of 141 units.

DPD's Emergency Heating Repairs Program enabled emergency repairs to 122 units, exceeding the projected number of 100 units. Also, DPD's Roof and Porch Repairs Program supported repairs that helped preserve 441 affordable units, exceeding the projected 400. This represents a return to anticipated levels following a lower-than expected 2016 volume due to contractual issues.

Providing public services for at-risk populations

CDPH Office of Violence Prevention and Behavioral Health funded three areas under CDBG-funded Violence Prevention Initiative (VPI)- (1) Mental Health Childhood Sexual Assault – provides mental health services for child and adolescent victims of sexual assault. OVPBH manages one delegate that provided mental health services for 76 children ages 17 and under meeting its projected number of 75; (2) Restorative Practice programs – provided funding opportunities and leverages capacity building to 7 agencies operating restorative practice/justice programs that engage elementary aged youth in 8 Chicago Public Schools in 2017 and two community-based models that targeted youth after school. OVPBH's RP programs served a total of 4101 persons; 3,419 youth and 682 adults (Parents, School Staff and Community members) exceeding the projected number of 1500 to be served; (3) Crisis Intervention Pilot Program – a partnership with the Chicago Police Department which diverts people experiencing a mental health crisis to a hospital for help instead of jail. In 2017, 639 people were assessed at the two hospitals in the targeted 3 police districts (2, 3, and 7).

CDPH's Mental Health Program is a safety net for Chicago residents who have few or no resources to pay for outpatient mental health services. CDBG-funded mental health centers include Englewood, North River, Greater Lawn, Lawndale, and Greater Grand. In January 2017, operations for the Roseland Mental Health Clinic was transitioned to Cook County Health and Hospital Hospitals through a Mental Health Expansion Initiative to bring more comprehensive and integrative services to residents. In 2017, the remaining five clinics served 2,750 residents, a 10% increase in the number unduplicated clients receiving services from 2016. 2017 marks the third year for seeing an increase in access numbers. Furthermore, the program continues to work in strengthening the quality of services offered. An extensive quality assurance initiative was launched mid-year that boasts routine clinical peer chart reviews and continuous training opportunities for both clinical and administrative staff.

The Department of Family and Support Services (DFSS) funds a shelter system that consists of emergency Overnight Shelter programs and Transitional Housing (Interim Housing) programs. Overnight Shelter programs provide shelter to single males and females age 18 and over on a nightly basis for up to 12 consecutive hours. Interim Housing is the living space and services offered to single individuals and families with children as they move from homelessness to permanent housing, delivered within a client-centered, individualized, and community-based approach. In 2017, the Overnight Shelter and Interim Housing Programs funded by DFSS served 17,401 persons, exceeding the anticipated number of 7,100 persons.

DFSS funded delegate agencies to provide various services to survivors of domestic violence, including case management, counseling, court legal advocacy, legal services, economic support and stability, supervised child visitation and safe exchange. During 2017, CDBG-funded domestic violence programs served 15,461 individuals, exceeding the projected number of 9,449 individuals.

DFSS funds the Human Services Mobile Outreach program (formerly the Emergency Services Division) that provides residents with round-the-clock emergency assistance. Calls to the City's non-emergency 311 system are referred electronically 24 hours a day, seven days a week, to the Human Services Mobile Outreach Center managed by a delegate agency. As crisis calls are received, the Human Services Mobile Outreach teams are dispatched to provide crisis intervention, transport clients to shelters, relocate clients among various shelters or locate alternative locations for hard-to-place clients, conduct wellness checks, and provide food and clothing. Human Services Mobile Outreach workers also refer clients to DFSS Community Service Centers when those individuals need longer-term assistance. Through cooperative agreements, homeless persons are able to report to any police station or hospital emergency room to request shelter and wait for Human Services Mobile Outreach teams to provide shelter transport. In 2017, 10,156 people received services through Human Services Mobile Outreach.

Expanding economic opportunities for low- and moderate-income residents

The Workforce Services Division of DFSS used CDBG funding to provide employment services to underserved Chicago residents. The target populations included the homeless, ex-offenders, CHA residents, immigrants, veterans, victims of domestic violence, and people with disabilities. Workforce Services funded four program designs in 2017: 1) Employment Preparation and Placement Services for Underserved Populations (Job Readiness Training); 2) Industry Specific Training and Placement Services; 3) Transitional Jobs Program (Subsidized Employment); and 4) Community Reentry Support Centers. Services included comprehensive assessment, case management, job readiness training, customized skills training, supportive services, placement assistance, and retention services. In 2017, Workforce Services provided Job Readiness Training to 2,008 individuals and Industry-Specific Training to 379 individuals, exceeding the projected number of 383 individuals.

Several programs did not reach the projected targets. DPD's Heat Receiver Program, which restores heat and utility services to renter households living under 80% of Area Median Income (AMI), served 153 households, less than the targeted 600 households. Service volumes have declined in this program since 2014 due to a succession of unusually mild winters.

Through the Small Accessible Repairs for Seniors program (SARFS), DPD furnished enabling devices and other improvements to 494 senior-owned residences, slightly down from previous years due to a contract-processing delay for lead risk assessments that delayed work during the first quarter.

The HomeMod program, administered by the Mayor's Office for People with Disabilities (MOPD), allows people with disabilities who are of low- to moderate-income to receive home

modifications that make their living environment more accessible. In 2017, the number of home modifications fell short of the targeted 75 households. The shortfall was caused by an increase in the average cost of the construction jobs and lead remediation efforts. MOPD was able to successfully complete 63 household modifications.

City of Chicago, 2017 Program Year CAPER

Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)

Categories, priority levels, funding sources and amounts, outcomes/objectives, goal outcome indicators, units of measure, targets, actual outcomes/outputs, and percentage completed for each of the grantee's program year goals.

Goal	Category	Source / Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete
Assist the Homeless	Homeless Services	CDBG: \$4,948,771 ESG: \$779,152	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	115500	54492	47.18%	15072	10156	67.38%
Assist the Homeless	Homeless Services	ESG: \$1,330,256	Tenant-based rental assistance / Rapid Rehousing	Households Assisted	3846	1049	27.20%	760	417	54.87%
Assist the Homeless	Homeless Services	CDBG: \$4,948,771 ESG: \$3,894,291	Homeless Person Overnight Shelter	Persons Assisted	21600	33505	155.11%	10266	19388	188.85%
Elimination of Detrimental Conditions	Affordable Housing Elimination of Detrimental Conditions	CDBG: \$3,919,000	Buildings Demolished	Buildings	2250	1987	88.31%	750	481	64.13%

City of Chicago, 2017 Program Year CAPER

Elimination of Detrimental Conditions	Affordable Housing Elimination of Detrimental Conditions	CDBG: \$3,062,274	Housing Code Enforcement/Foreclosed Property Care	Household Housing Unit	28053	5496	19.59%	9350	N/A	N/A
Enable Persons To Live in Dignity & Independence	Affordable Housing Non-Homeless Special Needs	CDBG: \$1,386,734	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	49367	61703	124.98%	29000	13467	46.43%
Enable Persons To Live in Dignity & Independence	Affordable Housing Non-Homeless Special Needs	CDBG: \$2,921,489	Homeowner Housing Rehabilitated	Household Housing Unit	1317	1297	98.48%	574	554	96.51%
Expand Nonprofits Capacity to Develop and Manage	Affordable Housing	HOME: \$2,921,489	Other	Other	66	32	48.48%	8	8	100%
Increase Access to Quality Public Services	Non-Homeless Special Needs	CDBG: \$15,190,837	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	331165	430323	129.94%	184744	315092	170.55%
Expand Opportunities for Homeownership	Affordable Housing	CDBG: \$600,000	Homeowner Housing Rehabilitated	Household Housing Unit	300	38	12.67%	100	N/A	N/A

City of Chicago, 2017 Program Year CAPER

Expand Opportunities for Homeownership	Affordable Housing	CDBG: \$3,476,572	Direct Financial Assistance to Homebuyers	Households Assisted	272	397	145.96%	151	141	93.37%
Improve Safety and Livability of Neighborhoods	Affordable Housing	CDBG: \$5,755,000	Housing Code Enforcement/Foreclosed Property Care	Household Housing Unit	2998	2983	99.49%	1530	1546	101.45%
Increase Units of Permanent Affordable Housing	Affordable Housing	CDBG: \$1,324,615	Rental units rehabilitated	Household Housing Unit	3173	N/A	N/A	75	N/A	N/A
Increase Units of Permanent Affordable Housing	Affordable Housing	CDBG: \$7,122,255	Homeowner Housing Rehabilitated	Household Housing Unit	818	1162	142.05%	480	151	31.46%
Meet the Needs of Persons With HIV/AIDS	Persons With HIV/AIDS	HOPWA: \$951,285	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	1667	1744	104.62%	1000	934	93.40%
Meet the Needs of Persons With HIV/AIDS	Persons With HIV/AIDS	HOPWA: \$1,968,098	Tenant-based rental assistance / Rapid Rehousing	Households Assisted	600	946	157.66%	208	256	123.07%
Meet the Needs of Persons With HIV/AIDS	Persons With HIV/AIDS	HOPWA: \$4,060,659	HIV/AIDS Housing Operations	Household Housing Unit	1557	1498	96.21%	519	503	96.92%
Mitigate Lead Based Paint Hazards	Elimination of Detrimental Conditions	CDBG: \$3,960,231	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	3333	5467	164%	2000	1854	92%

City of Chicago, 2017 Program Year CAPER

Promote Diversity	Fair Housing	CDBG: \$889,635	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	150	227	151%	90	100	111%
Promote Diversity	Non-Housing Community Development	CDBG: \$379,111	Public service activities other than Low/Moderate Income Housing Benefit	Other	195/1050	194/1176	99%	65/350	70/400	100%
Provide Public Services Concerned With Employment	Non-Housing Community Development	CDBG: \$5,485,113	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	2260	7043	311.64%	2302	3471	150.78%
Address Disaster Related Needs	Affordable Housing Non-Housing Community Development	CDBG-DR: 10,000,000	Homeowner Housing Rehabilitated	Household Housing Unit	757	177	23.38%	151	121	80.13%
Address Disaster Related Needs	Non-Housing Community Development	CDBG-DR: \$46,000,000	Other	Other	17610	N/A	N/A	N/A	N/A	N/A

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

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

Affordable Housing Development

In 2017, the City completed the fourth year of the City's current Five-Year Affordable Housing Plan, *Bouncing Back*, covering the years 2014-2018. This plan explicitly links Chicago's housing submarkets to economic development, jobs, neighborhood amenities, land use patterns and other non-housing factors. Nine guiding principles drive the City's affordable housing initiatives in the plan:

- People of all income levels, in all neighborhoods, should have a range of housing options. All residents should have access to quality affordable housing, including the homeless, the elderly, people with disabilities, and those with other special needs. A commitment to diverse communities and affirmatively furthering fair housing is essential to a healthy, vibrant Chicago.
- Chicago's population must grow to drive sustained demand for housing across different types of neighborhoods. Public and private resources will be needed to encourage current residents to stay and invest, previous residents to return, and new residents to move here.
- Rebuilding vitality across Chicago's housing markets will require creative and flexible approaches advanced by a diverse set of partners.
- One size does not fit all. City neighborhoods have vastly different market conditions. Strategies will be tailored to each community.
- Private-sector investment and involvement is a critical component of building the market and providing affordable housing in all types of neighborhoods.
- Public investments in housing should be strategically focused to achieve particular goals and to attract the maximum amount of private investment.
- The growth of housing in strong markets is of critical importance to the entire city's long-term prospects and to the supply of affordable housing.
- Housing strategies should be coordinated with broader efforts to create safe neighborhoods, good schools, thriving businesses, employment opportunities, transportation choices and a sustainable environment.
- Communication and coordination among City departments, private-sector partners, community-based organizations and agencies that connect residents to affordable and supportive housing is essential to a successful housing strategy.

In 2017, the City committed a total of \$403 million to support the creation, preservation or improvement of 8,208 units of affordable housing. The funding sources included federal grants, tax credits, tax increment financing (TIF) revenues, mortgage revenue bond proceeds and other local funds.

Housing Unit Commitments Under City of Chicago Programs, 2017

Income Level (% of AMI)	Less than 15%	Less than 30%	Less than 50%	Less than 60%	Less than 80%	TOTAL, 0-80%	TOTAL, All Income Levels
Multi-Family	1,320	1,582	450	1,066	640	5,058	5,396
Single-Family	198	503	639	506	622	2,468	2,812
ALL UNITS	1,518	2,085	1,089	1,572	1,262	7,526	8,208

***Please Note:** Unit counts provided in this section are based on funding commitments and project approvals during the year 2017 and may differ from the numbers recorded in HUD's Integrated Disbursement and Information System (IDIS) or the Summary of Specific Annual Objectives at the time of this report.*

Public Services for the Homeless

The Department of Family and Support Services (DFSS) uses CDBG, as well as Community Services Block Grant (CSBG) and other funding sources, to support a Human Services System that addresses the critical and emergency human services needs of low-income persons and families. The goal of the human services system is to provide or help individuals and households access services that support positive outcomes that promote and help maintain self-sufficiency. Service programs are tailored to meet immediate, short-term, or long-term needs.

In coordination with Human Services Mobile Outreach, DFSS's Homeless Outreach and Prevention (HOP) team reaches the homeless living on the street and individuals who might not actively seek out services on their own. The HOP team conducts patrols around the city and in areas of known homeless encampments. The HOP Team shares the goals of DFSS's Homeless Outreach and Engagement Program, which is overseen by the Homeless Division and delivered through not-for-profit delegate agencies. The Outreach Program focuses on engaging and building relationships with homeless persons, with the goal of placing them into services including shelter and supportive housing. In 2017, the HOP Division served 4,504 clients.

DFSS, along with its delegate agencies, has developed an integrated homeless service system. This consists of prevention services, outreach and assessment, emergency shelter and transitional housing, permanent housing for formerly homeless persons, and supportive services. DFSS utilizes CDBG funding to support this system, and combines CDBG dollars with a variety of other funding sources. In 2017, the projects that received CDBG Homeless Services funding served 19,388 persons.

DFSS also operates a mobile outreach health unit in a collaborative effort with CDPH. The mobile unit is a customized van that is used to provide health and social services to the city's homeless population. Services include outreach, intake, mental health and substance abuse screenings, physical examinations, health referrals, and shelter placement. A DFSS staff member, a public health nurse, and a driver staff the mobile unit. In 2017, the mobile unit provided medical and social service assistance to 340 homeless individuals. DFSS will evaluate current mobile unit outreach locations against updated hot spots and work towards establishing a new schedule that increases engagement with mobile unit services.

Public Services for Special Needs Populations

In 2017, DFSS' Intensive Case Advocacy and Support (ICAS) Program provided services through delegate agencies to 1,292 at-risk and isolated seniors, aged 60 and over, who exhibited signs of isolation, declining capacity and difficulty managing daily life activities and their environment. The Home Delivered Meals Program provided nutritious meals to 2,684 older adults (60 years and older) who were frail and/or homebound because of illness, incapacitating disability, and/or are otherwise isolated.

The Mental Health Services for Children and Adolescent Victims of Sexual Assault program funded by the Chicago Public Health Department (CDPH) is designed to increase the availability of mental health services for children and adolescents (ages 17 and under) who are victims of sexual assault. The program provides therapy services to children and adolescents with the goal of reducing the amount of time it takes to receive mental health services including minimizing waiting lists for families that require Spanish language fluency.

The Chicago Children's Advocacy Center (CCAC) serves as the city's hub for co-located forensic investigation for suspected child sexual assault. This CDBG-funded program has a goal of servicing 75 children, which allows CCAC's mental health program to leverage funding to expand services to upwards of 170-180 child sexual assault victims and their families. Child victims of sexual assault face known risk factors for involvement in violence in adulthood and family/community destabilization. The mental health services include multi-modal (individual, family, and group) talk therapy; play therapy for children; case management support; and other supportive services that promote engagement in care such as transportation support and waiting room monitoring for other children in the family who are unable to be left at home but are not involved in clinical services. All mental health services are evidence and trauma-informed and use validated instruments to track client and family progress overtime.

CR-10 - Racial and Ethnic composition of families assisted

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

91.520(a)

	CDBG	HOME	HOPWA	ESG
White	120,989	13	235	2091
Black or African American	464,128	87	1356	15005
Asian	23,565	2	17	114
American Indian or American Native	2,407	0	18	388
Native Hawaiian or Other Pacific Islander	1,671	0	3	113
Other Multi-Racial	83,499	65	200	133
Total	696,259	152	1,829	17,844
Hispanic	45,171	0	95	1,769
Not Hispanic	651,088	152	1,734	16,075

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

CR-15 - Resources and Investments 91.520(a)

Identify the resources made available

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
Federal	Community Development Block Grant (CDBG)	85,565,000	69,995,080
Federal	Home Investment Partnerships (HOME)	39,924,967	7,972,176
Federal	Housing Opportunities for People with AIDS (HOPWA)	9,684,789	7,117,028
Federal	Emergency Solutions Grant (ESG)	7,681,094	6,397,998
Federal	Community Development Block Grant –Disaster Recovery (CDBG-DR)	8,583,000	4,500,000
Federal	Area Plan on Aging - Older Americans Act	13,534,000	12,536,229
State	Area Plan on Aging - Older Americans Act	5,251,000	5,889,765
Federal	CHA Family Supportive Services	1,582,000	1,411,981
Federal	Chicago Family Case Management	1,309,000	521,463
State	Childhood Lead Poisoning Prevention	322,000	223,353
Federal	Community Services Block Grant (CSBG)	12,145,000	12,145,000
Other	Elder Abuse and Neglect	46,000	46,017
State	Emergency and Transitional Housing	4,714,000	4,655,000
Federal	HIV/AIDS Prevention	10,366,000	5,978,425
Federal	HIV/AIDS Surveillance and Seroprevalence	1,386,000	773,272
Other	HOPWA Housing and Health Study Program	482,400	481,670
Public	IHDA Foreclosure Prevention Program	1,035,000	652,805
Federal	Local Health Protection	2,541,000	2,541,000
Local	Neighborhood Stabilization Program (NSP)	6,807,000	1,959,866
Federal	Resident Services Coordination and Case Management	1,727,000	1,216,437
State	Safe Havens Supervised Visitation	699,000	699,000
Federal	Senior Health Assistance Program	302,000	302,000
Federal	Services for Victims of Domestic Violence	1,431,000	956,527
Federal	Title XX Donated Fund	1,101,000	1,060,000

Table 3 – Resources Made Available

Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
Low and Moderate Income Census Tracts	70%	92%	Citywide

Table 4 – Identify the geographic distribution and location of investments

Leveraging

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

In addition to CDBG funding, the City's public service programming depends on multiple funding sources. These include various federal, state and local funds. DFSS' Domestic Violence programming leverages Department of Justice funding, state and city local funds to support its programs. Senior Services relies on multiple funding streams to support senior services including state and Older Americans Act - Area Agency on Aging/Area Plan funding. Intensive Case Advocacy and Support (ICAS) services is supported solely by CDBG, while Home Delivered Meals leverages federal Older Americans Act funding that is passed through the state. Workforce Services' program models including Employment Preparations and Placement, Industry Specific Training and Placement, Transitional Jobs, and Community Re-Entry Support Centers all rely on CDBG funding. In addition, Community Services Block Grant (CSBG) funding is also leveraged to support the Employment Preparation and Placement and the Transitional Jobs programs. Several funding streams support the City's current plan to address homelessness, Plan 2.0, including but not limited to CDBG, HUD Emergency Solutions Grant Program, CSBG, Illinois Department of Human Services' Emergency and Transitional Housing Program, and local funding.

Through a continued partnership with Meals on Wheels of Chicago, the Mayors Office for People with Disabilities' (MOPD) Independent Living Program (ILP) is able to provide meals to a group of people with disabilities that are under 60 which increases available services without increasing cost. The Independent Living Program seeks to partner with Vendors who can and are willing to provide additional services to ILP clients that are beyond the scope of their contract with the city. Vendors of the Personal Assistant/Homemaker programs are asked to match 10% of their contracted amount. This match can be in the form of direct service hours or administration costs.

ESG matching requirements were satisfied through an Emergency and Transitional Housing Program grant provided by the Illinois Department of Human Services and with corporate funding.

While there are no matching requirements for HOPWA, sub-recipients leveraged other federal, state, local, and private sources that are used to support program delivery. The majority of HOPWA sub-recipients use their leveraged funds to provide supportive services to HOPWA clients and their households.

Matching requirements for HOME were satisfied with local resources including Tax Increment Financing (TIF) revenue funds and write-downs on City-owned vacant land and/or real estate property.

One of the City’s housing priorities is leveraging public resources to maximize private investments. For most projects that receive HOME dollars, significant portions of the development costs are funded by private mortgages from financial institutions, equity investments from owners, and tax credit syndications and participation from other government funding sources.

In most multi-family development projects, 30 to 60% of the development costs are covered through private debt equity. Greater public investment is generally needed when the rent levels in a development are targeted to serve a very low-income population. Higher per-unit HOME investment levels are also related to heightened demand for Low-Income Housing Tax Credits. Fewer tax credits available to each project decrease the amount of private equity that can be raised to fund the development, thus increasing the level of HOME subsidy required.

The City, in partnership with Neighborhood Housing Services of Chicago (NHS), funds a joint public/private home ownership initiative designed to leverage private lending to homebuyers and homeowners through a consortium of approximately 20 local financial institutions. In 2017, the Neighborhood Lending Program (NLP) provided approximately \$1.6 million in CDBG funds, directly leveraging approximately \$10 million in private loan dollars.

Fiscal Year Summary – HOME Match	
1. Excess match from prior Federal fiscal year	\$ 64,137,350
2. Match contributed during current Federal fiscal year	\$ 5,682,408
3 .Total match available for current Federal fiscal year (Line 1 plus Line 2)	\$ 69,819,758
4. Match liability for current Federal fiscal year	\$ 651,612
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	\$ 69,168,146

Table 5 – Fiscal Year Summary - HOME Match Report

City of Chicago, 2017 Program Year CAPER

Match Contribution for the Federal Fiscal Year								
Project No. or Other ID	Date of Contribution	Cash (non-Federal sources)	Foregone Taxes, Fees, Charges	Appraised Land/Real Property	Required Infrastructure	Site Preparation, Construction Materials, Donated labor	Bond Financing	Total Match
13517	02/04/2017	\$2,946						\$2,946
12827	01/30/2017	\$1,264,356						\$1,264,356
0173 TIF	05/10/2017	\$171,814						\$171,814
0985 TIF	04/26/2017	\$191,244						\$191,244
0180 TIF	09/11/2017	\$39,579						\$39,579
0791 TIF	05/05/2017	\$49,589						\$49,589
0971 TIF	10/20/2017	\$52,047						\$52,047
0985 TIF	04/27/2017	\$170,538						\$170,538
PO#64477	10/06/2017	\$573,225						\$573,225
W#41729007	04/08/2017	\$1,267,800						\$1,267,800
PO#55815	04/06/2017	\$1,899,270						\$1,899,270
TOTAL								\$ 5,682,408

Table 6 – Match Contribution for the Federal Fiscal Year

HOME MBE/WBE report

Program Income – Enter the program amounts for the reporting period				
Balance on hand at beginning of reporting period	Amount received during reporting period	Total amount expended during reporting period	Amount expended for TBRA	Balance on hand at end of reporting period
\$	\$	\$	\$	\$
\$1,174,787	\$3,696,477	\$712,388	-	\$4,158,876

Table 7 – Program Income

Minority Business Enterprises and Women Business Enterprises – Indicate the number and dollar value of contracts for HOME projects completed during the reporting period						
	Total	Minority Business Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Contracts						
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0
Sub-Contracts						
Number	130	0	1	19	20	90
Dollar Amount	\$55,763,089	0	\$227,336	\$81,885,41	\$81,703,64	\$39,176,848
	Total	Women Business Enterprises	Male			
Contracts						
Number	0	0	0			
Dollar Amount	0	0	0			
Sub-Contracts						
Number	130	15	115			
Dollar Amount	\$91,706,830	\$7,777,195	\$83,929,635			

Table 8 – Minority Business and Women Business Enterprises

Minority Owners of Rental Property – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted						
	Total	Minority Property Owners				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	N/A					
Dollar Amount						

Table 9 – Minority Owners of Rental Property

City of Chicago, 2017 Program Year CAPER

Relocation and Real Property Acquisition – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition						
Parcels Acquired						
Businesses Displaced						
Nonprofit Organizations Displaced						
Households Temporarily Relocated, not Displaced						
Households Displaced	Total	Minority Property Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number						
Cost						

Table 10 – Relocation and Real Property Acquisition

CR-20 - Affordable Housing 91.520(b)

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

	One-Year Goal	Actual
Number of homeless households to be provided affordable housing units	600	600
Number of non-homeless households to be provided affordable housing units	7,653	8,208
Number of special-needs households to be provided affordable housing units	519	511
Total	8,772	9,319

Table 11 – Number of Households

	One-Year Goal	Actual
Number of households supported through rental assistance	2,960	2,641*
Number of households supported through the production of new units	660	655
Number of households supported through the rehab of existing units	3,337	3,280
Number of households supported through the acquisition of existing units	--	--
Total	6,957	6,576

Table 12 – Number of Households Supported

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

*The number of households receiving rental assistance fluctuates over the course of the year as individual landlords enter or exit the Rental Subsidy Program. The total unit count is reported at the end of the year; for 2017 this figure was actually lower than counts at other points during the year. This should not be considered indicative of any long-term trends in the program.

Discuss how these outcomes will impact future annual action plans.

The City's construction rehab and home improvement programs continued to experience cost pressures in 2017 as rehab costs increased. The Department of Planning and Development has worked to make up the difference through alternative sources of funding when available, such as tax credits, TIF funds and in-lieu payments under the Affordable Requirements Ordinance, however, this issue is expected to continue to depress unit production levels in the near

term. Regarding the creation of new units, the total was lower than anticipated because an unusually high proportion of projects approved under the Multi-family Construction and Rehab Program were rehab rather than new construction.

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

Number of Persons Served	CDBG Actual	HOME Actual
Extremely Low-income	538	47
Low-income	536	92
Moderate-income	698	211
Total	1,772	350

Table 13 – Number of Persons Served

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

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

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

Outreach and Engagement Mobile Outreach

DFSS provides targeted outreach and engagement that is delivered 24 hours a day, seven days a week, 365 days a year through mobile outreach teams that are dispatched to respond to non-life threatening requests for assistance through 311. These include requests for shelter placement and transportation, well-being checks, delivery of emergency food provisions, crisis assistance for victims of fire and other disasters, and extreme weather response, such as transportation of clients to City-operated Warming and Cooling Centers. In 2017, 10,156 individuals were served.

Outreach and Engagement Programs

These services include assessment of individuals, including youth, chronically homeless, and veterans living on the street, who do not typically access either shelter or other homeless services. Providers of this program model utilize the Vulnerability Index (a standardized tool for identifying and prioritizing the street homeless population for housing according to the fragility of their health) and to receive referrals through Chicago's Coordinated Entry System.

The program has four subcategories: Drop-in Centers, Basic Street Outreach, Specialized Outreach and Youth Outreach. In 2017, 4,271 individuals were served.

Addressing the emergency shelter and transitional housing needs of homeless persons

In coordination with the Chicago Continuum of Care (CoC), DFSS is the primary funder of emergency and interim housing for homeless individuals and families in Chicago. Both types of temporary housing options focus on assessing the service needs of residents and either making appropriate referrals to other providers or offering supportive services at the residential program. Additionally, DFSS funds supportive services that move persons who are currently homeless toward housing stability and self-sufficiency. Following are activities that address the shelter and transitional housing needs of persons experiencing homelessness:

Emergency Homeless Assessment and Response Center (EHARC)

EHARC is located at one of our Community Service Centers (10 S. Kedzie) and is operated by the Salvation Army. This is a 24 hour site for triage and temporary shelter for families. The goal is to triage, divert, or place households in more stable shelter programs as quickly as possible. In 2017, 4,227 individuals were served.

Emergency Shelter (Adult)

This program model provides shelter to single men and women aged 18 and over on a nightly basis for up to twelve consecutive hours. Adult Overnight Shelter may be appropriate for persons who do not want to participate in case management or the more intensive services and goals associated with interim housing. However, Adult Overnight Shelter programs are expected to engage clients in accessing supportive services and to assess clients for rapid re-housing options. In 2017, 1,118 individuals were served.

Low Threshold Youth Overnight Shelter

This program model provides age-appropriate shelter to single male and female youth ages 18 to 24, on a nightly basis for up to twelve consecutive hours. Youth Overnight Shelter programs are also expected to engage clients in accessing supportive services and to assess clients for rapid re-housing options. In 2017, 986 individuals were served.

Interim Housing (Adult)

Adopting the “housing first” model, Interim Housing focuses on rapidly re-housing those who are experiencing homelessness while working to progressively reduce the amount of time people spend experiencing homelessness. Permanent housing placements are emphasized and must be supplemented with services that focus on client stabilization, assessment, and referrals to community resources. In 2017, 11,070 individuals were served.

Clinical Services

Specialized Services are designed to address a client’s specific barriers to achieving housing stability that are not immediately addressed by existing community supports and are provided by experts in a particular field of knowledge. The program can be specialized to focus on a particular homeless population (e.g., those with a substance use disorder, etc.). Specialized Services funded by DFSS includes substance use disorder. In 2017, 172 individuals were served.

Homeless Shelter Food Supply

As part of its emergency food program, DFSS provides fresh fruits and vegetables to shelters throughout the city to feed people who are experiencing homelessness. Approximately 60 shelters located within the city received 530,790 pounds of produce. In 2017, DFSS-funded agencies provided 1,735,7626 pounds of emergency food to 279,426 at-risk individuals, distributed through 166 locations.

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

Helping homeless persons (especially chronically homeless individuals and families, families

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

Building on successful coordination of homeless prevention resources with its Homeless Prevention Call Center (HPCC), Chicago has taken steps towards expanding coordinated access and improving access to permanent housing and independent living. DFSS-funded outreach, engagement and shelter providers complete Standardized Housing Assessments through the Coordinated Entry System (CES).

Tenant-based rental assistance will be used to help households who have already fallen into homelessness be re-housed as quickly as possible by providing a security deposit and/or short-term rental assistance until sufficient income or a permanent tenant-based subsidy is in place. In 2017, 417 households were served.

The Chicago Low-Income Housing Trust Fund has committed \$8 million annually in rental assistance to prevent homelessness for more than 1,300 families and individuals. Of that total, nearly 600 units are targeted toward individuals and families experiencing long-term homelessness. Plan 2.0 identifies strategies to create access to affordable housing units through development and subsidy options including: working within to increase the priority and access to housing for those in need of supportive housing and working with public and community partners to develop new affordable housing opportunities.

Finally, DFSS offers several programs for individuals and families experiencing homelessness seeking a permanent and stable housing situation. DFSS uses local funding sources to provide homeless services that include those funded by CDBG as well as others endorsed by the Plan to End Homelessness. Supported activities include:

Permanent Supportive Housing Services

These services are designed to help clients maintain residential stability in permanent supportive housing. Permanent Supportive Housing programs provide long-term subsidized housing for individuals and families who are experiencing homelessness. Clients may have serious and persistent disabilities such as mental illness, substance use disorders, or HIV/AIDS, which often contribute to chronic homelessness. In 2017, 1,544 individuals were served.

Long-Term Rental Assistance

DFSS also offers rental subsidies paired with a range of supportive services to disabled individuals or families experiencing homelessness or chronic homelessness. Services include case management, employment assistance and counseling and substance use services.

Pursuant to the 2016 Consolidated Appropriations Act regulations, DFSS requested the transfer of all Long Term Rental Assistance (LTRA) grants to the subrecipient of record. DFSS

administered 45 LTRA projects by 20 nonprofit agencies. Many of these agencies have been administering the projects through DFSS contracting for nearly two decades. These projects have participated in annual competitive ranking for several years by the Chicago Continuum of Care. Thoughtful consideration by DFSS, other City departments and the Mayor's Office, has determined that transferring the grants administered by nonprofits directly to them is in the best interest of preserving these permanent supportive housing units that over 1,300 households rely upon to avoid returning back into homelessness.

HUD approved the request in 2016; therefore all renewing grants beginning in 2016 were transferred to the agency effective on the grant start date. Grants that were in their first five-year grant period were to be transferred as of their first annual renewal. In 2017, two grants remained in DFSS administration: one was transferred in April and the other will transfer as of April 2018. In 2017, 29 individuals were served.

Permanent Housing with Short-Term Supports

This program model targets households that need short- to medium-term assistance (up to 24 months) with housing and supportive services. Individuals and families experiencing homelessness are housed in scattered housing and provided rental assistance and supportive services with the goal of assuming the lease at market rate after services transition out. In 2017, 175 individuals were served.

Safe Havens

This program is an open-stay, on-demand, and service-enriched housing program for persons with mental illness or dual disorders (mental illness and substance use disorder) who are difficult to engage in services. Safe Havens are safe, non-intrusive living environments in which skilled staff members work to engage persons in housing and needed services. In Chicago, Safe Haven beds are considered permanent housing. In 2017, 29 individuals were served.

Youth Intentional Permanent Housing with Short-Term Supports, Scattered Site Transitional Housing and Project-Based Transitional Housing

This program model serves youth experiencing homelessness ages 18 through 25 that are not wards of the state. Services may be delivered in a shared living arrangement or in clustered apartments with on-site supportive services and community-based linkages and include 24-hour access to staff, age-appropriate services and crisis intervention. In 2017, 329 individuals were served.

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

Throughout fiscal year 2017, the Chicago Housing Authority (CHA) continued to pursue and/or plan for future implementation of the following initiatives.

Actions taken to address the needs of public housing

The CHA continues to pursue unit delivery strategies including mixed-income redevelopment, the Property Rental Assistance (PRA) Program, the Real Estate Acquisition Program (REAP), and other initiatives to respond to local housing preferences and market opportunities. In 2017, CHA completed 698 housing units, including 111 public housing units in mixed-income sites; 78 public housing units through REAP; and 509 new project-based vouchers through the PRA program. In addition, at the end of the year, CHA had 1,113 mixed-income and PRA units in progress or under construction in communities throughout Chicago.

CHA also provides units through the Housing Choice Voucher (HCV) program, which enables low-income households to choose their place of residence in the private market by subsidizing a portion of the monthly rental obligation through the allocation of a Housing Assistance Payment (HAP) made directly to the landlord. In 2017, CHA served more than 47,000 households through HCV program. In total in 2017, CHA served 63,000 households through both the public housing and HCV programs.

In 2017, CHA pursued the following affordable housing programs in order to provide new and alternative housing options for low-income housing:

Rental Assistance Demonstration (RAD) Program: In October 2013, CHA submitted a portfolio application to HUD to utilize RAD to provide a more consistent budgeting platform to support long-term operation and affordability of CHA public housing units. CHA elected to transition certain public housing units to the Project-Based Voucher (PBV) program. In June 2015, CHA received a RAD award for its portfolio application. Since then, CHA has closed multiple transactions with more than 2,000 units converted to RAD in 2016 and nearly 1,000 more in fiscal year 2017. In 2018, CHA will continue to move forward with the RAD PBV conversion for the entire portfolio application.

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

CHA participates in HUD's homeownership voucher program with a program called Choose to Own (CTO). CTO provides qualified public housing and Housing Choice Voucher (HCV) families with the opportunity to own a home. It has helped more than 500 CHA families make the transition from renting to owning. Most CTO families utilize the voucher to pay a portion of their mortgage for up to 15 years. In addition to financial assistance toward the mortgage payment, the program provides pre- and post-purchase homebuyer education, credit counseling and other services to help families navigate the home-buying process and increase their chances of success. In 2017, 33 households purchased a home through CTO.

Actions taken to provide assistance to troubled PHAs

This section is not applicable to CHA.

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

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

The City of Chicago has implemented a number of programs, policies, and procedures that remove barriers to affordable housing and support the goals of the City's Five-Year Affordable Housing Plan and the Consolidated Plan. The following programs all encourage the creation of new affordable housing units.

- **The Affordable Requirements Ordinance (ARO)** – Under ARO, residential developments using City land or requesting zoning changes to increase density in planned developments of 10 or more units must ensure that at least 10 percent of units be affordable. In 2015 Chicago enacted a strengthened ordinance that is expected to generate 1,200 units and \$90 million in additional resources for affordable housing over a five year period.
- **City Lots for Working Families** – Under this program the City sells vacant, City-owned property to for-profit or not-for-profit developers for \$1 per lot to be used for the construction of affordable single-family housing. The homebuyer's income cannot exceed 120% of AMI.
- **Large-Lot Residential Program** – The City owns more than 5,000 residential parcels of land zoned for low-density use. This inventory has grown in recent years because of foreclosures and abandonments, with holding costs exceeding \$800,000 per year. Previous efforts to sell individual parcels have met with limited success. To return these properties to productive use in Chicago's residential neighborhoods the City established the Large-Lots Program enabling building owners to acquire adjacent City-owned lots at \$1 apiece for use as gardens or side yards. The program was started in 2014 in the pilot communities of Englewood, Woodlawn, East Garfield Park, and Austin. To date, more than 580 lots have been sold. In the most recent round of the program, authorized by the Chicago City Council in October 2017, a total of 935 lots were offered for sale on the South and West Sides.
- **Public Safety Officer Home Buyer Assistance Program** – In 2017 Mayor Emanuel announced a new initiative that will earmark up to \$3 million to help Chicago police officers, fire fighters, and paramedics buy homes in targeted communities. To qualify for the program, buyers must be at or below 150% of area median income. Assistance will be provided in the form of a ten-year \$30,000 loan. A pro-rated percentage of the loan will be forgiven for each full year that the buyer lives in the home. The program initially will operate in portions of six Chicago Police districts.
- **Residential Flood Assistance Program** – In 2016, the City created a special program to assist homeowners whose properties had been significantly damaged by the severe flooding that occurred in April 2013. The CDBG-DR Residential Flood Assistance Program (RFAP) provided forgivable grants to owner-occupants who had registered with FEMA for damage repairs or home improvements to reduce future flooding risks. Under the program a total of 56 homeowners received grants of up to \$50,000, awarded through five subrecipients selected

through a competitive application process. Eligible work included mold remediation, electrical and appliance repair/replacement, basement and roof repair, and other rehabilitation or mitigation measures.

- **DPD's Downtown Affordable Housing Density Bonus** – This program offers additional square footage for residential development projects in downtown zoning districts in exchange for affordable housing created on-site or a financial contribution to the City's Affordable Housing Opportunity Fund.
- **The City's Redevelopment Project Area Properties Program** – City-owned properties located in designated redevelopment project areas can be conveyed to developers at a significantly reduced price from appraised value if they provide tangible public benefits such as affordable housing units.
- **DPD's Multi-Family Rehab and New Construction Program** – This program provides HOME and CDBG funded loans and allocates a broad range of public resources to enable developers to produce affordable multi-family housing in both new construction and rehab projects. In 2016, DPD allocated \$206 million in resources to create or rehabilitate 1,237 rental units in affordable housing developments. Of these units, 91% (1,128 units) were earmarked for residents whose incomes did not exceed 60% of AMI.

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

The City has established several policy objectives and strategic goals designed to better meet underserved housing needs:

- Supporting Single Room Occupancy (SRO) and family housing in Chicago by developing, rehabilitating, or arranging special financing for properties in target areas where successful shelter programs that also offer support services and job creation opportunities can be closely linked.
- Developing short- and medium-term subsidy assistance for individuals that enter the homeless system in order to transition them back as quickly as possible to permanent affordable housing.
- Focusing resources to increase the availability of housing units for households under 30 percent of AMI.
- Supporting the not-for-profit community, notably with the help of Supportive Housing Program (SHP) funding, in the provision of supportive services that aid in and help overcome obstacles to moving from homelessness or near homelessness to self-sufficiency.

The City utilizes the Affordable Requirements Ordinance (ARO) to stimulate the production of affordable units downtown and in other areas where the demand for market-rate housing is strong. The ARO applies to residential developments of ten or more units and requires developers to either set aside 10% of residential units as affordable housing or contribute from \$50,000 to \$225,000 (depending on the location and type of development) per required unit to the City's Affordable Housing Opportunity Fund. For projects receiving financial assistance from the City, 20% of the units must be affordable. Projects are generally subject to ARO if they include 10 or more residential units AND receive a zoning change that:

- permits a higher floor area ratio (FAR);
- changes from a non-residential to a residential use;
- permits residential uses on ground floor, where that use was not allowed;
- includes land purchased from the City (even if purchase was at the appraised value);
- receives financial assistance from the City; OR
- is part of a Planned Development (PD) in a downtown zoning district.

For-sale units produced through the ARO must be affordable to households at or below 100 percent of AMI. Rental units must be affordable to households earning up to 60 percent of AMI. Units built under the ARO are required to remain affordable over time. Some units will have recapture mortgages to regulate the long-term affordability. At the time of purchase, the City records a 30-year lien for the difference between the unit's market price and its affordable price. During 2017 the ARO created ten (10) units for sale that were purchased by affordable buyers and placed in the Chicago Community Land Trust (CCLT). CCLT has been set up to preserve the long-term affordability of homes created through City of Chicago programs, to preserve the public/private subsidies used to make the homes affordable, and to maintain a permanent pool of homeownership opportunities for working families. These units are sold with a 30-year restrictive covenant stipulating a maximum resale price. The maximum resale price is set at the original purchase price plus a percentage of the market appreciation; in most cases it will be below market price.

In 2017 the City established two pilot programs that will modify the ARO to strengthen the City's affordable housing policies in redeveloping areas on the Near North, Near West and Northwest Sides. These initiatives are expected to spur the creation of as many as 1,000 new affordable units in targeted neighborhoods that now face growing gentrification pressures. The pilot programs will operate in two target areas over the next three years. In these areas the ARO will now require an increased percentage of affordable units to be created by developers and eliminate the in-lieu fee option in order to incentivize the production of greater numbers of affordable units in each target area.

DPD's Housing Bureau continually reassesses its policies and makes adjustments in response to changing market conditions and service needs. Recently, because of the current state of the national economy and regional housing markets, DPD has seen lower levels of participation in programs that leverage private loans for home repairs. Additionally, the Purchase Price Assistance Program, which offers down payment assistance to homebuyers, has underperformed due to the nationwide slowdown in home lending. The allocation of federal dollars is influenced by the availability of leveraged resources. As a result of these conditions, the City has shifted greater resources towards programs that assist the existing housing stock, with particular attention to those programs serving homes falling into disrepair or presenting imminent hazards to residents.

CDPH's Mental Health Services for Children and Adolescent Victims of Sexual Assault program delegate agency, the Chicago Children's Advocacy Center, was careful to ensure that the

Spanish speaking therapists had a level of both language and clinical proficiency. All program partners are encouraged to develop memoranda of agreement with other agencies and community partners to support successful engagement across the provider network. The delegate currently hosts a provider network meeting once a quarter to ensure that service needs are being considered across the Chicago region.

Through the Chicago “Ending Veteran Homeless Initiative” (EVHI), the City of Chicago has housed more than 4,000 homeless veterans through the national Ending Veterans Homelessness initiative since 2015. The effort has been a partnership between the city, federal partners, homelessness advocates and organizations. In 2017, the City worked with partners to continue refining the Veteran Coordinated Entry System, working with Abt Associates to implement a process improvement plan to address gaps in the system and formalize policies and procedures.

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

In 2017, the CDPH Lead Poisoning Prevention Program continued to ensure the homes (or other locations where children may have spent time) of children with lead poisoning were inspected for lead hazards, and that these hazards were remediated. A total of 854 homes were inspected. Following an initial inspection and assessment for lead hazards, re-inspections occurred to ensure the home were properly maintained or the required remediation was being done. Data for this time period indicates that some 4,277 re-inspections took place. The final step is to ensure that the home is cleared of the hazard; in 2017, 512 homes were cleared. If property owners did not or were unable to remediate the hazard they are referred to court and forced to come into compliance. In 2017, 190 property owners were referred to court. In addition to enforcement, the program conducted 24 lead-safe work practices training sessions, 12 in Spanish, attended by 221 participants. These trainings provided property owners with the knowledge and skills to remediate lead hazards in their properties in a safe and effective manner.

Approximately 403 cases were opened for case management in this time period while a total of 1,854 cases are open and receiving follow-up case management as of December 31, 2017. 353 home visits were performed.

Out of all 1,854 open cases, 93 (5%) are White non-Hispanic, 93 (5%) are Asian, 1112 (60%) are black, and 566 (31%) are Hispanic White. We estimate that 1298 (70%) of the children that we serve are very low income, 464 (25%) are low income, and 92 (5%) are moderate income.

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

The City is dedicated to supporting a continuum of coordinated services to enhance the lives of Chicago residents, particularly those most in need, from birth through the senior years. The City works to promote the independence and well-being of individuals, support families and

strengthen neighborhoods by providing direct assistance and administering resources to a network of community based organizations, social service providers and institutions. The City will use CDBG funding to provide services for low-income residents with the objective of providing basic needs and improving their quality of life and the quality of life for all citizens in the city.

CDBG as well as Community Services Block Grant (CSBG) and other funding sources were used to support a Human Services System that addresses the critical and emergency human services needs of low-income persons and families. The goal of the human services system is to provide or help individuals and households access services that support positive outcomes that promote and help maintain self-sufficiency. Service programs are tailored to meet immediate, short-term, or long-term needs.

CDBG programs managed by the CDPH: mental health, lead poisoning abatement, violence prevention, HIV prevention and HIV housing, along with HOPWA, are all focused in community areas with high hardship index numbers, which generally indicates that they are low-income communities. Additional programs managed by CDPH function to reduce poverty in those communities through a variety of means.

Since 2015, the CDPH Lead Poisoning Prevention Program has been working with two community-based organizations to identify pregnant women and young children at high risk of lead exposure to offer services including lead-based paint risk assessments and grant-funded abatement. The goal is to reduce lead-based paint hazards prior to exposure. In 2017, the delegate agencies completed over 100 educational workshops, 200 visual inspections, and made 120 referrals to CDPH Lead poisoning Prevention Program for comprehensive inspections.

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

Providing the full range of needed services for the City's target low-income populations requires active cooperation among public, private and non-profit organizations. The City participates in numerous partnerships examples of which are highlighted below.

Chicago Advisory Council on Aging

The DFSS Senior Services Division (DFSS-SS) is the local Area Agency on Aging (AAA) and receives federal and state funding to serve as the lead on all aging issues on behalf of older persons in Planning and Service Area (PSA) 12. Under the direction of the state agency on Aging, Illinois Department on Aging, the AAA is responsible for a wide range of functions related to advocacy, planning, coordination, inter-agency linkages, information sharing, brokering, monitoring, and evaluation designed to lead to the development, or enhancement, of comprehensive and coordinated systems in the service area. These systems assist older persons in leading independent, meaningful and dignified lives in their own homes and communities as long as possible.

As the local AAA, DFSS-SS is required to have an advisory board, and the Chicago Advisory Council on Aging serves in this capacity. Appointed by the Mayor, the Council consists of 21 seniors who advise the DFSS-SS on a broad range of issues, including the senior services funded with Entitlement funding.

Continuum of Care Coordination

The City is actively involved with the Chicago Continuum of Care (CoC). All Chicago Making Homelessness History (All Chicago), which is the CoC's designated Collaborative Applicant, and the Chicago CoC Board of Directors. The CoC Board is a public-private planning body with representatives from local, state, and federal government agencies and a broad based of consistency groups, including persons with lived homelessness experience and service providers. The CoC Board is the CoC governing body and makes policy decisions on funding priorities for HUD McKinney-Vento funding and other resources needed to achieve the goals of Chicago's plan to prevent and end homelessness, Plan 2.0 and monitoring the progress of that plan. The Department of Family and Support Services (DFSS) working with its partner agencies, completed Plan 2.0, and along with All Chicago, serve as lead implementing agencies under the direction of the CoC Board.

Plan 2.0 is Chicago's strategic plan to address the needs of persons experiencing homelessness, particularly persons and families with children experiencing chronic homelessness, veterans, and unaccompanied youth, as well as those at risk of homelessness. It is a broad-ranging, seven-year action plan (2013 – 2019) that reaffirms and builds on the core strategies outlined in the first plan – prevention, housing first and wraparound services – and identifies seven new strategies for improving and coordinating access to housing and services with action plan steps designed to end homelessness for all Chicagoans. To view the Plan 2.0 please visit DFSS' website at:

http://www.cityofchicago.org/city/en/depts/fss/supp_info/plan_to_homelessness.html

Chicago Cook Workforce Partnership

In 2012, Chicago Mayor Rahm Emanuel and Cook County Board President Toni Preckwinkle worked together to create the Chicago Cook Workforce Partnership for the purpose of providing citizens the skills needed to compete in the workforce, find and keep jobs, and ensure that local businesses can access the skilled labor they need. The Partnership serves as the new home for the work previously initiated through the Chicago Workforce Investment Council, Cook County Works, the Workforce Board of Northern Cook County, and the workforce development division of DFSS.

The Chicago Cook Workforce Partnership is an independent 501(c)3 nonprofit organization led by board and business leaders. The Partnership's mission is to improve services, reduce costs and support job creation and economic development across the Cook County workforce system. In addition, the Partnership will create and support innovative programs that allow for

region-wide implementation of best practices and coordinated engagement with the region's business community in order to meet the workforce needs of employers.

The Partnership provides staffing to the Workforce Investment Board, the federally mandated body that oversees Cook County's Workforce Investment Act (WIA) allocation and other federal grants and is a leading partner on strategic workforce initiatives.

Chicago Area HIV Integrated Services Council (CAHISC)

CDPH's STI/HIV Division has ongoing experience with collaboration, planning, and decision-making around multiple HIV/AIDS-related services and prevention projects across different organizations and service providers. The STI/HIV Division is an active participant of CAHISC. The Council integrates the mandated HIV Prevention Planning Group and Ryan White Part A Planning Council, and includes the HIV Housing Program. The STI/HIV Division was an active partner with AIDS Foundation of Chicago in the development of the 2013-2017 Five-Year Chicago Area AIDS Housing Plan and supports the AIDS Housing Advisory Council which consists of consumers of HOPWA programs.

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

In 2016, DFSS launched the Intergovernmental Task Force and Chronic Homeless Pilot. DFSS Chairs the Mayor's new citywide task force dedicated to addressing and reducing homelessness in Chicago. It focuses on improved coordination between city and sister departments, increased efficiencies in service delivery, and identifying additional resources to devote to these efforts. In 2017, the Task Force completed the Chronic Homeless Pilot Project (CHP) which sought to house 75 homeless residents staying under north lake front viaducts. Since the pilot ended, 53 clients have successfully moved from the viaducts into housing. The other 22 clients have become inactive due to various reasons ranging from incarceration, relocation to other cities or death. After the success of the Chronic Homeless Pilot, the remaining 19 units were made available to the most vulnerable viaduct residents according to the City's Coordinated Entry System and its Standardized Housing Assessment Vulnerability Index.

DFSS strengthens coordination between public and private housing and social service agencies through the Continuum of Care committee structure and under the direction of Chicago's Plan 2.0. DFSS partners with City sister agencies to support their plans and to operationalize strategies under Plan 2.0. For example, DFSS, DPD and CHA work together on efforts to expand permanent and affordable housing for vulnerable Chicagoan's with DFSS funding services to pair with housing subsidies provided by DPD or potentially CHA. In 2017, DFSS and CHA launched permanent supportive housing programs for families and transition-aged youth, pairing supportive services from DFSS with housing choice vouchers through CHA.

In late 2015, the CDPH Lead Poisoning Prevention Program began working with two community-based organizations to identify pregnant women and young children at high risk of

lead exposure to offer services including lead-based paint risk assessments and grant-funded abatement. The goal is to reduce lead-based paint hazards prior to exposure.

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

Legislative Initiatives

In 2016, the City Council approved the mayor's amendment to the Chicago Fair Housing Ordinance (CFHO) to add retaliation as a violation of the ordinance. The amendment provides protection for tenants who file discrimination complaints at the CCHR in good faith against their landlords by allowing them to file a claim of retaliation if the landlord takes an adverse action against the tenant for filing the initial complaint.

The amendment now makes the CFHO more consistent with federal and state laws. Efforts are currently underway to expand the definition of retaliation under the ordinance beyond the current requirement that a previous complaint has have to been filed specifically with the CCHR. It is also important to note that only the CFHO prohibits discrimination in all dwellings as opposed to other authorities which limit their applicability to properties with four or more units and/or properties not occupied by the owner. Thus, Chicago's housing ordinance casts a wider net than other fair housing laws. Expanding the Ordinance to include a ban on retaliatory conduct further advances the City of Chicago's commitment to protect people from housing discrimination in Chicago.

A second change to the CFHO in 2016 added "Military Status" as a protected class. Previously, the CFHO only prohibited discrimination based on an individual's "military discharge status." Consequently, veterans and current military personnel, including reservists and members of the National Guard facing discrimination in the City of Chicago were unable to obtain any relief through the complaint filing and hearing process available at the Commission, unless the discriminatory conduct was based on the fact of discharge from their military service.

Adding Military Status to the CFHO protects current and former military personnel from discrimination in housing. The ordinance's definition of military status incorporates the previous "military discharge status" category and extends protection to current and former members of any branch of the armed forces, irrespective of discharge status.

Increased Complaint Activity

In 2017, the CCHR saw a more than 20% increase in the number of complaints of discrimination filed, as compared to 2016 which included a 12% increase in the number of fair housing complaints. A number of factors may have contributed to this increase including increased outreach on the part of CCHR staff to community-based organizations, advocacy groups, and bar associations. In particular, CCHR staff focused on outreach to attorneys and other

advocates who represent victims of discrimination in Chicago. In addition, the increased national dialogue in 2017 around issues of discrimination and harassment may be playing a role in individuals feeling empowered to speak out and raise complaints about perceived discrimination.

Fair Housing Testing Project

In 2016, the CCHR contracted with the Chicago Lawyers' Committee for Civil Rights Under Law (Lawyer's Committee) to conduct fair housing testing in six Chicago communities – Near North Side, Hyde Park, Clearing, Bridgeport, Jefferson Park and Mount Greenwood. The testing began in 2017 and continues through 2018. The primary purpose of the testing is to identify the prevalence of source of income discrimination in Chicago, particularly as it relates to Housing Choice Vouchers. Testing has also been conducted to identify incidents of race discrimination. The testing includes both site visits and telephone calls. Following the testing, fair housing workshops have been provided in these communities to educate landlords, real estate managers, and real estate agents on the law. The CCHR staff works with the Lawyers' Committee to identify community partners to support the workshops and aid in outreach efforts to the real estate industry. At the conclusion of the program, the Lawyers' Committee will issue a full report of its findings which is anticipated in the spring of 2018.

Early Intervention Pilot Program

On January 1, 2017, the CCHR initiated a pilot program to address housing discrimination against Housing Choice Voucher holders. Under the program, a housing seeker who was denied housing due to the use of a Housing Choice Voucher may file a complaint with the CCHR and also opt into the early intervention program. The purpose of the program is to educate property owners about source of income discrimination under the Chicago Fair Housing Ordinance (CFHO), and to facilitate the rental application process. The alleged denial must have taken place no more than 30 days prior to the filing of the complaint, and the complainant must be interested in the same housing. Once a complainant opts into the program, the CCHR first serves the complaint on the property owner or property manager (respondent). CCHR staff then contacts the respondent to inform it of the complaint and its obligations under the CFHO, and to discuss the possibility of allowing the complainant to apply for the housing.

Bringing Fair Housing Information to the Community

The CCHR's housing discrimination investigators and the Director of Fair Housing Compliance answer numerous telephone inquiries from the public. They furnish basic information on the CFHO, assistance on how to file a complaint, and provide referrals for additional or alternative resources to address callers' needs. Information and complaint intake is provided by staff in English and Spanish. Interpreting services are available to assist speakers in Polish, Arabic, Hindi, and Chinese (Mandarin).

Adjudication staff also participate in outreach to inform the public about the CFHO, which includes City-sponsored programs such as aldermanic community meetings and resource fairs for seniors, people with disabilities, and other groups. In addition, the CCHR also staffs information tables at a broad range of community events and festivals. Outreach activities including presentations, workshops, and media interviews can be conducted in both English and Spanish. The CCHR also posts information on social media in English and Spanish.

Similarly, CCHR staff attorneys provide trainings to bar associations to help attorneys become familiar with the CFHO and the CCHR's procedures. To assist complainants in obtaining legal representation, the CCHR partners with and makes referrals to Chicago-area organizations that may provide free legal counsel in housing discrimination cases. These include the John Marshall Law School Fair Housing Legal Clinic, the Lawyers Committee for Better Housing, the Chicago Coalition for the Homeless, Access Living (serving persons with disabilities), and the Legal Assistance Foundation of Metropolitan Chicago. These organizations also handle discrimination cases in other forums that enforce county, state, and federal laws prohibiting housing discrimination.

Furthering Fair Housing through Intervention and Education

A key component of the CCHR's fair housing efforts is its Inter-Group Relations (IGR) unit. IGR mediates conflicts; advocates on behalf of victims of hate crimes; and proactively works to prevent discrimination through educational programs in schools and communities most at risk for violence based on bias and stereotypes. IGR services are provided in both English and Spanish. Through its work, IGR promotes stable communities and addresses issues that impact the City's fair housing efforts. IGR staff are often called to assist families in crisis due to racial, ethnic, religious, and other types of tensions in their communities. In 2016, IGR responded to 50 requests for intervention in the community. In addition, IGR held 70 educational workshops and 400 presentations throughout Chicago. Lastly, 72 persons received hate crime assistance.

CR-40 - Monitoring 91.220 and 91.230

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

The City has established standards and procedures to monitor the use of federal grant funds. Overall resource management for the City is the responsibility of the Office of Budget and Management (OBM). OBM oversees the administration of all grant funds received by the City. Annually, the Mayor presents to the City Council for approval the anticipated allocation of grant resources to individual City departments. Once resources are awarded for specific purposes, the designated department is responsible for implementing and monitoring the program and/or services and approving the disbursement of funds to subrecipients.

Each department allocates grant resources received in accordance with preapproved uses of the funds. Contracts, agreements, and loan documents with program participants incorporate the services and activities to be completed, the compliance requirements, and the specific conditions under which funds may be released.

A. Audits

The City's Department of Finance, Grants and Projects Accounting Division (GPAD) is responsible for ensuring timely grants disbursements and monitoring actual expenditures. In addition, the City's Internal Audit Division (Internal Audit) has developed and implemented independent audit processes and controls for A-133 Single Audit Report Reviews, A-122 Voucher Documentation Audits, and Agreed-Upon Monitoring Procedures.

- **A-133 Single Audit Report Reviews:** Internal Audit assesses the annual Single Audit Reports of approximately 500 of the City's delegate agencies that spend Federal funds annually, including reviewing their financial statements, reported internal controls, major programs. In accordance with the 2014 OMB Super Circular changes, the single audit threshold for audits increased from \$500,000 to \$750,000. Effective December 26, 2014, Internal Audit will review the annual Single Audit reports of delegate agencies that spend \$750,000 or more in Federal funds. Internal Audit will communicate deficiencies and findings to delegate agencies and follow-up with these agencies or finance departments as necessary.
- **A-122 Voucher Documentation Audits:** In accordance with OMB Circular A-122, Internal Audit performs independent annual onsite audits of reimbursement vouchers and supporting documentation for approximately 500 of the City's delegate agencies. Vouchers and invoices are reviewed for compliance with the delegate agency contract budget and with Federal cost regulations. Internal Audit will communicate deficiencies and findings to delegate agencies and follow-up with these agencies or finance departments as necessary.

- Agreed-Upon Audit Procedures (AUPs): Internal Audit may perform additional AUPs on select agencies, based upon recent financial or operational deficiencies or instances of non-compliance, to assess an agency's internal controls and fiscal operations. AUPs can also be performed on agencies that expend less than \$750,000 in Federal funds.

Within each department, designated staff are responsible for monitoring compliance with applicable federal, state, and city regulations for programs directly administered by City staff and for those delivered by third-parties, such as delegate agencies. Each department conducts monitoring activities regularly or as required by HUD regulations to ensure compliance. Some examples of monitoring activities for funded programs include:

- Unscheduled program site visits to evaluate program compliance and client participation
- Standard evaluation of programs to determine scope of work compliance, verify participant eligibility, and confirm deliverables reported
- Regular review of participant level data via the City's web-based tracking system
- Fiscal and programmatic audits of delegate agencies to determine compliance with regulations
- Review of program deliverable reports submitted monthly and quarterly; performance-based contracts must be supported with appropriate documentation.
- Internal monitoring to ensure standards of care and documentation requirements are met according to Illinois Department of Human Services' Division of Mental Health Admin Rule 132
- Annual survey by the Illinois Department of Human Services Bureau of Accreditation, Licensure, and Certification
- Survey every three years by the Commission on Accreditation of Rehabilitation Facilities
- On-site construction inspections
- Loan underwriting to determine eligible and reasonable costs
- Verification and certification of initial occupancy (income, assets, rent levels)
- Environmental reviews
- Review of Davis Bacon wage requirements compliance
- Review of owner's certifications (general compliance requirements for affordable housing) as required under certain programs

B. Minority Business Enterprise and Women Business Enterprise Compliance

The City of Chicago assures compliance through the inclusion and enforcement of Section 2-92-420 through 2-92-570 of the Municipal Code, which authorizes a minority-owned procurement program. Quarterly, the City publishes a directory of certified contractors or vendors that have applied for and been determined to be legitimate Minority Business Enterprises (MBE) or Women Business Enterprises (WBE).

The application process is very thorough, including a review of operations, financial documentation, and work references. Certification is for one year and must be renewed

annually through a re-certification application. MBE/WBE participation is sought, as well as encouraged, on all projects financed with City and federal funds. Each project is measured for the percentages of MBE/WBE participation with each phase being accountable - reconstruction activities, construction, and post construction activities.

Based on past experiences, the largest percentage of MBE/WBE participation occurs during construction, as this phase generates a greater dollar value and a greater number of skilled jobs. The certified directory enables prospective grantees to contact, request bids, and contract with certified MBEs and WBEs. Construction monitoring meetings are held with all developers and general contractors. City staff discuss all compliance requirements during these meetings, including the requirement of participation by certified MBE and certified WBE firms. The City, with the Department of Procurement Services as lead agency, regularly reviews the MBE/WBE certification processes and the impact of this program. City staff uses the directory of certified contractors or vendors to determine the MBE/WBE project participation percentages. Additionally, the City monitors participation of minority and women contractors and submits this information to HUD via a semi-annual report.

C. Section 3 Compliance

Section 3 of the Housing and Urban Development Act of 1968 requires that employment, training, and contracting opportunities generated by financial assistance from HUD shall, to the greatest extent feasible, be given to low- and very low-income persons and businesses that provide economic opportunity for these individuals. There are both hiring and contracting goals for recipients, contractors, and subcontractors that when met, satisfactorily demonstrate efforts to comply with Section 3.

The City requires that each affected department submit an annual Section 3 Compliance Plan that includes the identification of departmental Section 3 covered programs and departmental monitoring and compliance strategies. The City encourages all recipients of City funds, their contractors and subcontractors, to surpass the minimum requirements described above, and to undertake additional efforts to provide low- and very low-income persons with economic opportunities. The City also facilitates the referral process for Section 3 to assist both the entities that do business with the City in their compliance and the individuals and businesses that Section 3 seeks to benefit.

The City distributes the Section 3 Compliance Plan Booklet to developers and contractors at applicable preconstruction and monitoring meetings. The Booklet explains the intent of Section 3 and provides forms on which the developers and contractors can document their efforts. These forms are then used by the City to maintain its records and provide reports as necessary.

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

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

To ensure that citizen's priorities and needs are addressed in the Action Plan, the City holds two public hearings each year. The public hearings provide an opportunity for community groups, non-profit organizations, and citizens to explore entitlement grant programming ideas and to communicate their views and comments to the City.

In 2017, the first public hearing was held at 5:30 p.m. on March 7th at the Chicago Cultural Center, 78 E. Washington Street, to provide comments on the 2016 Draft Comprehensive Annual Performance and Evaluation Report (CAPER) and input on funding priorities for the 2018 Action Plan. A public notice was published in three local newspapers, the Chicago Sun-Times, the Chicago Defender, and Hoy, to announce the hearing and to solicit comments for the 2016 draft CAPER and the 2018 Action Plan. A 15-day comment period was provided for the CAPER and a 30-day comment period was provided for the 2018 Action Plan. The 2016 draft CAPER was posted on the City's website and written comments were accepted through March 24th.

A second public hearing was held on October 30th at the Chicago Children's Advocacy Center, 1240 S. Damend Avenue. This hearing was held following the draft release of the City's annual budget appropriation and was held to solicit citizens' comments on the proposed 2018 Action Plan. Public notices were published in the three local newspapers referenced above. A summary of public comments received from the public hearing will be included in the final Action Plan submitted to HUD when it awards funding for program year 2018.

The Mayoral appointed Community Development Advisory Committee (CDAC) helps promote neighborhood participation by identifying needs and priorities for funding and advise the City on the citizen participation process. CDAC members are chosen from among Chicago residents that are nominated by various communities and citywide organizations. CDAC members act as representatives of the entire city and provide decision-makers with the advantage of their first-hand knowledge of community and program facts, experiences, perceptions, and opinions. In 2017, CDAC held four public community meetings between March and December.

CR-45 - CDBG 91.520(c)

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

In 2017, there were no significant changes to the City's CDBG program objectives.

[BEDI grantees] Describe accomplishments and program outcomes during the last year.

N/A

CR-50 - HOME 91.520(d)

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

In 2017, 96 HOME projects containing 1,446 units were inspected. In addition, 15 NSP projects containing 31 units were inspected. In general, the HOME portfolio is in good physical condition despite the various ages of the buildings dating back to 1997. However, the following are the top physical inspection issues found and the corrections that are routinely requested:

Arc Fault Circuits

Absence of ARC fault circuit breakers in resident bedrooms

GFI Outlets

Absence of ground fault interrupt outlets and/ or improperly located devices in common areas and in residential units

Smoke Detectors

Absence of smoke detectors and/or improperly located devices in common areas and residential units

Carbon Monoxide Detectors

Absence of carbon monoxide detectors and/or improperly located devices in common areas and residential units

Moisture Infiltration

Moisture infiltration at roofs, slabs, windows, doors and exterior walls

Excessive Clutter

Excessive clutter in residential units and storage areas

Fire Protection Systems

Absent fire extinguishers in common areas and residential units and expired inspection tags for existing fire extinguishers and fire protection systems

Emergency Power Systems

Confirmation of working emergency power systems including emergency back-Power Systemsup systems, emergency generators and emergency generator transfer switches

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

DPD has developed an assessment tool that is incorporated into all project applications for HOME funds. The objectives of the affirmative marketing efforts are to ensure that individuals

not likely to apply, whether minority or non-minority, know about the vacancies, feel welcome to apply and have the opportunity to rent.

Developers or borrowers must comply with the affirmative marketing requirements established by DPD, which include a written affirmative marketing plan that identifies client-addressed contacts with community groups and churches, media outreach and other outward efforts; maintaining on-site records indicating steps or procedures undertaken to fill vacant units; and maintaining documentation as to program eligibility for all tenants and prospective tenants.

During each monitoring visit the affirmative marketing plan was reviewed and on-site records were inspected for compliance with the plan. Advertisements were reviewed for adherence with all regulations. Tenant files were examined to determine eligibility and waiting lists reviewed to assess fairness in placement.

DPD compliance staff continues to review and reevaluate the standard operating procedures and processes in order to enhance and update assessment tools. Copies of the Annual Owner's Certification, Tenant File Review, and Physical Inspection forms are kept on file at DPD.

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

In 2017, DPD received \$4,158,876 in HOME program income. Per IDIS report PR 23 "HOME Summary of Accomplishments", 152 HOME units were completed in 2017.

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

In 2014, DPD took a key step in advancing long-range housing policy initiatives at the local, state, and federal levels by adopting a new housing plan, *Bouncing Back: Chicago Five-Year Housing Plan 2014-2018*. The fifth five-year housing plan issued by the City since 1994, *Bouncing Back* was developed with the help of more than 120 housing experts, activists, developers and other stakeholders. The plan explicitly links Chicago's housing submarkets to economic development, jobs, neighborhood amenities, land use patterns, and other non-housing factors. *Bouncing Back* projects commitments of more than \$1.3 billion from federal, state, city and private sources to create or preserve 41,000 housing units over the years 2014-18. Calendar year 2017 represented the fourth year of the plan, which DPD is implementing in cooperation with public, private, philanthropic and non-profit partners who are working together to leverage effective resources for affordable housing.

CR-55 - HOPWA 91.520(e)

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

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

Number of Households Served Through:	One-year Goal	Actual
Short-term rent, mortgage, and utility assistance payments	0	28
Tenant-based rental assistance	208	256
Units provided in transitional housing facilities developed, leased, or operated with HOPWA funds	0	0
Units provided in permanent housing facilities developed, leased, or operated with HOPWA funds	519	511
Total	799	795

Table 14 – HOPWA Number of Households Served

Narrative

The CDPH STI/HIV Division administers the City’s HOPWA program. It coordinates and oversees a broad range of HIV/AIDS programs including direct services, public policy advocacy and prevention, and service provider education and training. HOPWA funding supports community based programs that provide housing to eligible low-income persons living with HIV throughout the Eligible Metropolitan Statistical Area (EMSA), which includes Cook, DuPage, Grundy, Kendall, McHenry, and Will counties. In partnership with the Chicago Area HIV Integrated Planning Council (CAHISC), and other related community planning bodies, the STI/HIV Division regularly undertakes thorough needs assessment processes and develops comprehensive plans to prioritize HIV needs and allocate resources, allowing the Chicago area to maximize resources and leverage additional ones.

A. Housing Information Services: In addition to the households served by the activities in the above table, CDPH uses HOPWA funds for its Housing Information Services program, which assists persons living with HIV/AIDS and their families to identify, locate and obtain affordable housing. The project sponsor assists by identifying local housing resources, developing a comprehensive inventory of available housing units, and building relationships with landlords in the private market for referral of persons seeking housing. In 2017, 810 households were served by this program.

B. Facility-Based Housing Assistance: Funds in this service category are for community residential facilities including community residences, Single Room Occupancy (SRO) dwellings, short-term facilities, project-based rental units, and master leased units, serving low-income individuals with HIV/AIDS and low-income families with at least one HIV/AIDS positive member, that are homeless or in imminent danger of becoming homeless. Facility-Based Housing may also be multiple apartments within the same building, building complex, or building proximity housing individuals with HIV/AIDS and their families.

C. Tenant-Based Rental Assistance (TBRA): The TBRA program provides subsidies to low-income and extremely low-income individuals disabled by HIV/AIDS to avoid homelessness during periods of illness or financial difficulties. The subsidy amount is determined in part based on household income and rental costs associated with the tenant's lease.

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

ESG Supplement to the CAPER in *e-snaps*

For Paperwork Reduction Act

1. Recipient Information—All Recipients Complete

Basic Grant Information

Recipient Name	CHICAGO
Organizational DUNS Number	942439068
EIN/TIN Number	366005820
Identify the Field Office	CHICAGO
Identify CoC(s) in which the recipient or subrecipient(s) will provide ESG assistance	Chicago CoC

ESG Contact Name

Prefix	Ms
First Name	ALESSANDRA
Middle Name	0
Last Name	BUDNIK
Suffix	0
Title	Entitlement Grant Manager

ESG Contact Address

Street Address 1	121 N. LaSalle Street
Street Address 2	Room 604
City	Chicago
State	IL
ZIP Code	-
Phone Number	3127446670
Extension	0
Fax Number	3127446599
Email Address	ABUDNIK@CITYOFCHICAGO.ORG

ESG Secondary Contact

Prefix	Mrs
First Name	Tami
Last Name	Cole
Suffix	0
Title	Director of Human Services
Phone Number	3127468380
Extension	0
Email Address	Tami.Cole@cityofchicago.org

2. Reporting Period—All Recipients Complete

Program Year Start Date 01/01/2017
Program Year End Date 12/31/2017

3a. Subrecipient Form – Complete one form for each subrecipient

Subrecipient or Contractor Name: A Safe Haven Foundation

City: Chicago

State: IL

Zip Code: 60608, 1094

DUNS Number: 603161139

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$300,000

Subrecipient or Contractor Name: Polish American Association

City: Chicago

State: IL

Zip Code: 60641, 3622

DUNS Number: 067011239

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$23,000

Subrecipient or Contractor Name: Connections for Abused Women & Children

City: Chicago

State: IL

Zip Code: 60651, 4152

DUNS Number: 193731114

Is subrecipient a victim services provider: Y

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$73,696

Subrecipient or Contractor Name: Good News Partners

City: Chicago

State: IL

Zip Code: 60626, 1018

DUNS Number: 797874419

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$176,675

Subrecipient or Contractor Name: The Boulevard-The Road to Health and Home

City: Chicago

State: IL

Zip Code: 60624, 1308

DUNS Number: 054230573

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Faith-Based Organization

ESG Subgrant or Contract Award Amount: \$218,288

Subrecipient or Contractor Name: Neopolitan Lighthouse

City: Chicago

State: IL

Zip Code: 60651, 4110

DUNS Number: 879083087

Is subrecipient a victim services provider: Y

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$43,249

Subrecipient or Contractor Name: Olive Branch Mission

City: Chicago

State: IL

Zip Code: 60636, 2439

DUNS Number: 604541755

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$572,394

Subrecipient or Contractor Name: Primo Center for Women and Children

City: Chicago

State: IL

Zip Code: 60624, 2219

DUNS Number: 964958511

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$533,750

Subrecipient or Contractor Name: San Jose Obrero Mission

City: Chicago

State: IL

Zip Code: 60608, 3019

DUNS Number: 097591213

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$88,508

Subrecipient or Contractor Name: The Night Ministry

City: Chicago

State: IL

Zip Code: 60640, 4407

DUNS Number: 186823373

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$184,047

Subrecipient or Contractor Name: The Salvation Army

City: Chicago

State: IL

Zip Code: 60630, 2740

DUNS Number: 110435323

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$1,011,364

Subrecipient or Contractor Name: YMCA of Metropolitan Chicago

City: Chicago

State: IL

Zip Code: 60610, 3316

DUNS Number: 006933295

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$6,417

Subrecipient or Contractor Name: You Can Make It

City: Chicago

State: IL

Zip Code: 60609, 4939

DUNS Number: 362764800

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$475,033

Subrecipient or Contractor Name: Options for Housing

City: Chicago

State: IL

Zip Code: 60654, 3503

DUNS Number: 795774012

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$104,868

Subrecipient or Contractor Name: Catholic Charities

City: Chicago

State: IL

Zip Code: 60654, 3503

DUNS Number: 069958528

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$168,611

Subrecipient or Contractor Name: Single Room Housing Assistance Corporation

City: Chicago

State: IL

Zip Code: 60644, 1509

DUNS Number: 363904296

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$284,938

Subrecipient or Contractor Name: Institute of Women Today

City: Chicago

State: IL

Zip Code: 60617, 5051

DUNS Number: 120380931

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$202,844

Subrecipient or Contractor Name: All Chicago Making Homelessness History

City: Chicago

State: IL

Zip Code: 60641, 4616

DUNS Number: 999999999

Is subrecipient a victim services provider: N

Subrecipient Organization Type: Other Non-Profit Organization

ESG Subgrant or Contract Award Amount: \$2,234,733

CR-65 - Persons Assisted

4. Persons Served

4a. Complete for Homelessness Prevention Activities

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 15 – Household Information for Homeless Prevention Activities

4b. Complete for Rapid Re-Housing Activities

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 16 – Household Information for Rapid Re-Housing Activities

4c. Complete for Shelter

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 17 – Shelter Information

4d. Street Outreach

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 18 – Household Information for Street Outreach

4e. Totals for all Persons Served with ESG

Number of Persons in Households	Total
Adults	0
Children	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 19 – Household Information for Persons Served with ESG

5. Gender—Complete for All Activities

	Total
Male	0
Female	0
Transgender	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 20 – Gender Information

6. Age—Complete for All Activities

	Total
Under 18	0
18-24	0
25 and over	0
Don't Know/Refused/Other	0
Missing Information	0
Total	0

Table 21 – Age Information

7. Special Populations Served—Complete for All Activities

Number of Persons in Households

Subpopulation	Total	Total Persons Served – Prevention	Total Persons Served – RRH	Total Persons Served in Emergency Shelters
Veterans	0	0	0	0
Victims of Domestic Violence	0	0	0	0
Elderly	0	0	0	0
HIV/AIDS	0	0	0	0
Chronically Homeless	0	0	0	0
Persons with Disabilities:				
Severely Mentally Ill	0	0	0	0
Chronic Substance Abuse	0	0	0	0
Other Disability	0	0	0	0
Total (Unduplicated if possible)	0	0	0	0

Table 22 – Special Population Served

Beginning in October 2017, ESG recipients submit their accomplishment data in the Sage HMIS Reporting Repository (Sage). Recipients will no longer need to use ESG-CAPER Annual Reporting Tool (eCart).

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

8. Shelter Utilization

Number of New Units - Rehabbed	0
Number of New Units - Conversion	0
Total Number of bed-nights available	485,205
Total Number of bed-nights provided	392,060
Capacity Utilization	81%

Table 23 – Shelter Capacity

9. Project Outcomes Data measured under the performance standards developed in consultation with the CoC(s) : The average performance measures for ESG activities by program model are listed below:

Outreach and Engagement

95% of participants engaged in case management and/or enriched individual services
 88% of participants receiving case management and/or enriched individual services connected to formal and informal support systems at drop-in centers or other community providers
 41% of participants moved to more stable housing (family, friends, shelter, housing programs or permanent housing)

Low Threshold Youth Overnight Shelter

76% of participants connected to supportive services at drop-in centers or other community providers
 65% of participants participated in leadership development and community building activities
 18% of participants moved to more stable housing (family, friends, longer term shelter/housing programs or permanent housing)

Interim Housing (Adult)

Adult:

18% of participants exited the program to permanent housing within 120 Days
 6% of participants exited the program to permanent housing within 180 Days
 12% of participants exited the program to permanent housing within 270 Days
 4% of participants without a source of reportable income at program entry obtained cash benefits at exit.
 6% of participants without a source of reportable income at program entry obtained non-cash benefits at exit.
 28% of participants maintained/increased benefits, employment or a combination of both
 8% of participants without a source of reportable income at program entry obtained employment
 7% of program exits were to another homeless services location

CR-75 – Expenditures

11. Expenditures

11a. ESG Expenditures for Homelessness Prevention

	Dollar Amount of Expenditures in Program Year		
	2015	2016	2017
Expenditures for Rental Assistance	0	0	0
Expenditures for Housing Relocation and Stabilization Services - Financial Assistance	0	0	0
Expenditures for Housing Relocation & Stabilization Services - Services	0	0	0
Expenditures for Homeless Prevention under Emergency Shelter Grants Program	\$958,386.75	\$1,096,564.95	\$592,717.31
Subtotal Homelessness Prevention	\$958,386.75	\$1,096,564.95	\$592,717.31

Table 24 – ESG Expenditures for Homelessness Prevention

11b. ESG Expenditures for Rapid Re-Housing

	Dollar Amount of Expenditures in Program Year		
	2015	2016	2017
Expenditures for Rental Assistance	0	0	0
Expenditures for Housing Relocation and Stabilization Services - Financial Assistance	0	0	0
Expenditures for Housing Relocation & Stabilization Services - Services	0	0	0
Expenditures for Homeless Assistance under Emergency Shelter Grants Program	\$1,994,838.42	\$2,761,780.12	\$1,725,471.71
Subtotal Rapid Re-Housing	\$1,994,838.42	\$2,761,780.12	\$1,725,471.71

Table 25 – ESG Expenditures for Rapid Re-Housing

11c. ESG Expenditures for Emergency Shelter

	Dollar Amount of Expenditures in Program Year		
	2015	2016	2017
Essential Services	\$3,973,720.09	\$3,809,690.51	\$3,786,864.11
Operations	0	0	0
Renovation	0	0	0
Major Rehab	0	0	0
Conversion	0	0	0

City of Chicago, 2017 Program Year CAPER

Subtotal	\$3,973,720.09	\$3,809,690.51	\$3,786,864.11
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Table 26 – ESG Expenditures for Emergency Shelter

11d. Other Grant Expenditures

	Dollar Amount of Expenditures in Program Year		
	2015	2016	2017
HMIS	\$15,799.48	\$91,322.29	\$86,491.16
Administration	\$317,104.31	\$96,805.38	\$0.00
Street Outreach	\$340,118.58	\$345,618.87	\$406,774.05

Table 27 - Other Grant Expenditures

11e. Total ESG Grant Funds

Total ESG Funds Expended	2015	2016	2017
	\$7,599,967.63	\$8,201,782.12	\$6,598,318.34

Table 28 - Total ESG Funds Expended

11f. Match Source

	2015	2016	2017
Other Non-ESG HUD Funds	0	0	0
Other Federal Funds	0	0	0
State Government	\$4,673,980.53	\$4,393,460.56	\$3,746,941.23
Local Government	\$2,961,987.10	\$3,808,321.56	\$2,851,377.11
Private Funds	0	0	0
Other	0	0	0
Fees	0	0	0
Program Income	0	0	0
Total Match Amount	\$7,635,967.63	\$8,201,782.12	\$6,598,318.34

Table 29 - Other Funds Expended on Eligible ESG Activities

11g. Total

Total Amount of Funds Expended on ESG Activities	2015	2016	2017
	\$15,235,935.26	\$16,403,564.24	\$13,196,636.68

Table 30 - Total Amount of Funds Expended on ESG Activities

Appendix I
PR26 Report

PART I: SUMMARY OF CDBG RESOURCES

01 UNEXPENDED CDBG FUNDS AT END OF PREVIOUS PROGRAM YEAR	17,285,562.22
02 ENTITLEMENT GRANT	72,093,122.00
03 SURPLUS URBAN RENEWAL	0.00
04 SECTION 108 GUARANTEED LOAN FUNDS	0.00
05 CURRENT YEAR PROGRAM INCOME	3,353,768.90
05a CURRENT YEAR SECTION 108 PROGRAM INCOME (FOR SI TYPE)	0.00
06 FUNDS RETURNED TO THE LINE-OF-CREDIT	0.00
06a FUNDS RETURNED TO THE LOCAL CDBG ACCOUNT	0.00
07 ADJUSTMENT TO COMPUTE TOTAL AVAILABLE	0.00
08 TOTAL AVAILABLE (SUM, LINES 01-07)	92,732,453.12

PART II: SUMMARY OF CDBG EXPENDITURES

09 DISBURSEMENTS OTHER THAN SECTION 108 REPAYMENTS AND PLANNING/ADMINISTRATION	54,928,166.60
10 ADJUSTMENT TO COMPUTE TOTAL AMOUNT SUBJECT TO LOW/MOD BENEFIT	(1,019,421.89)
11 AMOUNT SUBJECT TO LOW/MOD BENEFIT (LINE 09 + LINE 10)	53,908,744.71
12 DISBURSED IN IDIS FOR PLANNING/ADMINISTRATION	7,663,354.71
13 DISBURSED IN IDIS FOR SECTION 108 REPAYMENTS	2,379,863.50
14 ADJUSTMENT TO COMPUTE TOTAL EXPENDITURES	0.00
15 TOTAL EXPENDITURES (SUM, LINES 11-14)	63,951,962.92
16 UNEXPENDED BALANCE (LINE 08 - LINE 15)	28,780,490.20

PART III: LOWMOD BENEFIT THIS REPORTING PERIOD

17 EXPENDED FOR LOW/MOD HOUSING IN SPECIAL AREAS	0.00
18 EXPENDED FOR LOW/MOD MULTI-UNIT HOUSING	0.00
19 DISBURSED FOR OTHER LOW/MOD ACTIVITIES	47,995,995.25
20 ADJUSTMENT TO COMPUTE TOTAL LOW/MOD CREDIT	0.00
21 TOTAL LOW/MOD CREDIT (SUM, LINES 17-20)	47,995,995.25
22 PERCENT LOW/MOD CREDIT (LINE 21/LINE 11)	89.03%

LOW/MOD BENEFIT FOR MULTI-YEAR CERTIFICATIONS

23 PROGRAM YEARS(PY) COVERED IN CERTIFICATION	PY: PY: PY:
24 CUMULATIVE NET EXPENDITURES SUBJECT TO LOW/MOD BENEFIT CALCULATION	0.00
25 CUMULATIVE EXPENDITURES BENEFITING LOW/MOD PERSONS	0.00
26 PERCENT BENEFIT TO LOW/MOD PERSONS (LINE 25/LINE 24)	0.00%

PART IV: PUBLIC SERVICE (PS) CAP CALCULATIONS

27 DISBURSED IN IDIS FOR PUBLIC SERVICES	37,192,170.33
28 PS UNLIQUIDATED OBLIGATIONS AT END OF CURRENT PROGRAM YEAR	3,707.04
29 PS UNLIQUIDATED OBLIGATIONS AT END OF PREVIOUS PROGRAM YEAR	0.00
30 ADJUSTMENT TO COMPUTE TOTAL PS OBLIGATIONS	0.00
31 TOTAL PS OBLIGATIONS (LINE 27 + LINE 28 - LINE 29 + LINE 30)	37,195,877.37
32 ENTITLEMENT GRANT	72,093,122.00
33 PRIOR YEAR PROGRAM INCOME	4,547,262.86
34 ADJUSTMENT TO COMPUTE TOTAL SUBJECT TO PS CAP	0.00
35 TOTAL SUBJECT TO PS CAP (SUM, LINES 32-34)	76,640,384.86
36 PERCENT FUNDS OBLIGATED FOR PS ACTIVITIES (LINE 31/LINE 35)	48.53%

PART V: PLANNING AND ADMINISTRATION (PA) CAP

37 DISBURSED IN IDIS FOR PLANNING/ADMINISTRATION	7,663,354.71
38 PA UNLIQUIDATED OBLIGATIONS AT END OF CURRENT PROGRAM YEAR	0.00
39 PA UNLIQUIDATED OBLIGATIONS AT END OF PREVIOUS PROGRAM YEAR	0.00
40 ADJUSTMENT TO COMPUTE TOTAL PA OBLIGATIONS	0.00
41 TOTAL PA OBLIGATIONS (LINE 37 + LINE 38 - LINE 39 +LINE 40)	7,663,354.71
42 ENTITLEMENT GRANT	72,093,122.00
43 CURRENT YEAR PROGRAM INCOME	3,353,768.90
44 ADJUSTMENT TO COMPUTE TOTAL SUBJECT TO PA CAP	0.00
45 TOTAL SUBJECT TO PA CAP (SUM, LINES 42-44)	75,446,890.90
46 PERCENT FUNDS OBLIGATED FOR PA ACTIVITIES (LINE 41/LINE 45)	10.16%

LINE 17 DETAIL: ACTIVITIES TO CONSIDER IN DETERMINING THE AMOUNT TO ENTER ON LINE 17

Appendix II

HOPWA CAPER



Housing Opportunities for Persons With AIDS (HOPWA) Program

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

Submitted 3/15/2018

OMB Number 2506-0133 (Expiration Date: 01/31/2021)

The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. Reporting is required for all HOPWA formula grantees. The public reporting burden for the collection of information is estimated to average 41 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

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

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

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- B. Facility-Based Housing Assistance

Continued Use Periods. 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 Section 7B of the CAPER, the grantee must submit an Annual Report of Continued Project Operation throughout the required use periods. This report is included in Part 6 in CAPER. The required use period is three (3) years if the rehabilitation is non-substantial.

Record Keeping. Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. **In the case that HUD must review client-level data, no client names or identifying information will be retained or recorded. Information is reported in aggregate to HUD without personal identification. Do not submit client or personal information in data systems to HUD.**

In connection with the development of the Department’s standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household

Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and T-cell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client’s case management, treatment and care, in line with the signed release of information from the client.

Operating Year. HOPWA formula grants are annually awarded for a three-year period of performance with three operating years. The information contained in this CAPER must represent a one-year period of HOPWA program operation that coincides with the grantee’s program year; this is the operating year. More than one HOPWA formula grant awarded to the same grantee may be used during an operating year and the CAPER must capture all formula grant funding used during the operating year. Project sponsor accomplishment information must also coincide with the operating year this CAPER covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for an additional operating year.

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

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee’s State or Local HUD Field Office, and to the HOPWA Program Office: at HOPWA@hud.gov. Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7248, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C., 20410.

Definitions

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

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

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

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

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

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

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

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

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

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

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

HOPWA Housing Subsidy Assistance Total: The unduplicated number of households receiving housing subsidies (TBRA, STRMU, Permanent

Housing Placement services and Master Leasing) and/or residing in units of facilities dedicated to persons living with HIV/AIDS and their families and supported with HOPWA funds during the operating year.

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

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

In-kind Leveraged Resources: These are additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. The actual value of the support can be the contribution of professional services, based on customary rates for this specialized support, or actual costs contributed from other leveraged resources. In determining a rate for the contribution of volunteer time and services, use the criteria described in 2 CFR 200. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

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

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

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

Operating Costs: Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing function and operation costs like utilities, maintenance, equipment, insurance, security, furnishings, supplies and salary for staff costs directly related to the housing project but not staff costs for delivering services.

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

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

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

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration

requirements on program income at 2 CFR 200.307.

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

Project Sponsor Organizations: Per HOPWA regulations at 24 CFR 574.3, any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to provide eligible housing and other support services or administrative services as defined in 24 CFR 574.300. Project Sponsor organizations are required to provide performance data on households served and funds expended.

SAM: All organizations applying for a Federal award must have a valid registration active at sam.gov. SAM (System for Award Management) registration includes maintaining current information and providing a valid DUNS number.

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

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

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

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

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

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

OMB Number 2506-0133 (Expiration Date: 01/31/2021)

Part 1: Grantee Executive Summary

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by 24 CFR 574.3.

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

1. Grantee Information

HUD Grant Number ILH013-F001	Operating Year for this report From (mm/dd/yy) 01/01/2017 To (mm/dd/yy) 12/31/2017			
Grantee Name City of Chicago Department of Public Health – STI/HIV Division				
Business Address	333 South State Street, DePaul Center, 2 nd Floor			
City, County, State, Zip	Chicago	Cook	IL	60604
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-600-5820			
DUN & Bradstreet Number (DUNs):	956-049-399	System for Award Management (SAM):: Is the grantee's SAM status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide SAM Number:		
Congressional District of Grantee's Business Address	7th			
*Congressional District of Primary Service Area(s)	7 th			
*City(ies) and County(ies) of Primary Service Area(s)	cities: Chicago		Counties: Cook	
Organization's Website Address www.cityofchicago.org	Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.			

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

2. Project Sponsor Information See Attachment: 2017 City of Chicago – Project Sponsors Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

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

Project Sponsor Agency Name		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency				
Email Address				
Business Address				
City, County, State, Zip,				
Phone Number (with area code)				
Employer Identification Number (EIN) or Tax Identification Number (TIN)			Fax Number (with area code)	
DUN & Bradstreet Number (DUNs):				
Congressional District of Project Sponsor's Business Address				
Congressional District(s) of Primary Service Area(s)				
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities:		Counties:	
Total HOPWA contract amount for this Organization for the operating year				
Organization's Website Address				
Is the sponsor a nonprofit organization? <input type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

The Chicago Department of Public Health (CDPH), Division of STI/HIV (the Division) coordinates and oversees a broad range of HIV/AIDS programs including direct services, public policy advocacy and prevention, and service provider education and training. Since 1992, the Division has served as the grantee of the Housing Opportunities for Persons with AIDS (HOPWA) program. The Division is also the recipient of HIV prevention funding from the Centers for Disease Prevention and Control, and Ryan White Title I funds from the Health Resources and Services Administration.

As the recipient of these funds, the Division is uniquely able to meet the variety of needs of people living with HIV. In partnership with two community planning bodies, the Division regularly undertakes through needs assessment processes and develops comprehensive plans to prioritize HIV needs and allocate resources, allowing the Chicago area to maximize resources and leverage additional ones.

The Division conducts site visits each year to every project sponsor funded under the HOPWA program. Compliance with all related HOPWA guidelines and requirements is determined via review of the condition of housing units provided to program participants, examination of files to verify clients' HIV/AIDS medical status and income eligibility and administrative and fiscal documentation and processes. Project Sponsors are selected via a Request for Proposals (RFP) process.

The Division's HIV Housing program has ongoing experience with collaboration, planning, and decision-making around multiple HIV/AIDS-related service and prevention projects across different organizations and service providers. The Housing staff has worked to promote active participation in the Chicago Area HIV Integrated Services Council (CAHISC) planning body of our providers to assure housing has an active presence and voice when overall planning is conducted for the City of Chicago and for all 3 major programs: CDC – HIV Prevention; Ryan White Care; and HOPWA. During FY 2017, 45% of our project sponsors actively participated in the CAHISC Planning Body. 5 HOPWA service providers were involved in leadership role in the planning body: 1 was the overall CAHISC Co-Chair Elect; 4 were co-chairs for the 4 main working committees. The CAHISC Council integrates the mandated HIV Prevention Planning Group and Ryan White Part A- Planning Council, and includes the HIV Housing Program. The HIV Housing program collaborated with AIDS Foundation of Chicago in the development, implementation, and evaluation of the 2013–2017 Five-Year Chicago Area AIDS Housing Plan. We also support the HIV Housing Task Force. This task force includes providers of housing services to individuals living with HIV as well as HOPWA clients. In 2017 the HIV Housing Task Force was active in the Chicago Area HIV Integrated Planning Council (CAHISC).

In 2017 the Division's HIV Housing program had their first FY 2017 Delegate Agencies meeting on Thursday, April 20, 2017 from 9:30 AM to 11:30 AM at the CDPH Training Center at Besley Court. The required training covered the changes and the updates to HUD/HOPWA & CDPH Policies and Procedures. The topics included were Rent Reasonableness Process, Rent & Utilities Calculations, and Charging Client Fees. In addition, there were updates on the Eligible Support Services, and how to complete the Housing Quality Standards Process.

The second FY 2017 Delegate Agencies Meeting was held on Tuesday, November 7, 2017 from 1:00 PM to 3:00 PM at the CDPH Training at Besley Court. The topics included were the Requirements to Close 2017,

Coordinated Entry and HIV Housing Inventory, Coordinated Entry Check, and HOTMA and Funding Projections to 2021.

In 2017 the Division's HIV Housing program members participated in The HOPWA Institute: Housing's Role in Ending the HIV Epidemic.

In FY 2017, the HOPWA program received a \$7,953,540.00 in funding. The HIV Housing program provided the following units of service: Facility-Based Housing Assistance (FBHA) 503; Tenant-Based Rental Assistance (TBRA) 352; Housing Information Services (HIS) 799. Housing services were negatively impacted by increase in fair market rents, and the overall status of our economy. HOPWA formula funds were expended in the following categories of services:

Facility-Based Housing Assistance	\$3,388,760
Housing Information Services	\$981,533
Tenant Based Rental Assistance	\$2,309,814

HIV Housing Staff is composed of three Public Health professionals:

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b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

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

The main barrier in providing housing assistance continues to be the high fair market rent in Chicago and the shrinking housing market. The HOPWA resources are directed toward the provision of facility-based housing assistance, housing information services, and tenant-based rental assistance and financial aid activities for its homeless assistance program. In 2017 we had 21 Project Sponsors, and 25 programs throughout the Chicago EMSA. 4 of our Project Sponsors are funded in two different service categories. 17 provided facility-based housing assistance, 1 provided Tenant Based Rental Assistance and 7 were providers of Housing Information/Advocacy Services. Overall the Division HOPWA provided (1,654) units of service to households in the HOPWA program.

The HIV Housing program provided the following units of service: Facility-Based Housing assistance 503; Tenant-Based Rental Assistance (TBRA) 352; Housing Information Services 799. Housing services were negatively impacted by increase in fair market rents, and the overall status of our economy. HOPWA formula funds were expended in the following categories of services:

Facility-Based Housing Assistance	\$3,388,760
Housing Information Services	\$981,533
Tenant Based Rental Assistance	\$2,309,814

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

During PY17 100% of our clients had a housing plan for maintaining or establishing stable on-going housing, had contact with case manager /benefits counselor consistent with the schedule specified in client’s individual service plan, and successfully accessed or maintained qualification for sources of income. All clients had at least 2 contact visits with a primary health care provider consistent with the schedule specified in client’s individual service plan, and have accessed and maintained medical insurance/assistance. The personnel at agencies are consistent in following-up with clients, and assuring they are moving forward in gaining housing stability, and in accessing the needed support service to address their needs.

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

The Division has ongoing experience with collaboration, planning, and decision-making around multiple HIV/AIDS-related service and prevention projects across different organizations and service providers. The Division has been a member of the Consolidated Plan Steering Committee, a group that presents strategies in addressing the needs of low-income communities, and is a contributing partner in the formation of the Consolidated Plan that is submitted to the U.S. Department of Housing and Urban Development (HUD) each year. Additionally, the Division is active in the Chicago Alliance to End Homelessness (formerly the Chicago Continuum of Care). We also support the HIV Housing Task Force. The council consists of mainly consumers of HOPWA programs. In 2017 the Council was active in participating in the integrated planning body – CAHISC. As participants of CAHISC our HOPWA clients receive orientation, information, training in leadership, and planning. They are also informed of services that are available to them such job openings, job training, and information about other HIV/AIDS Housing events, and planning bodies within their community and county

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

No technical assistance need at this time.

c. Barriers and Trends Overview

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

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

Affordable housing for low income families is not widely available and this constitutes a significant barrier to providing housing to people living with HIV/AIDS and their families. The Fair Market Rents continue to rise, decreasing the housing availability options, and safe locations for households. Cost of living in the City of Chicago EMSA – continues to have a very high cost of living and fair market rates making the CPU’s over HUD averages.

Housing HOPWA clients in the TBRA and FBHA service categories. Project Sponsors maintain a high standard of housing participants as quickly as possible in all its supportive housing programs by working to increase its pool of landlords through which it can identify units for program participants. However, participants sometimes face barriers in securing housing within 45 days due to application rejections. The program also honors participant’s preference; as such, housing location may take longer than 45 days if the participant has specific needs or requirements for their unit.

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

The Chicago Area HIV Integrated Services Council (CAHISC) conducts needs assessment processes with consumers of all HIV services. As part of this process, in 2017 consumers continue to request for clinical and supportive services to be provided comprehensively. In response to this request, CAHISC developed and approved a framework to facilitate this delivery of services. This framework was presented to CDPH for implementation and it will be in operation in 2019.

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

In 2017 the Division’s HIV Housing program made available the first HIV Continuum of Care among City of Chicago HOPWA Clients (FY 2015) to the public. The HIV Continuum of Care among City of Chicago HOPWA Clients (FY 2015) were made available to the Chicago Area HIV Integrated Services Council (CAHISC); various delegate agencies, and the HUD Regional Cook County Meeting.

End of PART 1

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

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging

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

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

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance	\$26,800	Housing	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Housing Choice Voucher Program			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Continuum of Care			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: HUD, COC, SHP	\$429,729	COC Grant & Homeless Assistance Program	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: DFSS, DRS	\$193,351	Case Management, Mental Health Services	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: IDHS, Supportive Housing	\$176,803	Educational Services, Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Private Funding			
Grants: Chicago Community Trust Fund, Private Foundations	\$39,790	Case Management	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
In-kind Resources	\$23,431	Donations: Clothing,	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Private:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Funding			

Grantee/Project Sponsor (Agency) Cash			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord			
TOTAL (Sum of all Rows)		\$889.904	

2. Program Income and Resident Rent Payments

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

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

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

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	
2.	Resident Rent Payments made directly to HOPWA Program	
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	

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

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

Program Income and Resident Rent Payment Expended on HOPWA programs		Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	
3.	Total Program Income Expended (Sum of Rows 1 and 2)	

End of PART 2

PART 3: Accomplishment Data Planned Goal and Actual Outputs

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

1. HOPWA Performance Planned Goal and Actual Outputs

<p style="text-align: center;">HOPWA Performance Planned Goal and Actual</p>		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
HOPWA Housing Subsidy Assistance		[1] Output: Households				[2] Output: Funding	
1.	Tenant-Based Rental Assistance	342	352			2,332,678	2,309,814
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)	467	503			3,890,684	3,388,760
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served) (Households Served)						
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)						
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)						
4.	Short-Term Rent, Mortgage and Utility Assistance						
5.	Permanent Housing Placement Services						
6.	Adjustments for duplication (subtract)						
7.	Total HOPWA Housing Subsidy Assistance (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	809	855			6,223,362	5,698,574
Housing Development (Construction and Stewardship of facility based housing)		[1] Output: Housing Units				[2] Output: Funding	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)						
9.	Stewardship Units subject to 3- or 10- year use agreements						
10.	Total Housing Developed (Sum of Rows 8 & 9)						
Supportive Services		[1] Output: Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors that also delivered HOPWA housing subsidy assistance						
11b.	Supportive Services provided by project sponsors that only provided supportive services.						
12.	Adjustment for duplication (subtract)						
13.	Total Supportive Services (Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)						
Housing Information Services		[1] Output: Households				[2] Output: Funding	
14.	Housing Information Services	787	799			1,082,587	981,533
15.	Total Housing Information Services	787	799			1,082,587	981,533

Grant Administration and Other Activities		[1] Output: Households		[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources	[Checkered pattern]			
17.	Technical Assistance (if approved in grant agreement)				
18.	Grantee Administration (maximum 3% of total HOPWA grant)			238,606	145,137
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)	[Checkered pattern]		408,985	367,560
20.	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)				
Total Expended				[2] Outputs: HOPWA Funds Expended	
		[Star pattern]		Budget	Actual
21.	Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)			7,953,540	7,192,804

2. Listing of Supportive Services

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

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

Supportive Services		[1] Output: Number of <u>Households</u>	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance	0	0
2.	Alcohol and drug abuse services	0	0
3.	Case management	0	0
4.	Child care and other child services	0	0
5.	Education	0	0
6.	Employment assistance and training	0	0
7.	Health/medical/intensive care services, if approved Note: Client records must conform with 24 CFR §574.310	0	0
8.	Legal services	0	0
9.	Life skills management (outside of case management)	0	0
10.	Meals/nutritional services	0	0
11.	Mental health services	0	0
12.	Outreach	0	0
13.	Transportation	0	0
14.	Other Activity (if approved in grant agreement). Specify:	0	0
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	0	[Checkered pattern]
16.	Adjustment for Duplication (subtract)	0	[Checkered pattern]
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	0	0

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

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

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

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

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of <u>Households</u> Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance		
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.		
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.		
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.		
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.		
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.		
g.	Direct program delivery costs (e.g., program operations staff time)		

End of PART 3

Part 4: Summary of Performance Outcomes

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

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

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

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

A. Permanent Housing Subsidy Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Tenant-Based Rental Assistance	352	352	1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing		<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing		<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		<i>Unstable Arrangements</i>
			8 Disconnected/Unknown		
			9 Death		
Permanent Supportive Housing Facilities/ Units	503	503	1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing		<i>Temporarily Stable, with Reduced Risk of Homelessness</i>
			3 Private Housing		<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		
			7 Jail/Prison		<i>Unstable Arrangements</i>
			8 Disconnected/Unknown		
			9 Death		

B. Transitional Housing Assistance

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

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

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

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

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

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

At the bottom of the chart:

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

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

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

Assessment of Households that Received STRMU Assistance

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

Section 3. HOPWA Outcomes on Access to Care and Support

1a. Total Number of Households

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

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

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

Total Number of Households	
1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	855
b. Case Management	0
c. Adjustment for duplication (subtraction)	0
d. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)	855
2. For Project Sponsors did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	
b. Total Households Served by Project Sponsors without Housing Subsidy Assistance	

1b. Status of Households Accessing Care and Support

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

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

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

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	855		Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	855		Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	855		Access to Health Care
4. Accessed and maintained medical insurance/assistance	855		Access to Health Care
5. Successfully accessed or maintained qualification for sources of income	855		Sources of Income

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

<ul style="list-style-type: none"> MEDICAID Health Insurance Program, or use local program name MEDICARE Health Insurance Program, or use local program name 	<ul style="list-style-type: none"> Veterans Affairs Medical Services AIDS Drug Assistance Program (ADAP) State Children's Health Insurance Program (SCHIP), or use local program name 	<ul style="list-style-type: none"> Ryan White-funded Medical or Dental Assistance
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Chart 1b, Row 5: Sources of Income include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> • Earned Income • Veteran’s Pension • Unemployment Insurance • Pension from Former Job • Supplemental Security Income (SSI) 	<ul style="list-style-type: none"> • Child Support • Social Security Disability Income (SSDI) • Alimony or other Spousal Support • Veteran’s Disability Payment • Retirement Income from Social Security • Worker’s Compensation 	<ul style="list-style-type: none"> • General Assistance (GA), or use local program name • Private Disability Insurance • Temporary Assistance for Needy Families (TANF) • Other Income Sources
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1c. Households that Obtained Employment

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

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

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

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

Categories of Services Accessed	[1 For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	98	

End of PART 4

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

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

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

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

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

Temporary Housing

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

Unstable Arrangements

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

Life Event

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

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

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

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

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

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

End of PART 5

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

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

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

Note: See definition of Stewardship Units.

1. General information

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

2. Number of Units and Non-HOPWA Expenditures

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

3. Details of Project Site

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

End of PART 6

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

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

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

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

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	855

Chart b. Prior Living Situation

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

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

Category		Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1.	<u>Continuing</u> to receive HOPWA support from the prior operating year	676
New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year		
2.	Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	33
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	23
4.	Transitional housing for homeless persons	21
5.	Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	77
6.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	27
7.	Psychiatric hospital or other psychiatric facility	11
8.	Substance abuse treatment facility or detox center	24
9.	Hospital (non-psychiatric facility)	6
10.	Foster care home or foster care group home	1
11.	Jail, prison or juvenile detention facility	17
12.	Rented room, apartment, or house	0
13.	House you own	0
14.	Staying or living in someone else's (family and friends) room, apartment, or house	16
15.	Hotel or motel paid for without emergency shelter voucher	0
16.	Other	0
17.	Don't Know or Refused	0
18.	TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	855

c. Homeless Individual Summary

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

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	7	154

Section 2. Beneficiaries

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

Note: See definition of HOPWA Eligible Individual

Note: See definition of Transgender.

Note: See definition of Beneficiaries.

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

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

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a)	855
2. Number of ALL other persons diagnosed as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	6
3. Number of ALL other persons NOT diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy	160
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1, 2, & 3)	1021

b. Age and Gender

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

HOPWA Eligible Individuals (Chart a, Row 1)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18	1	1	0	1	3
2.	18 to 30 years	92	22	21	1	136
3.	31 to 50 years	206	79	9	9	303
4.	51 years and Older	341	69	0	3	413
5.	Subtotal (Sum of Rows 1-4)	640	171	30	14	855
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	23	30	0	0	53
7.	18 to 30 years	18	22	6	0	46
8.	31 to 50 years	23	17	2	0	42
9.	51 years and Older	20	5	0	0	25
10.	Subtotal (Sum of Rows 6-9)	84	74	8	0	166
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	724	245	38	14	1021

c. Race and Ethnicity*

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

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race [all individuals reported in Section 2, Chart a, Row 1]	[B] Ethnicity [Also identified as Hispanic or Latino]	[C] Race [total of individuals reported in Section 2, Chart a, Rows 2 & 3]	[D] Ethnicity [Also identified as Hispanic or Latino]
1.	American Indian/Alaskan Native	10	0	7	0
2.	Asian	8	0	5	0
3.	Black/African American	547	152	90	28
4.	Native Hawaiian/Other Pacific Islander	2	0	0	0
5.	White	105	0	19	0
6.	American Indian/Alaskan Native & White	2	0	0	0
7.	Asian & White	1	0	3	0
8.	Black/African American & White	14	0	1	0
9.	American Indian/Alaskan Native & Black/African American	4	0	1	0
10.	Other Multi-Racial	10	0	12	0
11.	Column Totals (Sum of Rows 1-10)	703	152	138	28

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

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

Section 3. Households

Household Area Median Income

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

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

Note: Refer to <https://www.huduser.gov/portal/datasets/il.html> for information on area median income in your community.

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	855
2.	31-50% of area median income (very low)	0
3.	51-80% of area median income (low)	0
4.	Total (Sum of Rows 1-3)	855

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor Agency Name (Required)

--

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

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

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Agape Missions, NFP

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	6	\$114,253.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	6	\$114,253.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Alexian Brothers Bonaventure House

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling	35				
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	37	\$191,624.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	37	\$191,624.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

CALOR Division of Anixter Center

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence		9	8		
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	17	\$68,360.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	17	\$68,360.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Chicago House and Social Services Agency

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence	12	23	6	6	
c.	Project-based rental assistance units or leased units		3			
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	55	\$625,545.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	55	\$625,545.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Children's Place Association

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units			7	4	
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	14	\$160,000.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	14	\$160,000.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Christian Community Health Center

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	4	\$114,950.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	4	\$114,950.00

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

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Community Supportive Living Systems, Inc.

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence	9				
c.	Project-based rental assistance units or leased units					
d.	Other housing facility Specify:					

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	10	\$92,584.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	10	\$92,584.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

McDermott Center dba Haymarket Center

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units						
d. Other housing facility <u>Specify: Recovery Home</u>	72					

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a. Leasing Costs		
b. Operating Costs	73	\$346,589.00
c. Project-Based Rental Assistance (PBRA) or other leased units		
d. Other Activity (if approved in grant agreement) <u>Specify:</u>		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	73	\$346,589.00

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

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Healthland Human Care Services

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

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

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

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

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

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

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

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

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

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

3a. Check one only

Permanent Supportive Housing Facility/Units

Short-term Shelter or Transitional Supportive Housing Facility/Units

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence		12	4			
c. Project-based rental assistance units or leased units	30					
d. Other housing facility <u>Specify:</u>						

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a. Leasing Costs		
b. Operating Costs	70	\$882,252.00
c. Project-Based Rental Assistance (PBRA) or other leased units		
d. Other Activity (if approved in grant agreement) <u>Specify:</u>		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	70	\$882,252.00

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

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Heartland Health Outreach

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	18	\$245,706.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	18	\$245,706.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Housing Opportunities for Women

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units	12	1	1	1		
d. Other housing facility <u>Specify:</u>						

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a. Leasing Costs		
b. Operating Costs	17	\$170,262.00
c. Project-Based Rental Assistance (PBRA) or other leased units		
d. Other Activity (if approved in grant agreement) <u>Specify:</u>		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	17	\$170,262.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Human Resources Development Institute, Inc.

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence	11				
c.	Project-based rental assistance units or leased units					
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	11	\$185,000.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	11	\$185,000.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

The Boulevard of Chicago

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units						
d. Other housing facility <u>Specify: Dormitory - For the Dormitory there are 12 large rooms with multiple full beds</u>	12(90)					

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a. Leasing Costs		
b. Operating Costs	103	\$311,000.00
c. Project-Based Rental Assistance (PBRA) or other leased units		
d. Other Activity (if approved in grant agreement) <u>Specify:</u>		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	103	\$311,000.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Open Door Health Center of Illinois

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units	1	13	7		
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	21	\$246,000.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	21	\$246,000.00

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

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Pilsen Wellness Center

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	5	\$80,000.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	5	\$80,000.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Puerto Rican Cultural Center

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient	Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a. Single room occupancy dwelling						
b. Community residence	12					
c. Project-based rental assistance units or leased units						
d. Other housing facility Specify:						

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing	Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a. Leasing Costs		
b. Operating Costs	19	\$130,000.00
c. Project-Based Rental Assistance (PBRA) or other leased units		
d. Other Activity (if approved in grant agreement) Specify:		
e. Adjustment to eliminate duplication (subtract)		
f. TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	19	\$130,000.00

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

Unity Parenting & Counseling, Inc.

2. Capital Development

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

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

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

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

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

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

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

Type of housing facility operated by the project sponsor/subrecipient		Total Number of <u>Units</u> in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units		9	2		
d.	Other housing facility <u>Specify:</u>					

4. Households and Housing Expenditures

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

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor/subrecipient
a.	Leasing Costs		
b.	Operating Costs	23	\$100,000.00
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) <u>Specify:</u>		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a. through d. minus Row e.)	23	\$100,000.00

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Agape Missions		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Jill A. Skole, Executive Director			
Email Address	jskole@agapemissionsnfp.org			
Business Address	840 Plainfield Road			
City, County, State, Zip,	Joliet	Will	Illinois	60435
Phone Number (with area code)	815-723-1548 #21		Fax Number (with area code) 815-740-5910	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-3789462			
DUN & Bradstreet Number (DUNs):	162682590			
Congressional District of Project Sponsor's Business Address	43 rd District 2200 Weber Road, Crest Hill, IL 60435			
Congressional District(s) of Primary Service Area(s)	43rd District			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Joliet, Crest Hill, Ingalls Park		Counties: Will	
Total HOPWA contract amount for this Organization for the operating year	\$114,253			
Organization's Website Address www.agapemissionsnfp.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name AIDS Foundation of Chicago		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Mayon Yen, Program Develop Manager			
Email Address	myen@aidschicago.org			
Business Address	200 W. Jackson , Suite 2100			
City, County, State, Zip,	Chicago	Cook	Illinois	60606
Phone Number (with area code)	312-784-9047		Fax Number (with area code) 312-922-2916	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-3412054			
DUN & Bradstreet Number (DUNs):	60-723-55870			
Congressional District of Project Sponsor's Business Address	7 th District 2746 W. Madison Street Chicago, IL 60612			
Congressional District(s) of Primary Service Area(s)	All City of Chicago Congressional Districts			
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: All Zip Codes in the City of Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	Rental Assistance - \$2,495,965 Housing Information Services – \$430,000			
Organization's Website Address www.aidschicago.org www.direct2housing.org www.direct2food.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Asian Human Services		Parent Company Name, if applicable			
Name and Title of Contact at Project Sponsor Agency	Dr. Craig Maki Chief Executive Officer				
Email Address	cmaki@ahschicago.org				
Business Address	4753 N. Broadway Street, Suite 700				
City, County, State, Zip,	Chicago	Cook	Illinois	60640	
Phone Number (with area code)	773-293-8448		Fax Number (with area code) 773-278-4751		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-3005889				
DUN & Bradstreet Number (DUNs):	627221211				
Congressional District of Project Sponsor's Business Address	9 th District 5533 N. Broadway, Suite 2 Chicago, IL 60640				
Congressional District(s) of Primary Service Area(s)	9 th District				
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook		
Total HOPWA contract amount for this Organization for the operating year	\$87,000				
Organization's Website Address www.ahschicago.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>	If yes, explain in the narrative section how this list is administered.				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Alexian Brothers Bonaventure House		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Cheryl Potts, Executive Director			
Email Address	Cheryl.potts@amitahealth.org			
Business Address	825 West Wellington Ave.			
City, County, State, Zip,	Chicago	Cook	Illinois	60657
Phone Number (with area code)	773-327-9921 ext 123	Fax Number (with area code) 773-327-9113		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-3527899			
DUN & Bradstreet Number (DUNs):	623140886			
Congressional District of Project Sponsor's Business Address	5 th District 3742 West Irving Park Road Chicago, IL 60618			
Congressional District(s) of Primary Service Area(s)	5 th District			
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Lakeview		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$191,624			
Organization's Website Address www.alexianbrothershousing.org	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input checked="" type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>	If yes, explain in the narrative section how this list is administered.			

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Anixter Center - CALOR		Parent Company Name, if applicable Lester & Rosalie Anixter Center		
Name and Title of Contact at Project Sponsor Agency	Carmen Valentin – HOPWA Program Manager			
Email Address	cvalentin@anixter.org			
Business Address	1122 N. California			
City, County, State, Zip,	Chicago	Cook	Illinois	60622
Phone Number (with area code)	773-489-2417		Fax Number (with area code) 773-489-2462	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	<u>36-2244895</u>			
DUN & Bradstreet Number (DUNs):	068475623			
Congressional District of Project Sponsor's Business Address	4 District 1324 N. Wolcott, Chicago IL 60622			
Congressional District(s) of Primary Service Area(s)	4 District 1324 N. Wolcott, Chicago IL 60622			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$68,360			
Organization's Website Address www.calor.org www.anixter.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/> <input type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Chicago House and Social Services Agency		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Scott Ammarell, Chief Executive Officer			
Email Address	sammarell@chicagohouse.org			
Business Address	1925 North Clybourn Avenue Suite 401			
City, County, State, Zip,	Chicago	Cook	IL	60640
Phone Number (with area code)	773-248-5200 ext 202		Fax Number (with area code) 773-248-5019	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-3376432			
DUN & Bradstreet Number (DUNs):	604544965			
Congressional District of Project Sponsor's Business Address	7 th District, 2746 West Madison Street Chicago IL 60612			
Congressional District(s) of Primary Service Area(s)	4 th , 9 th Districts			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$625,545			
Organization's Website Address www.chicagohouse.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Children's Place Association		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Cathy Krieger, Executive Director			
Email Address	ckrieger@childrens-place.org			
Business Address	700 N. Sacramento Blvd.			
City, County, State, Zip,	Chicago	Cook	IL	60612
Phone Number (with area code)	312-660-3020		Fax Number (with area code)	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-3641017			
DUN & Bradstreet Number (DUNs):	7826916358			
Congressional District of Project Sponsor's Business Address	4th District 3210 W. North Ave Chicago IL 60647			
Congressional District(s) of Primary Service Area(s)	4 th , 5 th District			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$160,000			
Organization's Website Address www.childrens-place.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Christian Community Health Center		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Kenneth Burnett - CEO			
Email Address	kenneth.burnett@cchc-rchm.org			
Business Address	9718 S. Halsted			
City, County, State, Zip,	Chicago	Cook	IL	60628
Phone Number (with area code)	773-298-4725		Fax Number (with area code)	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-37999834			
DUN & Bradstreet Number (DUNs):	113661839			
Congressional District of Project Sponsor's Business Address	1 st District , 700 East 79 th Street Chicago, IL 60619 2 nd District, 7121 South Yates Bldg Chicago, IL 60649			
Congressional District(s) of Primary Service Area(s)	Chicago City Wide Currently			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$114,950			
Organization's Website Address www.cchc.online.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>	If yes, explain in the narrative section how this list is administered.			

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Community Supportive Living System		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Herschel L. Gamble, Executive Director			
Email Address	www.hgamble1@csls.org			
Business Address	12231 South Emerald			
City, County, State, Zip,	Chicago	Cook	IL	60628
Phone Number (with area code)	773-510-3516		Fax Number (with area code) 773-291-0485	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-3447148			
DUN & Bradstreet Number (DUNs):	604549196			
Congressional District of Project Sponsor's Business Address	2 nd District 7121 South Yates Bldg Chicago IL 60649			
Congressional District(s) of Primary Service Area(s)	Chicago City Wide Currently			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$92,584			
Organization's Website Address www.csls.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name FOLA Community Action Services		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	F. Cornelius Ogundele, Director			
Email Address	fcasinc@yahoo.com			
Business Address	8014-18 S. Ashland			
City, County, State, Zip,	Chicago	Cook	IL	60620
Phone Number (with area code)	773-487-4310	Fax Number (with area code)		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36431784			
DUN & Bradstreet Number (DUNs):	1164878			
Congressional District of Project Sponsor's Business Address	1 st District 700 East 79 th Street Chicago, IL 60619			
Congressional District(s) of Primary Service Area(s)	1 st District			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$60,000			
Organization's Website Address n/a	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Haymarket Center (McDermott Center)		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Dr. Dan Lustig, President & CEO			
Email Address	dlustig@hcenter.org			
Business Address	932 W. Washington Blvd.			
City, County, State, Zip,	Chicago	Cook	IL	60607
Phone Number (with area code)	312-226-7984 ext 488		Fax Number (with area code) 312-226-8048	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	23-7249917			
DUN & Bradstreet Number (DUNs):	070696252			
Congressional District of Project Sponsor's Business Address	7 th Districts 3333 West Arthington Suite 130 Chicago, IL 60624			
Congressional District(s) of Primary Service Area(s)	7 th Districts			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$346,589			
Organization's Website Address www.hcenter.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>	If yes, explain in the narrative section how this list is administered.			

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Heartland Health Outreach		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Tina White, Director, Clinical Operations			
Email Address	twhite@heartlandalliance.org			
Business Address	4750 North Sheridan, Ste. 449			
City, County, State, Zip,	Chicago	Cook	Illinois	60640
Phone Number (with area code)	773-751-4104		Fax Number (with area code) 773-826-2109	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-3775696			
DUN & Bradstreet Number (DUNs):	860981695			
Congressional District of Project Sponsor's Business Address	7 th District 2746 West Madison Street Chicago, IL 60612			
Congressional District(s) of Primary Service Area(s)	7 th District			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$245,706			
Organization's Website Address www.heartlandalliance.org	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Heartland Human Care Services, Inc.		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Katie Durrah, Program Director		
Email Address	kdurrah@heartlandalliance.org		
Business Address	208 South LaSalle, Ste. 1300		
City, County, State, Zip,	Chicago	Cook	Illinois 60604
Phone Number (with area code)	773-336-6028	Fax Number (with area code) 773-989-1935	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	E9953-1429-03		
DUN & Bradstreet Number (DUNs):	149584877		
Congressional District of Project Sponsor's Business Address	US Rep 5 th 3742 W. Irving Park Rd. Chicago IL 60618		
Congressional District(s) of Primary Service Area(s)	US Rep 9 th IL State Rep 14 th & 18th		
City(ies) <u>and</u> County(ies) of Primary Service Area(s)	Cities: Chicago, Jefferson Park, River Grove, Melrose Park	Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$882,252		
Organization's Website Address www.heartlandalliance.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>	If yes, explain in the narrative section how this list is administered.		

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Housing Opportunities For Women, Inc.		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	David Mowery – Director of Government Relations		
Email Address	dmowery@how-inc.org		
Business Address	1607 W. Howard St. 2nd Floor		
City, County, State, Zip,	Chicago	Cook	Illinois 60626
Phone Number (with area code)	773-465-5770 x247	Fax Number (with area code) 773-465-5771	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-3263818		
DUN & Bradstreet Number (DUNS):	604532242		
Congressional District of Project Sponsor's Business Address	9 th District 3849 Wes Ogden Avenue Chicago IL 60623		
Congressional District(s) of Primary Service Area(s)	9 th District		
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook
Total HOPWA contract amount for this Organization for the operating year	\$170,262		
Organization's Website Address www.how-inc.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>			

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Human Resources Development Institute, Inc.		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Joel K. Johnson, President/CEO			
Email Address	jjohnson@hrdi.org			
Business Address	222 S. Jefferson Street			
City, County, State, Zip,	Chicago	Cook	Illinois	60661
Phone Number (with area code)	312-441-9009		Fax Number (with area code) 312-441-9019	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-2894887			
DUN & Bradstreet Number (DUNs):	147007173			
Congressional District of Project Sponsor's Business Address	7 th District 3333 W. Arthington Suite 130 Chicago, IL 60624			
Congressional District(s) of Primary Service Area(s)	7 th District			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	(Facility Based Housing Assistance - \$ 185,000) (Housing Information Services - \$72,000)			
Organization's Website Address www.hrdi.org	Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>	If yes, explain in the narrative section how this list is administered.			

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Open Door Health Center of Illinois		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Perry Maier, Executive Director			
Email Address	perrym@odhcil.org			
Business Address	1665 Larkin Ave.			
City, County, State, Zip,	Elgin	Cook	Illinois	60123
Phone Number (with area code)	847-695-1093 ext 219		Fax Number (with area code) 847-695-0501	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-2899274			
DUN & Bradstreet Number (DUNs):	792064313			
Congressional District of Project Sponsor's Business Address	6 th District 245 W. Roosevelt Rd. Ste 135 West Chicago, IL 60185			
Congressional District(s) of Primary Service Area(s)	6 th District			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Addison, Aurora, Bensenville, Darien, West Chicago, Villa Park, Wheaton, Wayne		Counties: DuPage	
Total HOPWA contract amount for this Organization for the operating year	\$246,000			
Organization's Website Address www.odhcil.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Please check if yes and a faith-based organization.</i> <input type="checkbox"/> <i>Please check if yes and a grassroots organization.</i> <input checked="" type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name The Boulevard of Chicago		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency	Jennifer Nelson-Seals, Executive Director			
Email Address	j.seals@blvd.org			
Business Address	3456 W. Franklin Boulevard			
City, County, State, Zip,	Chicago	Cook	Illinois	60624
Phone Number (with area code)	773-533-6013 x225		Fax Number (with area code) 773-533-9034	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	36-4075641			
DUN & Bradstreet Number (DUNs):	054230573			
Congressional District of Project Sponsor's Business Address	7 th District 3333 West Arthington Suite 130 Chicago, IL 60624			
Congressional District(s) of Primary Service Area(s)	7 th District			
City(ies) and County(ies) of Primary Service Area(s)	Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year	\$311,000			
Organization's Website Address www.blvd.org	Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Legal Assistance Foundation		Parent Company Name, if applicable		
Name and Title of Contact at Project Sponsor Agency		Michelle J. Gilbert, Supervisory Attorney		
Email Address		mgilbert@lafchicago.org		
Business Address		120 S. LaSalle, Suite 900		
City, County, State, Zip,		Chicago	Cook	Illinois 60603
Phone Number (with area code)		312-347-8315	Fax Number (with area code) 312-612-1415	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		36-2754650		
DUN & Bradstreet Number (DUNs):		06-8484294		
Congressional District of Project Sponsor's Business Address		7 th District 3333 W. Arthington Suite 130 th Chicago, IL 60624		
Congressional District(s) of Primary Service Area(s)		1 st , 2 nd , and 7 th District		
City(ies) and County(ies) of Primary Service Area(s)		Cities: Chicago		Counties: Cook
Total HOPWA contract amount for this Organization for the operating year		\$116,166		
Organization's Website Address www.lafchicago.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>				

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Pilsen Wellness Center		Parent Company Name, if applicable			
Name and Title of Contact at Project Sponsor Agency		Monica Masana, Program Manager			
Email Address		mmasana@pilsenmh.org			
Business Address		2625 W. 23 rd Street			
City, County, State, Zip,		Chicago	Cook	Illinois	60608
Phone Number (with area code)		773-579-0832 X-229		Fax Number (with area code) 773-927-6785	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		36-2836998			
DUN & Bradstreet Number (DUNs):		082554452			
Congressional District of Project Sponsor's Business Address		4 th District 2201 West North Ave Chicago, IL			
Congressional District(s) of Primary Service Area(s)		Chicagoland area			
City(ies) and County(ies) of Primary Service Area(s)		Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year		\$80,000			
Organization's Website Address www.pilsenwellnesscenter.org		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>					

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Puerto Rican Cultural Center		Parent Company Name, if applicable			
Name and Title of Contact at Project Sponsor Agency		Rosemary Lebron, Chief Operating Officer			
Email Address		rosemaryl@prcc-chgo.org			
Business Address		2703 W. Division Street			
City, County, State, Zip,		Chicago	Cook	Illinois	60622
Phone Number (with area code)		773-360-1330		Fax Number (with area code)	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		23-7347778			
DUN & Bradstreet Number (DUNs):		085858900			
Congressional District of Project Sponsor's Business Address		2703 W. Division St., Chicago, IL			
Congressional District(s) of Primary Service Area(s)		4 th Congressional District			
City(ies) and County(ies) of Primary Service Area(s)		Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year		(Facility-Based Housing Assistance - \$130,000) (Housing Information Services - \$70,000)			
Organization's Website Address www.prcc-chgo.org		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>		If yes, explain in the narrative section how this list is administered.			

2. Project Sponsor Information

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

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

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

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

Project Sponsor Agency Name Unity Parenting and Counseling Inc.		Parent Company Name, if applicable			
Name and Title of Contact at Project Sponsor Agency		Flora Koppel, Executive Director			
Email Address		fkoppel@unityparenting.org			
Business Address		600 West Cermak Suite 300			
City, County, State, Zip,		Chicago	Cook	Illinois	60616
Phone Number (with area code)		312-455-0007		Fax Number (with area code) 312-455-0038	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		36-4029502			
DUN & Bradstreet Number (DUNs):		808801567			
Congressional District of Project Sponsor's Business Address		4 th District 3210 West North Ave Chicago IL 60647			
Congressional District(s) of Primary Service Area(s)		4 th District			
City(ies) and County(ies) of Primary Service Area(s)		Cities: Chicago		Counties: Cook	
Total HOPWA contract amount for this Organization for the operating year		\$100,000			
Organization's Website Address www.unityparenting.org			Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input checked="" type="checkbox"/>			If yes, explain in the narrative section how this list is administered.		

Appendix III

ESG CAPER SAGE Report

HUD ESG CAPER 2017 - By Project Type

Grant: **ESG: Chicago - IL - Report** Type: **CAPER**

Q04a: Project Identifiers in HMIS

Organization Name	Olive Branch Mission
Organization ID	58
Project Name	Olive Branch Mission - Lamplight I Daybreak Interim Housing
Project ID	385
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	OGPdd7xX33
Project name (user-specified)	Lamplight I - Daybreak Interim Housing
Project type (user-specified)	Emergency Shelter
Organization Name	Single Room Housing Assistance Corporation
Organization ID	71
Project Name	Single Room Housing Assistance Corporation - Interim Housing Program for Families
Project ID	1305
HMIS Project Type	1
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	EOKmWGTS4W
Project name (user-specified)	Interim Housing Program for Families
Project type (user-specified)	Emergency Shelter
Organization Name	Olive Branch Mission
Organization ID	58
Project Name	Olive Branch Mission - Lamplight I - Interim Housing for Single Women
Project ID	380
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	bPpK4Hr0ku
Project name (user-specified)	Lamplight I - Interim Housing for Single Women

Project type (user-specified)	Emergency Shelter
Organization Name	The Boulevard Of Chicago: The Road to Health and Home
Organization ID	44
Project Name	The Boulevard Of Chicago: The Road to Health and Home - Respite / Assessment
Project ID	327
HMIS Project Type	2
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	RtyzASQT6e
Project name (user-specified)	The Road to Health and Home - Respite/Assessment
Project type (user-specified)	Transitional Housing
Organization Name	A Safe Haven
Organization ID	12
Project Name	A Safe Haven - Rapid Re-housing (RRH) Expansion Project
Project ID	1375
HMIS Project Type	13
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	RpwV0dRbF6
Project name (user-specified)	A Safe Haven - Rapid Re-housing (RRH) Expansion Project
Project type (user-specified)	PH - Rapid Re-Housing
Organization Name	Featherfist
Organization ID	23
Project Name	Featherfist - Rapid Re-housing (RRH) Expansion Project
Project ID	1373
HMIS Project Type	13
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	dWgflH4xmU
Project name (user-specified)	Featherfist - Rapid Re-housing (RRH) Expansion Project
Project type (user-specified)	PH - Rapid Re-Housing
Organization Name	Featherfist
Organization ID	23
Project Name	Featherfist - Rapid Re-housing (RRH) Program
Project ID	1510
HMIS Project Type	13
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	

Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	0wigmz2hes
Project name (user-specified)	Featherfist - Rapid Re-housing (RRH) Program
Project type (user-specified)	PH - Rapid Re-Housing
Organization Name	Heartland Human Care Services
Organization ID	35
Project Name	Heartland Human Care Services - Rapid Re-housing (RRH) Program
Project ID	1159
HMIS Project Type	13
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	vslh2YTUZW
Project name (user-specified)	Heartland Human Care Services - Rapid Re-housing (RRH) Program
Project type (user-specified)	PH - Rapid Re-Housing
Organization Name	Heartland Human Care Services
Organization ID	35
Project Name	Heartland Human Care Services - Rapid Re-housing (RRH) Expansion Project
Project ID	1369
HMIS Project Type	13
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	cBHZUKoQhQ
Project name (user-specified)	Heartland Human Care Services - Rapid Re-housing (RRH) Expansion Project
Project type (user-specified)	PH - Rapid Re-Housing
Organization Name	La Casa Norte
Organization ID	46
Project Name	La Casa Norte - Rapid Re-housing (RRH) Program
Project ID	1160
HMIS Project Type	13
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	uUcBftgHiD
Project name (user-specified)	La Casa Norte - Rapid Re-housing (RRH) Program
Project type (user-specified)	PH - Rapid Re-Housing
Organization Name	Urban Family Community Center
Organization ID	82
Project Name	Primo Center for Women & Children - Rapid Re-housing (RRH) Project

Project ID	1401
HMIS Project Type	13
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	T7V0H1U2v3
Project name (user-specified)	Primo Center for Women & Children - Rapid Re-housing (RRH) Project
Project type (user-specified)	PH - Rapid Re-Housing
Organization Name	Renaissance Social Services, Inc.
Organization ID	64
Project Name	Renaissance Social Services, Inc. - Rapid Re-housing (RRH) Expansion Project
Project ID	1370
HMIS Project Type	13
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	6oXWggHg3Z
Project name (user-specified)	Renaissance Social Services, Inc. - Rapid Re-housing (RRH) Expansion Project
Project type (user-specified)	PH - Rapid Re-Housing
Organization Name	AIDS Foundation of Chicago
Organization ID	96
Project Name	Center for Housing and Health - Rapid Re-housing (RRH) Program
Project ID	1156
HMIS Project Type	13
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	cU7aJLZa3q
Project name (user-specified)	Center for Health and Housing - Rapid Re-housing (RRH) Program
Project type (user-specified)	PH - Rapid Re-Housing
Organization Name	Good News Partners
Organization ID	29
Project Name	Good News Partners New Life Interim Housing
Project ID	249
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	Qd2rv5fAVN

Project name (user-specified)	New Life Interim Housing
Project type (user-specified)	Emergency Shelter
Organization Name	Olive Branch Mission
Organization ID	58
Project Name	Olive Branch Mission - Lamplight III Interim Housing for Families
Project ID	1335
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	acJmO4OuPn
Project name (user-specified)	Lamplight III - Interim Housing for Families
Project type (user-specified)	Emergency Shelter
Organization Name	Polish American Association
Organization ID	62
Project Name	Polish American Association - Turning Point Supportive Service Center
Project ID	393
HMIS Project Type	6
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	0
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	ZzLFF8o1FF
Project name (user-specified)	Turning Point Supportive Service Center
Project type (user-specified)	Services Only
Organization Name	Olive Branch Mission
Organization ID	58
Project Name	Olive Branch Mission - Lamplight I - Interim Housing for Families
Project ID	379
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	k3zO0Fuqtr
Project name (user-specified)	Lamplight I - Interim Housing for Families
Project type (user-specified)	Emergency Shelter
Organization Name	The Night Ministry
Organization ID	79
Project Name	The Night Ministry - The Crib Overnight Seasonal Shelter
Project ID	1004
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	

Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	aBWY2LFo05
Project name (user-specified)	The Crib Overnight Seasonal Shelter
Project type (user-specified)	Emergency Shelter
Organization Name	San Jose Obrero Mission
Organization ID	69
Project Name	San Jose Obrero Mission - Men in Crisis
Project ID	420
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	vKmYFthEUu
Project name (user-specified)	Men in Crisis
Project type (user-specified)	Emergency Shelter
Organization Name	Institute of Women Today
Organization ID	42
Project Name	Institute of Women Today - Believe
Project ID	1141
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	iSTV3eDf87
Project name (user-specified)	Believe
Project type (user-specified)	Emergency Shelter
Organization Name	You Can Make It
Organization ID	88
Project Name	You Can Make It - Interim House for Women and Children
Project ID	652
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	qDJwX6cjkp
Project name (user-specified)	Interim Housing for Women and Children
Project type (user-specified)	Emergency Shelter
Organization Name	Urban Family Community Center
Organization ID	82
Project Name	Primo Center for Women & Children

Project ID	483
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	HvhYvX3OtB
Project name (user-specified)	Primo Center for Women and Children
Project type (user-specified)	Emergency Shelter
Organization Name	Urban Family Community Center
Organization ID	82
Project Name	Primo Center for Women and Children - Homan
Project ID	1310
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	ivzkUL4sLL
Project name (user-specified)	Primo Center for Women and Children - Homan
Project type (user-specified)	Emergency Shelter
Organization Name	A Safe Haven
Organization ID	12
Project Name	A Safe Haven - West
Project ID	1139
HMIS Project Type	1
Method of Tracking ES	0
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	It0bLpLNFP
Project name (user-specified)	A Safe Haven Foundation - West
Project type (user-specified)	Emergency Shelter
Organization Name	Department of Family and Support Services (DFSS)
Organization ID	1190
Project Name	Department of Family and Support Services - North Area - Independent Living Program
Project ID	998
HMIS Project Type	6
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	0
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	E90jepNy9b

Project name (user-specified)	Department of Family and Support Services - North Area - Independent Living Program (HMIS IC 998)
Project type (user-specified)	Services Only
Organization Name	Connections for Abused Women and their Childern
Organization ID	
Project Name	Greenhouse Shelter
Project ID	
HMIS Project Type	1
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	AEsQIWNQZz
Project name (user-specified)	Greenhouse Shelter
Project type (user-specified)	Emergency Shelter
Organization Name	Neopolitan Lighthouse
Organization ID	
Project Name	Women and Children Domestic Violence Shelter Program
Project ID	
HMIS Project Type	1
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	t9xE8uFvny
Project name (user-specified)	Neapolitan Lighthouse
Project type (user-specified)	Emergency Shelter
Organization Name	CDHS
Organization ID	116
Project Name	CDHS Rental Assistance Program
Project ID	571
HMIS Project Type	12
Method of Tracking ES	
Is the Services Only (HMIS Project Type 6) affiliated with a residential project?	
Identify the Project ID's of the Housing Projects this Project is Affiliated with	
CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	wC61tPeJvp
Project name (user-specified)	CDHS Rental Assistance Program (HMIS ID: 571)
Project type (user-specified)	Homelessness Prevention
Organization Name	Catholic Charities
Organization ID	
Project Name	HPCC (644)
Project ID	
HMIS Project Type	12
Method of Tracking ES	

Is the Services Only (HMIS Project Type 6) affiliated with a residential project?

Identify the Project ID's of the Housing Projects this Project is Affiliated with

CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	cbJWoptxV3
Project name (user-specified)	HPCC
Project type (user-specified)	Homelessness Prevention
Organization Name	The Salvation Army
Organization ID	68
Project Name	The Salvation Army - Evangeline Booth Lodge
Project ID	415
HMIS Project Type	1

Method of Tracking ES

Is the Services Only (HMIS Project Type 6) affiliated with a residential project?

Identify the Project ID's of the Housing Projects this Project is Affiliated with

CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	UnR35puT15
Project name (user-specified)	Evangeline Booth Lodge
Project type (user-specified)	Emergency Shelter
Organization Name	The Salvation Army - EHARC
Organization ID	1498
Project Name	The Salvation Army - EHARC
Project ID	1498
HMIS Project Type	1

Method of Tracking ES

Is the Services Only (HMIS Project Type 6) affiliated with a residential project?

Identify the Project ID's of the Housing Projects this Project is Affiliated with

CSV Exception?	No
Uploaded via emailed hyperlink?	Yes
Email unique ID record link	NeYXoHFzeZ
Project name (user-specified)	EHARC
Project type (user-specified)	Emergency Shelter

Q05a: Report Validations Table

Total Number of Persons Served	36099
Number of Adults (Age 18 or Over)	19676
Number of Children (Under Age 18)	16337
Number of Persons with Unknown Age	86
Number of Leavers	4928
Number of Adult Leavers	2907
Number of Adult and Head of Household Leavers	2926
Number of Stayers	1856
Number of Adult Stayers	1076
Number of Veterans	667
Number of Chronically Homeless Persons	350
Number of Youth Under Age 25	708
Number of Parenting Youth Under Age 25 with Children	272
Number of Adult Heads of Household	14891
Number of Child and Unknown-Age Heads of Household	27
Heads of Households and Adult Stayers in the Project 365 Days or More	119

Q06a: Data Quality: Personally Identifying Information (PII)

Data Element	Client Doesn't Know/Refused	Information Missing	Data Issues	% of Error Rate
Name	3	1	2	0.00 %
Social Security Number	808	27	105	0.03 %
Date of Birth	41	50	47	0.00 %
Race	34	47	0	0.00 %
Ethnicity	19	44	0	0.00 %
Gender	0	46	0	0.00 %
Overall Score				0.03 %

Q06b: Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status	5	0.03 %
Project Start Date	0	0.00 %
Relationship to Head of Household	279	0.77 %
Client Location	4	0.03 %
Disabling Condition	170	0.47 %

Q06c: Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination	177	3.59 %
Income and Sources at Start	85	0.57 %
Income and Sources at Annual Assessment	28	23.53 %
Income and Sources at Exit	46	1.57 %

Q06d: Data Quality: Chronic Homelessness

	Count of Total Records	Missing Time in Institution	Missing Time in Housing	Approximate Date Started DK/R/missing	Number of Times DK/R/missing	Number of Months DK/R/missing	% of Records Unable to Calculate
ES, SH, Street Outreach	1764	0	0	140	128	127	0.09
TH	319	0	0	0	0	0	0.00
PH (All)	312	1	0	8	42	13	0.14
Total	2395	0	0	0	0	0	0.09

Q06e: Data Quality: Timeliness

	Number of Project Entry Records	Number of Project Exit Records
0 days	1613	922
1-3 Days	2150	830
4-6 Days	512	209
7-10 Days	355	161
11+ Days	1673	2476

Q06f: Data Quality: Inactive Records: Street Outreach & Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	--
Bed Night (All Clients in ES - NBN)	0	0	--

Q07a: Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	3896	15504	6877	6299	45
Children	2947	15780	2912	14	21
Client Doesn't Know/ Client Refused	41	0	0	0	41
Data Not Collected	45	0	0	0	45
Total	6659	31259	9544	6313	152

Q08a: Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	14918	7182	7703	0	33

Q08b: Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	976	613	358	0	5
April	829	523	301	0	5
July	836	520	308	0	8
October	872	519	345	0	8

Q09a: Number of Persons Contacted

	All Persons Contacted	First contact – NOT staying on the Streets, ES, or SH	First contact – WAS staying on Streets, ES, or SH	First contact – Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	0	0	0	0

Q09b: Number of Persons Engaged

	All Persons Contacted	First contact – NOT staying on the Streets, ES, or SH	First contact – WAS staying on Streets, ES, or SH	First contact – Worker unable to determine
Once	0	0	0	0
2-5 Contacts	0	0	0	0
6-9 Contacts	0	0	0	0
10+ Contacts	0	0	0	0
Total Persons Engaged	0	0	0	0
Rate of Engagement	0.00	0.00	0.00	0.00

Q10a: Gender of Adults

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	4087	3082	995	10
Female	11105	4097	7083	34
Trans Male (FTM or Female to Male)	25	23	2	0
Trans Female (MTF or Male to Female)	7	6	1	0
Gender Non-Conforming (i.e. not exclusively male or female)	2	2	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	2	0	1	1
Subtotal	15228	7185	7998	45

Q10b: Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	1470	1451	7	12
Female	1484	1468	7	9
Trans Male (FTM or Female to Male)	2	2	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	1	1	0	0
Subtotal	2786	2751	14	21

Q10c: Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	20	0	0	0	20
Female	22	0	0	0	22
Trans Male (FTM or Female to Male)	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected	45	0	1	0	44
Subtotal	86	0	0	0	86

Q10d: Gender by Age Ranges

	Total	Under Age 18	Age 18-24	Age 25-61	Age 62 and over	Client Doesn't Know/ Client Refused	Data Not Collected
Male	5487	1453	365	3280	442	19	1
Female	12528	1476	1293	9155	777	22	2
Trans Female (MTF or Male to Female)	27	2	10	15	0	0	0
Trans Male (FTM or Female to Male)	7	0	5	2	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	2	0	2	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0	0
Data Not Collected	47	1	0	1	0	0	45
Subtotal	18098	2786	1649	12355	1219	41	48

Q11: Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	1096	0	1081	5	10
5 - 12	1260	0	1246	5	9
13 - 17	430	0	424	4	2
18 - 24	1650	608	1033	0	9
25 - 34	4474	1078	3374	0	22
35 - 44	3175	1037	2130	0	8
45 - 54	2809	1828	976	0	5
55 - 61	1897	1564	332	0	1
62+	1219	1043	176	0	0
Client Doesn't Know/Client Refused	43	0	0	0	43
Data Not Collected	45	0	0	0	45
Total	18098	7158	10772	14	154

Q12a: Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	2091	1066	1021	2	2
Black or African American	15005	5763	9155	12	75
Asian	114	40	73	0	1
American Indian or Alaska Native	388	130	258	0	0
Native Hawaiian or Other Pacific Islander	113	43	70	0	0
Multiple Races	133	48	83	0	2
Client Doesn't Know/Client Refused	200	69	104	0	27
Data Not Collected	54	4	5	0	45
Total	18098	7163	10769	14	152

Q12b: Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	16265	6569	9601	12	83
Hispanic/Latino	1769	590	1171	2	6
Client Doesn't Know/Client Refused	20	0	1	0	19
Data Not Collected	44	0	0	0	44
Total	18098	7159	10773	14	152

Q13a1: Physical and Mental Health Conditions at Start

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	552	404	148	0	0
Alcohol Abuse	65	61	4	0	0
Drug Abuse	126	118	8	0	0
Both Alcohol and Drug Abuse	234	232	2	0	0
Chronic Health Condition	476	397	79	0	0
HIV/AIDS	117	114	3	0	0
Developmental Disability	98	34	64	0	0
Physical Disability	493	433	60	0	0

Q13b1: Physical and Mental Health Conditions at Exit

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	423	298	124	0	1
Alcohol Abuse	46	42	4	0	0
Drug Abuse	108	102	6	0	0
Both Alcohol and Drug Abuse	191	189	2	0	0
Chronic Health Condition	395	327	68	0	0
HIV/AIDS	99	98	1	0	0
Developmental Disability	76	25	51	0	0
Physical Disability	390	334	56	0	0

Q13c1: Physical and Mental Health Conditions for Stayers

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	150	110	40	0	0
Alcohol Abuse	22	22	0	0	0
Drug Abuse	23	20	3	0	0
Both Alcohol and Drug Abuse	43	43	0	0	0
Chronic Health Condition	82	71	11	0	0
HIV/AIDS	19	17	2	0	0
Developmental Disability	24	10	14	0	0
Physical Disability	110	102	8	0	0

Q14a: Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	1444	530	914	0	0
No	3188	1792	1370	0	26
Client Doesn't Know/Client Refused	4	3	1	0	0
Data Not Collected	15067	9226	5821	0	20
Total	19703	11551	8106	0	46

Q14b: Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	1214	405	809	0	0
No	10741	4960	5781	0	0
Client Doesn't Know/Client Refused	9	3	6	0	0
Data Not Collected	142	45	97	0	0
Total	11997	5388	6609	0	0

Q15: Living Situation

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations	0	0	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1655	904	730	0	21
Transitional housing for homeless persons (including homeless youth)	118	54	62	0	2
Place not meant for habitation	530	502	25	0	3
Safe Haven	22	17	5	0	0
Interim Housing	145	14	129	0	2
Subtotal	2463	1484	951	0	28
Institutional Settings	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	10	10	0	0	0
Substance abuse treatment facility or detox center	23	22	1	0	0
Hospital or other residential non-psychiatric medical facility	24	23	1	0	0
Jail, prison or juvenile detention facility	22	22	0	0	0
Foster care home or foster care group home	1	0	1	0	0
Long-term care facility or nursing home	2	2	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	82	79	3	0	0
Other Locations	0	0	0	0	0
Permanent housing (other than RRH) for formerly homeless persons	2	1	1	0	0
Owned by client, no ongoing housing subsidy	67	14	53	0	0
Owned by client, with ongoing housing subsidy	2	0	2	0	0
Rental by client, no ongoing housing subsidy	566	314	250	0	2
Rental by client, with VASH subsidy	1	1	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	13	4	9	0	0
Hotel or motel paid for without emergency shelter voucher	10	5	5	0	0
Staying or living in a friend's room, apartment or house	131	65	63	0	3
Staying or living in a family member's room, apartment or house	412	91	314	0	7
Client Doesn't Know/Client Refused	9	4	5	0	0
Data Not Collected	22	4	13	0	5
Subtotal	1050	392	641	0	17
Total	3814	2089	1679	0	46

Q20a: Type of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutritional Assistance Program	2230	93	1682
WIC	54	6	44
TANF Child Care Services	8	0	7
TANF Transportation Services	4	0	5
Other TANF-Funded Services	8	1	7
Other Source	36	1	36

Q21: Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
Medicaid	4261	96	3167
Medicare	60	3	175
State Children's Health Insurance Program	237	0	231
VA Medical Services	141	0	356
Employer Provided Health Insurance	90	0	69
Health Insurance Through COBRA	15	0	13
Private Pay Health Insurance	54	0	42
State Health Insurance for Adults	105	0	102
Indian Health Services Program	11	0	12
Other	68	0	54
No Health Insurance	1464	12	1062
Client Doesn't Know/Client Refused	3	0	2
Data Not Collected	239	0	124
Number of Stayers Not Yet Required to Have an Annual Assessment	94	1535	0
1 Source of Health Insurance	4839	97	3375
More than 1 Source of Health Insurance	132	1	131

Q22a2: Length of Participation – ESG Projects

	Total	Leavers	Stayers
0 to 7 days	673	617	56
8 to 14 days	374	308	66
15 to 21 days	342	248	94
22 to 30 days	349	273	76
31 to 60 days	772	539	233
61 to 90 days	801	514	287
91 to 180 days	1643	1170	473
181 to 365 days	1333	989	344
366 to 730 days (1-2 Yrs)	397	248	149
731 to 1,095 days (2-3 Yrs)	33	12	21
1,096 to 1,460 days (3-4 Yrs)	4	4	0
1,461 to 1,825 days (4-5 Yrs)	6	6	0
More than 1,825 days (> 5 Yrs)	0	0	0
Data Not Collected	0	0	0
Total	6727	4928	1799

Q22c: RRH Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	34	17	17	0	0
8 to 14 days	16	14	2	0	0
15 to 21 days	33	22	11	0	0
22 to 30 days	70	20	50	0	0
31 to 60 days	207	86	121	0	0
61 to 180 days	129	64	65	0	0
181 to 365 days	17	17	0	0	0
366 to 730 days (1-2 Yrs)	1	1	0	0	0
Data Not Collected	240	121	114	1	4
Total	747	362	380	1	4

Q22d: Length of Participation by Household Type

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	572	228	315	1	28
8 to 14 days	309	91	213	0	5
15 to 21 days	256	75	173	1	7
22 to 30 days	291	75	215	0	1
31 to 60 days	741	266	465	0	10
61 to 90 days	742	206	488	6	42
91 to 180 days	1619	395	1189	3	32
181 to 365 days	1333	415	899	3	16
366 to 730 days (1-2 Yrs)	397	215	171	0	11
731 to 1,095 days (2-3 Yrs)	33	4	29	0	0
1,096 to 1,460 days (3-4 Yrs)	4	0	4	0	0
1,461 to 1,825 days (4-5 Yrs)	6	1	5	0	0
More than 1,825 days (> 5 Yrs)	0	0	0	0	0
Data Not Collected	0	0	0	0	0
Total	6303	1971	4166	14	152

Q23a: Exit Destination – More Than 90 Days

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	9	4	5	0	0
Owned by client, with ongoing housing subsidy	2	1	1	0	0
Rental by client, no ongoing housing subsidy	336	112	224	0	0
Rental by client, with VASH housing subsidy	3	3	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	11	7	4	0	0
Permanent housing (other than RRH) for formerly homeless persons	30	30	0	0	0
Staying or living with family, permanent tenure	4	1	3	0	0
Staying or living with friends, permanent tenure	2	2	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Subtotal	397	160	237	0	0
Temporary Destinations	0	0	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	11	3	8	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	2	2	0	0	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	6	2	4	0	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	1	1	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	1	1	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Subtotal	21	9	12	0	0
Institutional Settings	0	0	0	0	0
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	2	2	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	0
Jail, prison, or juvenile detention facility	2	2	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	5	5	0	0	0
Other Destinations	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	1	1	0	0	0
Other	4	4	0	0	0
Client Doesn't Know/Client Refused	1	1	0	0	0
Data Not Collected (no exit interview completed)	13	11	2	0	0
Subtotal	19	17	2	0	0
Total	442	191	251	0	0
Total persons exiting to positive housing destinations	397	160	237	0	0
Total persons whose destinations excluded them from the calculation	2	2	0	0	0
Percentage	90.23 %	84.66 %	94.42 %	--	--

Q23b: Exit Destination – 90 Days or Less

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	6	5	0	1	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	6	4	2	0	0
Permanent housing (other than RRH) for formerly homeless persons	22	22	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	2	2	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Subtotal	36	33	2	1	0
Temporary Destinations	0	0	0	0	0
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	34	15	19	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	9	4	5	0	0
Staying or living with family, temporary tenure (e.g. room, apartment or house)	5	1	4	0	0
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	1	1	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	5	5	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Subtotal	54	26	28	0	0
Institutional Settings	0	0	0	0	0
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Destinations	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	2	2	0	0	0
Other	5	3	2	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	7	6	0	0	1
Subtotal	14	11	2	0	1
Total	104	70	32	1	1
Total persons exiting to positive housing destinations	36	33	2	1	0
Total persons whose destinations excluded them from the calculation	2	2	0	0	0
Percentage	35.29 %	48.53 %	6.25 %	100.00 %	0.00 %

Q23c: Exit Destination – All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	35	5	30	0	0
Owned by client, with ongoing housing subsidy	7	0	7	0	0
Rental by client, no ongoing housing subsidy	879	328	546	2	3
Rental by client, with VASH housing subsidy	18	4	10	0	4
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	317	38	274	0	5
Permanent housing (other than RRH) for formerly homeless persons	30	14	16	0	0
Staying or living with family, permanent tenure	291	22	266	1	2
Staying or living with friends, permanent tenure	35	8	27	0	0
Rental by client, with RRH or equivalent subsidy	38	0	38	0	0
Subtotal	1650	419	1214	3	14
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	419	40	356	2	21
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	89	56	21	0	12
Staying or living with family, temporary tenure (e.g. room, apartment or house)	485	104	375	2	4
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	126	53	67	0	6
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	38	37	0	0	1
Safe Haven	6	1	5	0	0
Hotel or motel paid for without emergency shelter voucher	6	4	2	0	0
Subtotal	1169	295	826	4	44
Foster care home or group foster care home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	2	2	0	0	0
Substance abuse treatment facility or detox center	71	71	0	0	0
Hospital or other residential non-psychiatric medical facility	33	22	9	0	2
Jail, prison, or juvenile detention facility	10	1	9	0	0
Long-term care facility or nursing home	4	4	0	0	0
Subtotal	120	100	18	0	2
Residential project or halfway house with no homeless criteria	2	2	0	0	0
Deceased	4	3	1	0	0
Other	842	365	470	0	7
Client Doesn't Know/Client Refused	161	27	127	0	7
Data Not Collected (no exit interview completed)	296	66	192	0	38
Subtotal	1305	463	790	0	52
Total	4244	1277	2848	7	112
Total persons exiting to positive housing destinations	1147	256	874	3	14
Total persons whose destinations excluded them from the calculation	40	29	9	0	2

Q24: Homelessness Prevention Housing Assessment at Exit

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Able to maintain the housing they had at project start--Without a subsidy	54	26	28	0	0
Able to maintain the housing they had at project start--With the subsidy they had at project start	110	32	78	0	0
Able to maintain the housing they had at project start--With an on-going subsidy acquired since project start	0	0	0	0	0
Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy	9	2	7	0	0
Moved to new housing unit--With on-going subsidy	0	0	0	0	0
Moved to new housing unit--Without an on-going subsidy	3	0	3	0	0
Moved in with family/friends on a temporary basis	0	0	0	0	0
Moved in with family/friends on a permanent basis	0	0	0	0	0
Moved to a transitional or temporary housing facility or program	0	0	0	0	0
Client became homeless – moving to a shelter or other place unfit for human habitation	0	0	0	0	0
Client went to jail/prison	0	0	0	0	0
Client died	1	0	1	0	0
Client doesn't know/Client refused	0	0	0	0	0
Data not collected (no exit interview completed)	380	124	256	0	0
Total	557	184	373	0	0

Q25a: Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	37	37	0	0
Non-Chronically Homeless Veteran	190	182	8	0
Not a Veteran	3720	1800	1878	42
Client Doesn't Know/Client Refused	0	0	0	0
Data Not Collected	4	0	1	3
Total	3951	2019	1887	45

Q26b: Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	346	314	29	0	0
Not Chronically Homeless	5547	1549	3962	5	31
Client Doesn't Know/Client Refused	25	22	3	0	0
Data Not Collected	388	86	172	9	121
Total	6303	1971	4166	14	152

Appendix IV

Summary of Public Hearing Comments

SUMMARY OF PUBLIC COMMENTS

A Public Hearing was held on March 12, 2018 at the Children’s Advocacy Center. The Hearing gave citizens the opportunity to comment on the 2017 Draft Comprehensive Annual Performance and Evaluation Report (CAPER) and provide input on developing the 2019 Annual Action Plan. The 15-day public comment period for the CAPER occurred March 6, 2018 through March 21, 2018. A summary of Public and written comments received during the comment period follows.

	Individual	Organization	Summary of Comments and Responses
1.	Melissa Siemasz	Chicago Children’s Advocacy Center	<p>I work here at Chicago CAC as the government affairs officer. And Chicago CAC receives funds from the Department of Public Health through the CDBG grant that funds three therapist positions and a clinical supervisor in our Family Hope Center, which is right down the hall. I'm sure you've heard some kiddo running back and forth and giggling. So those funds allow us to provide mental health services for children who've been sexually abused as well as their caregivers and siblings. So last year with these grant funds, we provided services to 85 children as well as their families and caregivers. And we've been receiving these funds for three years now. We're in our fourth year of that grant. And we will be reapplying shortly as well and hope to continue to be able to be a beneficiary of those funds.</p> <p>City Response from the Office of Budget and Management: Thank you for your comments.</p>
2.	Maurice Perkins	N/A	<p>I'm actually here because I wanted to get some information and also talk about what we're trying to do on the Robert Taylor Corridor as well. And I'm going to be dealing with the office of budget, planning, and disabilities as well because we're going to be trying to create a major project. So the State Street Corridor is still kind of barren, and we don't have any entrepreneur activity, not any major housing development or senior component or veteran housing. And we think there may be an opportunity at this point to get some of that stuff on board. So that's why we're here. And we're asking for your help as well. Anything you could offer to us to and let us know, guide us in the right direction. You guys are the bureaucrats. So I know you know something.</p> <p>City Response from the Office of Budget and Management: Thank you for your comments.</p>

SUMMARY OF PUBLIC COMMENTS

A Public Hearing was held on March 12, 2018 at the Children’s Advocacy Center. The Hearing gave citizens the opportunity to comment on the 2017 Draft Comprehensive Annual Performance and Evaluation Report (CAPER) and provide input on developing the 2019 Annual Action Plan. The 15-day public comment period for the CAPER occurred March 6, 2018 through March 21, 2018. A summary of Public and written comments received during the comment period follows.

3	Zehra Quadri	ZAM's Hope Community Resource Center	<p>I'm very thankful and happy that we are receiving support from the City of Chicago for 13-14 years. And in our neighborhood, actually refugees are moving in. There's so many refugees and so many problems. The language barrier. They don't want to go to school because of bullying. And all these types of programs that we support without funding from City of Chicago, but it's just like private funding. We have a commercial kitchen. We are not receiving any type of funding, but we are serving from private funding. City of Chicago, we are very thankful that they gave us money to build a commercial kitchen and remodel our agency. And we are very thankful. We are happy. We are using that facility very well. But we are not receiving money for disabled seniors, especially meal and wheels program. And sometimes we have the Halal meat program that residents require. There is nothing in our neighborhood. So, again, we are very thankful for City of Chicago doing a phenomenal job, and very special thanks to Department of Public – Planning and Development Department. And I'm requesting, especially from you, can you please, you know, consider or send somebody for site visit or talk to our neighborhood clients, please.</p> <p>City Response from the Office of Budget and Management: Thank you for your testimony.</p>
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