

2010 CAPER SUBMISSION

FOR THE PERIOD OF MAY 1, 2010 – APRIL 30, 2011

HOPWA WORKSHEET

**INFORMATION ON INDIVIDUALS, BENEFICIARIES &
HOUSEHOLDS RECEIVING HOPWA HOUSING ASSISTANCE**

Grantee Name City of Buffalo NY	Program Year for this report <i>From (mm/dd/yy)</i> 5/1/10 <i>To (mm/dd/yy)</i> 4/30/11
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Part 1: Summary Overview of Grant Activities: Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Assistance

Section 1. HOPWA-Eligible Individuals.

Chart a. Individuals Served with Housing Assistance	Total
Total number of individuals with HIV/AIDS who received HOPWA housing assistance	226

Chart b. Special Needs	Total
Number of HOPWA eligible individuals served with Housing Assistance who are veterans?	0
Number of HOPWA eligible individuals served with Housing Assistance who were chronically homeless?	7

Chart c. Prior Living Situation: Indicate the prior living arrangements for all eligible individuals, referenced in Chart a, who received HOPWA housing assistance. *Note: The total number of eligible individuals served in Row 17 should equal the total number of individuals served through housing assistance reported in Chart a above.*

Category		Number of HOPWA Eligible Individuals Served with Housing Assistance
1.	<u>Continuing</u> to receive HOPWA support from the prior operating year	51
New Individuals who received HOPWA Housing 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)	3
3.	Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	2
4.	Transitional housing for homeless persons	1
5.	Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	0
6.	Psychiatric hospital or other psychiatric facility	0
7.	Substance abuse treatment facility or detox center	0
8.	Hospital (non-psychiatric facility)	0
9.	Foster care home or foster care group home	0
10.	Jail, prison or juvenile detention facility	1
11.	Rented room, apartment, or house	114
12.	House you own	109
13.	Staying or living in someone else's (family and friends) room, apartment, or house	14
14.	Hotel or motel paid for without emergency shelter voucher	6
15.	Other	1
16.	Don't Know or Refused	51
17.	TOTAL (sum of items 1-16)	353

Section 2. HOPWA Beneficiaries.

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

Individuals and Families Served with Housing Assistance	Total Number
1. Number of individuals with HIV/AIDS who received HOPWA housing assistance (Chart a page 4)	226
2. Number of other persons residing with the above eligible individuals in HOPWA-assisted housing	165
3. TOTAL number of <u>beneficiaries</u> served with Housing Assistance (Rows 1 + 2)	391

In Charts b and c below, indicate the age, gender, race and ethnicity for all beneficiaries referenced in Chart a. *Note: The sum of each of the following charts should equal the total number of beneficiaries served with HOPWA housing assistance (in Chart a, Row 3).*

Chart b. Age and Gender

Category		Male	Female
1.	Under 18	10	12
2.	18 to 30 years	14	15
3.	31 to 50 years	52	64
4.	51 years and Older	35	17

Chart c. Race and Ethnicity*

	Category	Total Beneficiaries Served with Housing Assistance	Total Beneficiaries also identified as Hispanic or Latino		Category	Total Beneficiaries Served with Housing Assistance	Total Beneficiaries also identified as Hispanic or Latino
1.	American Indian/ Alaskan Native	0	0	6.	American Indian/ Alaskan Native & White	0	0
2.	Asian	0	0	7.	Asian & White	0	0
3.	Black/African American	137	4	8.	Black/African American and White	0	0
4.	Native Hawaiian/Other Pacific Islander	0	0	9.	American Indian/ Alaskan Native & Black/African American	0	0
5.	White	48	7	10.	Other Multi-Racial	24	19

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

Section 3. Household Income

Household Area Median Income. Report the area median income(s) for all households served with HOPWA housing assistance. The total number of households served with housing assistance should equal total households reported in Part 3C, Section 1, Line 6 of the CAPER. *Note: Refer to www.hud.gov for information on area median income in your community.*

Percentage of Area Median Income		Households Served with Housing Assistance
1.	0-30% of area median income (extremely low)	112
2.	31-50% of area median income (very low)	16
3.	51-60% of area median income (low)	1
4.	61-80% of area median income (low)	0

Part 2: Summary of Project Sponsor Information- Facility-based Housing Assistance

Complete this following section for each facility being developed or supported through HOPWA funds.

In Chart 1, provide the name of the organization designated or selected to serve as a project sponsor, as defined by CFR 574.3. This should correspond to information reported in Part 1, Chart 2 of the CAPER.

1. Project Sponsor Agency Name

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Complete the following section for each facility being developed or supported through HOPWA funds. Complete Charts 2a Project Site Information and 2b Type of Capital Development Project Units for all development projects, current or previous. Charts 3a and 3b are required for each facility. In Chart 2a, and 2b, indicate the type of facility and number of units in each facility. If no expenditures were reported but the 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) the project sponsor should complete the “HOPWA Housing Project Certification of Continued Usage Form” at the end of the report.

2. Capital Development

2a. Project Site Information for Capital Development of Projects (For Capital Development Projects only)

Type of Development	HOPWA Funds Expended	Non-HOPWA funds Expended	Type of Facility [Check <u>only one</u> box.]
<input type="checkbox"/> New construction	\$	\$	<input type="checkbox"/> Permanent housing
<input type="checkbox"/> Rehabilitation	\$	\$	<input type="checkbox"/> Short-term Shelter or Transitional housing
<input type="checkbox"/> Acquisition	\$	\$	<input type="checkbox"/> Supportive services only facility
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. Type of Capital Development Project Units (For Capital Development Projects only)

For units entered above (1 a) please list the number of HOPWA units that fulfill the following criteria.

	Designated for the chronically homeless	Designated for assist the homeless	Energy-Star Compliant	504 Accessible	Years of affordability (IN YEARS)
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 sponsor

Indicate the type and number of housing units in the facility, categorized by the number of bedrooms per unit. *Note: The number of units may not equal the total number of households served. Please complete this page for each housing facility assisted.*

3a. Check one only.

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

3b. Type of Facility

Type of housing facility operated by the project sponsor		Total Number of Units Operated in the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/0 bdrm	1 bdrm	2bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling	50				
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility. Specify:					

Send CAPER Beneficiary worksheets to your HUD Field Office and HUD Headquarters at (HOPWA@hud.gov)