HUD HOPWA Data List for New Consolidated APR/CAPER

**Table of Contents**

[Access to Care Reporting / Prior Living Reporting 1](#_Toc52446885)

[Capital Development Reporting 2](#_Toc52446886)

[Contact Information Individual 3](#_Toc52446887)

[Contact Information Business 3](#_Toc52446888)

[Demographic Reporting 4](#_Toc52446889)

[Exit Status 5](#_Toc52446890)

[Facility 6](#_Toc52446891)

[Facility Unit Type 6](#_Toc52446892)

[Grantee Specific Information 7](#_Toc52446893)

[Leveraging 7](#_Toc52446894)

[Narratives 8](#_Toc52446895)

[Performance Reporting 9](#_Toc52446896)

[Sponsor Information 11](#_Toc52446897)

[Supportive Services 11](#_Toc52446898)

[Stewardship 11](#_Toc52446899)

[VAWA Violence Against Women Act (VAWA) Reporting 11](#_Toc52446900)

[No Longer Collected 12](#_Toc52446901)

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| --- | --- | --- | --- |
| **Field Name** | **Data Type** | **Status** | **Description** |
| Access to Care Reporting / Prior Living Reporting | | | |
| ATC\_CM\_HH | Number | Current | How many households had contact with a case manager? |
| ATC\_Housing\_CM\_HH | Number | Current | How many households received both Housing **and** HOPWA Funded Case Management? |
| ATC\_Housing\_HH | Number | Current | How many households developed a housing plan for maintaining or establishing stable housing? |
| ATC\_Cont\_Rec\_HOPWA\_HH | Number | Current | How many households continued receiving HOPWA housing subsidy assistance from the previous year? |
|  |
| ATC\_Employment\_HH | Number | Current | How many households obtained/maintained an income-producing job during the program year (with or without any HOPWA-related assistance)? |  |
| ATC\_Foster\_Care | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of a foster care home? |  |
| ATC\_SS\_Actual\_HH | Number | New | How many households received both HOPWA Housing and HOPWA Supportive Services? |  |
| ATC\_Hospital | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of a non-psychiatric hospital? |  |
| ATC\_Hotel | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of a hotel or motel paid for by the individual? |  |
| ATC\_House\_Owned | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of a house the individual owns? |  |
| ATC\_Income\_HH | Number | Current | How many households accessed or maintained qualification for sources of income? |  |
| ATC\_Ins\_HH | Number | Current | How many households accessed and maintained medical insurance and/or assistance? |  |
| ATC\_Jail | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of jail, prison, or juvenile detention facility? |  |
| ATC\_New\_Chronic\_Homeless | Number | Current | Of the new individuals served in HOPWA Housing during this program year that reported a prior living situation of homelessness, how many of them also meet the definition of experiencing chronic homelessness? |  |
| ATC\_New\_Vets | Number | Current | Of the new individuals served in HOPWA Housing during this program year that reported a prior living situation of homelessness, how many of them are veterans? |  |
| ATC\_No\_Hum\_Habit | Number | Current | Of the new individuals served in HOPWA Housing during this program year, howmany reported a prior living situation of a place not meant for human habitation? |  |
| ATC\_Oth | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from any other prior living situation? |  |
| ATC\_Permanent | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of a permanent housing situation for formerly homeless persons? |  |
| ATC\_Prim\_Care\_HH | Number | Current | How many households had contact with a primary health care provider? |  |
| ATC\_Psych | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of a psychiatric hospital or other psychiatric facility? |  |
| ATC\_Refused | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance didn't report / refused to report their prior living situation? |  |
| ATC\_Rent\_Room | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of a rented room? |  |
| ATC\_Staying\_Friend | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of staying at someone else's house? |  |
| ATC\_Subs\_Abuse | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of a substance abuse facility? |  |
| ATC\_Trans\_Hous | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from a prior living situation of a transitional housing facility for persons experiencing homelessness? |  |
| ATC\_From\_ES | Number | Current | How many individuals newly receiving HOPWA Housing Subsidy Assistance came from an emergency shelter? |  |
| Capital Development Reporting Data elements collected for each facility-based capital development project developed by grantee/project sponsor | | | |  |
| CDF\_AMT\_Final\_Value | Number | Current | For facilities being rehabilitated, what is the final value of the building after rehabilitation is complete? |  |
| CDF\_AMT\_Rehab | Number | Current | For facilities being rehabilitated, what was the total amount of funding spent on rehabilitation? |  |
| CDF\_DT\_End | Text | Current | For capital development facilities, what date was the construction/rehabilitation completed? |  |
| CDF\_DT\_Occupy | Text | Current | For capital development facilities, what date did residents begin to occupy the facility? |  |
| CDF\_DT\_Pur\_Lease | Text | Current | For capital development facilities, what is the purchase/lease date of the property? |  |
| CDF\_DT\_Start\_CR | Text | Current | For capital development facilities, what is the date the construction/rehabilitation started? |  |
| CDF\_DT\_Start\_SS | Text | Current | For capital development facilities, what date did the supportive services begin? |  |
| CDF\_Facility\_In\_Svc\_YN | Text | New | Was the development facility placed into service during this program year? |  |
| CDF\_Wait\_List\_HH | Number | Current | For capital development facilities with a waiting list, how many households are on the waiting list? |  |
| CDF\_Actual\_Units | Number | Current | How many total units (HOPWA and non-HOPWA units) were developed in this facility? |  |
| CDF\_Type\_Dev | Text | Current | What type of development was funded (rehabilitation, acquisition, etc.)? |  |
| CDF\_Type\_Units | Text | Current | What type of housing (Permanent/Transitional) was developed? |  |
| CDF\_Units\_Dev\_HOPWA | Number | Current | How many units in this facility were developed with HOPWA Funds? |  |
| CDF\_Units\_In\_Svc | Number | Current | If the facility was placed into service during this year, how many total units were placed into service? |  |
| CDF\_Wait\_YN | Text | Current | For capital development facilities, is there a waiting list maintained for the facility? |  |
| CDF\_Facility\_Name | Text | Current | What is the name of the capital development housing facility? |  |
| Contact Information IndividualData elements collected for each of the following contacts at Grantee, Project Sponsor, and Stewardship Facilities organizations: Authorizing Official; Primary Program Contact; Secondary Program Contact; Accomplishment Reporting (APR/CAPER) Contact; IDIS User; HMIS Contact; Contact for Individuals Seeking Services | | | |  |
| CII\_Name | Text | New | What is the contact's name? |  |
| CII\_Title | Text | New | What is the contact's title? |  |
| CII\_Dept | Text | New | In what department does the contact work? |  |
| CII\_Email | Text | New | What is the contact's email? |  |
| CII\_Phone | Text | New | What is the contact's phone number (including extension)? |  |
| CII\_Fax | Text | New | What is the contact's fax number? |  |
| Contact Information Business Data elements collected for Grantee and Project Sponsor organizations | | | |  |
| CON\_City | Text | Current | In what city is the Grantee/Project Sponsor's business address? |  |
| CON\_Congress\_Dist\_Add | Text | Current | What is the congressional district of the grantee/project sponsor's business address? |  |
| CON\_Congress\_Dist\_SA | Text | Current | What is the congressional district of the grantee/project sponsor's primary service area? |  |
| CON\_County | Text | Current | In what county is the grantee/project sponsor's business address? |  |
| CON\_Dept | Text | Current | What department at the grantee/project sponsor organization administers the grant? |  |
| CON\_DUNS | Text | Current | What is the Dun & Bradstreet (DUNS) number of the grantee/sponsor? |  |
| CON\_EIN\_TIN | Text | Current | What is the Employer ID Number (EIN) or Tax ID Number (TIN) of the Grantee/Sponsor? |  |
| CON\_Facebook | Text | New | What is the Facebook name or page of the Grantee/Sponsor? |  |
| CON\_Faith\_Based\_YN | Text | Current | Is the Project Sponsor or Competitive Grantee a faith-based organization? |  |
| CON\_Fax | Text | New | What is the Project Sponsor's fax number? |  |
| CON\_Grassroots\_YN | Text | Current | Is the Project Sponsor or Competitive Grantee a grassroots organization? |  |
| CON\_Nonprofit\_YN | Text | Current | Is the Project Sponsor or Competitive Grantee a nonprofit organization? |  |
| CON\_Parent\_Co\_Name | Text | Current | What is the parent company of the Grantee/Project Sponsor (if applicable)? |  |
| CON\_Phone | Text | New | What is the phone number (including extension) of the Project Sponsor? |  |
| CON\_Pro\_Spon\_Name | Text | Current | What is the name of the Project Sponsor? |  |
| CON\_State | Text | Current | In what state is the Grantee/Project Sponsor office located? |  |
| CON\_Street\_Address | Text | Current | What is the street address of the Grantee/Project Sponsor office? |  |
| CON\_Svc\_Area\_Cities | Text | Current | What are the cities of the primary service area of the Grantee/ Project Sponsor? |  |
| CON\_Svc\_Area\_Counties | Text | Current | What are the counties of the primary service area of the Grantee/Project Sponsor? |  |
| CON\_Twitter | Text | New | What is the Twitter handle of the Grantee/Project Sponsor? |  |
| CON\_Website | Text | Current | What is the Grantee/Project Sponsor organization's website address? |  |
| CON\_Zip | Text | Current | What is the zip code for the Grantee/Project Sponsor's business address? |  |
| Demographic Reporting Data elements collected for individuals and beneficiaries for each of the following racial categories: American Indian/Alaskan Native; American Indian/Alaskan Native & Black/African American; American Indian/Alaskan Native & White; Asian; Asian & White; Black/African American; Black/African American & White; Native Hawaiian/Other Pacific Islander; Other Multi-Racial; White | | | |  |
| DEM\_Also\_Latx | Number | Current | Of the number of individuals/beneficiaries reported for each racial category, how many also identify as hispanic or Latinx? |  |
| DEM\_Fem\_18 | Number | New | For each racial category, how many individuals/beneficiaries identified as female and were less than 18 years old? |  |
| DEM\_Fem\_30 | Number | New | For each racial category, how many individuals/beneficiaries identified as female and were between 18 and 30 years old? |  |
| DEM\_Fem\_50 | Number | New | For each racial category, how many individuals/beneficiaries identified as female and were between 31 and 50 years old? |  |
| DEM\_Fem\_51 | Number | New | For each racial category, how many individuals/beneficiaries identified as female and were 51 years old or older? |  |
| DEM\_GenderNC\_18 | Number | New | For each racial category, how many individuals/beneficiaries identified as Gender Nonbinary and were less than 18 years old? |  |
| DEM\_GenderNC\_30 | Number | New | For each racial category, how many individuals/beneficiaries identified as Gender Nonbinary and were between 18 and 30 years old? |  |
| DEM\_GenderNC\_50 | Number | New | For each racial category, how many individuals/beneficiaries identified as Gender Nonbinary and were between 31 and 50 years old? |  |
| DEM\_GenderNC\_51 | Number | New | For each racial category, how many individuals/beneficiaries identified as Gender Nonbinary and were age 51 or older? |  |
| DEM\_Male\_18 | Number | New | For each racial category, how many individuals/beneficiaries identified as male and were less than 18 years old? |  |
| DEM\_Male\_30 | Number | New | For each racial category, how many individuals/beneficiaries identified as male and were between 18 and 30 years old? |  |
| DEM\_Male\_50 | Number | New | For each racial category, how many individuals/beneficiaries identified as male and were between 31 and 50 years old? |  |
| DEM\_Male\_51 | Number | New | For each racial category, how many individuals/beneficiaries identified as male and were 51 years old or older? |  |
| DEM\_Not\_Rpt\_18 | Number | New | For each racial category, how many individuals/beneficiaries chose not to disclose their gender, but were less than 18 years old? |  |
| DEM\_Not\_Rpt\_30 | Number | New | For each racial category, how many individuals/beneficiaries chose not to disclose their gender, but were between 18 and 30 years old? |  |
| DEM\_Not\_Rpt\_50 | Number | New | For each racial category, how many individuals/beneficiaries chose not to disclose their gender, but were between 31 and 50 years old? |  |
| DEM\_Not\_Rpt\_51 | Number | New | For each racial category, how many individuals/beneficiaries chose not to disclose their gender, but were 51 years old or older? |  |
| DEM\_TransM\_18 | Number | New | For each racial category, how many individuals/beneficiaries identified as transgender male and were less than 18 years old? |  |
| DEM\_TransM\_30 | Number | New | For each racial category, how many individuals/beneficiaries identified as transgender male and were between 18 and 30 years old? |  |
| DEM\_TransM\_50 | Number | New | For each racial category, how many individuals/beneficiaries identified as transgender male and were between 31 and 50 years old? |  |
| DEM\_TransM\_51 | Number | New | For each racial category, how many individuals/beneficiaries identified as transgender male and were 51 years old or older? |  |
| DEM\_TransF\_18 | Number | New | For each racial category, how many individuals/beneficiaries identified as transgender female and were less than 18 years old? |  |
| DEM\_TransF\_30 | Number | New | For each racial category, how many individuals/beneficiaries identified as transgender female and were between 18 and 30 years old? |  |
| DEM\_TransF\_50 | Number | New | For each racial category, how many individuals/beneficiaries identified as transgender female and were between 31 and 50 years old? |  |
| DEM\_TransF\_51 | Number | New | For each racial category, how many individuals/beneficiaries identified as transgender female and were 51 years old or older? |  |
| Exit Status Data elements collected for each of following HOPWA budget line items (unless otherwise noted in the field description): TBRA; STRMU; PHP; Permanent Facility-Based Housing; Transitional/Short-Term Facility-Based Housing | | | |  |
| EXST\_Addl\_STRMU\_Needed | Number | Current | Is additional Short-Term Rent, Mortgage and Utilities assistance likely needed to maintain the current housing arrangements? |  |
| EXST\_Client\_Death | Number | Current-New for PHP | Did the HOPWA eligible individual die? |  |
| EXST\_Disconnected\_HH | Number | Current-New for PHP | How many households were disconnected from care? |  |
| EXST\_Emer\_Shelter\_HH | Number | Current-New for PHP | How many households exited to an emergency shelter? |  |
| EXST\_Exit\_Oth\_HOPWA\_HH | Number | Current-New for PHP | How many households exited to other HOPWA programs? |  |
| EXST\_Exit\_Oth\_Subs\_HH | Number | Current-New for PHP | How many households exited to other subsidy programs? |  |
| EXST\_Exit\_Priv\_Hous\_HH | Number | Current-New for PHP | How many households exited to private housing? |  |
| EXST\_Exit\_Temp\_Hous\_HH | Number | Current-New for PHP | How many households exited to transitional housing (time limited - up to 24 months)? |  |
| EXST\_Inst\_Less\_6\_HH | Number | New | How many households exited to institutional arrangement that lasted less than 6 months? |  |
| EXST\_Inst\_More\_6\_HH | Number | New | How many households exited to institutional arrangement that lasted more than 6 months? |  |
| EXST\_Jail\_Less\_6\_HH | Number | New | How many households exited to a jail/prison term lasting less than 6 months? |  |
| EXST\_Jail\_More\_6\_HH | Number | New | How many households exited to a jail/prison term lasting more than 6 months? |  |
| EXST\_Non\_Trans\_HH | Number | Current-New for PHP | How many households exited to a situation that isn't transitional, but is not expected to last more than 90 days and their housing situation after those 90 days is uncertain? |  |
| EXST\_Priv\_No\_Subs\_HH | Number | Current | How many households served with STRMU were able to maintain private housing situation without subsidy? |  |
| EXST\_Cont\_Rec\_HH | Number | Current-New for PHP | How many households continued receiving this type of HOPWA assistance into the next year? |  |
| EXST\_No\_Hum\_Habit\_HH | Number | Current-New for PHP | How many households exited to a place not meant for human habitation? |  |
| Facility Data elements collected for each facility-based housing project operated by the grantee/project sponsor | | | |  |
| FAC\_Activity\_HH | Number | Current | How many households received other types of Facility-Based Housing? |  |
| FAC\_Fac\_Med\_Asst\_YN | Text | New | Is the facility a medically assisted living facility? |  |
| FAC\_Facility\_Type | Text | Current | What kind of housing (Permanent/Transitional/Short Term) is provided at this facility? |  |
| FAC\_Dup\_HH | Number | Current | For households served in facility-based housing programs, how many households received more than one type of assistance? |  |
| FAC\_Facility\_Name | Text | New | What is the name of the housing facility? |  |
| FAC\_Facility\_In\_Svc\_YN | Text | Current | Was the housing facility placed into service during this program year? |  |
| FAC\_Facility\_In\_Svc\_Units | Number | Current | For housing facilities placed into service during this program year, how many units were placed into service? |  |
| FAC\_Spec\_Oth\_Act\_HH | Text | Current | For households served with "other" types of Facility-Based Housing, what type of service were they provided? |  |
| Facility Unit TypeData elements collected for: capital development rental units constructed (new) and/or acquired with or without rehab; capital development rental units rehabbed; capital development homeownershp units assisted | | | |  |
| FUT\_Energy | Number | Current | How many capital development units developed were energy star compliant? |  |
| FUT\_504 | Number | Current | How many capital development units developed were 504 Accessible? |  |
| FUT\_Homeless | Number | Current | How many capital development units developed were designated to assist the homeless? |  |
| FUT\_Chron\_Homeless | Number | Current | How many capital development units developed were designated to assist the chronically homeless? |  |
| Grantee Specific Information | | | |  |
| GRT\_CCR\_YN | Text | Current | Is the grantee’s Central Contractor Registration (CCR) status currently active? |  |
| GRT\_CCR\_Number | Text | Current | What is the grantee's Central Contractor Registration (CCR) number? |  |
| GRT\_Wait | Text | Current | Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service area? |  |
| GRT\_Year | Number | Current | For Competitive Grantees only, which year (1, 2, or 3) of the grant does this report cover? |  |
| GRT\_Grant\_Number | Text | Current | For Competitive Grantees only, what is the grant number? |  |
| GRT\_Grantee\_Name | Text | Current | What is the name of the Grantee organization? |  |
| GRT\_SAM\_Stat | Text | Current | Is the Grantee's System for Award Management (SAM) status currently active for this report? |  |
| GRT\_SAM\_ID | Text | Current | What is the Grantee's SAM registration number for this report? |  |
| GRT\_Op\_Start | Number | Current | What is the begin date of the operating year for this report? |  |
| GRT\_Op\_End | Number | Current | What is the end date for the operating year for this report? |  |
| GRT\_CH\_Changes | Text | New | Are there any changes to your program year? |  |
| GRT\_TH\_Revised\_Start | Number | New | What is the revised program start date? |  |
| GRT\_TH\_Revised\_End | Number | New | What is the revised program end date? |  |
| GRT\_Direct | Text | New | Does the Grantee provide HOPWA-funded services directly to clients? |  |
| GRT\_Admin\_Allowance | Text | New | Does the Grantee take the allowable 3% Grantee Administration allowance? |  |
| Leveraging Data elements collected for each project sponsor | | | |  |
| LEV\_Fund\_Source | Number | Current | What is the amount of leveraged funding that was provided by each of these sources: ESG, HOME, Ryan White, Continuum of Care (CoC), Low-Income Housing Tax Credit, or Housing Choice Vouchers programs or private grants, in-kind resources, Grantee cash, or any other type of private or public funding? |  |
| LEV\_Asst\_Type | Text | Current | Was the leveraged funding provided by each of the following sources for housing subsidy assistance or some other type of assistance: ESG, HOME, Ryan White, Continuum of Care (CoC), Low-Income Housing Tax Credit, or Housing Choice Vouchers programs or private grants, in-kind resources, Grantee cash, or any other type of private or public funding |  |
| LEV\_Prog\_Inc\_Rent | Number | Current | What was the amount of program income collected from resident rent payments and collected in the program year? |  |
| LEV\_Prog\_Inc\_Oth | Number | Current | What was the amount of program income collected from other sources (non-resident payments) and collected in the program year? |  |
| LEV\_Prog\_Exp\_HA | Number | Current | What was the amount of total program income that was spent on housing assistance in the program year? |  |
| LEV\_Prog\_Exp\_SS | Number | Current | What was the amount of total program income that was spent on supportive services or other non-housing costs in the program year? |  |
| LEV\_Rent\_Landlords | Number | Current | What was the amount of resident rent payment that residents paid directly to private landlords? |  |
| LEV\_CDF\_Amt\_Non\_HOPWA | Number | Current | What is the amount of non-HOPWA funds expended by the grantee/project sponsor for the following capital development budget line items: acquisition; new construction; rehabilitation |  |
| Narratives(Optional for grantees and project sponsors) | | | |  |
| Narrative\_Overview | Text | Current | 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. |  |
| Narrative\_Outcomes | Text | Current | 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. |  |
| Narrative\_Outputs | Text | Current | 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. |  |
| Narrative\_Coordination | Text | Current | 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. |  |
| Narrative\_TA | Text | Current | Describe any program technical assistance needs and how they would benefit program beneficiaries. |  |
| Narrative\_Barriers | Text | Current | 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. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population. Identify any evaluations, studies, or other assessments of the HOPWA program that are available to the public. |  |
| Performance Reporting Data elements collected for each of following HOPWA budget line items (unless otherwise noted in the field description): TBRA; STRMU; PHP; Permanent Facility-Based Housing; Transitional/Short-Term Facility-Based Housing | | | |  |
| PRPT\_AMI\_30\_HH | Number | Current | What is the number of households with income below 30% of Area Median Income (excluding Permanent Housing Placement)? |  |
| PRPT\_AMI\_50\_HH | Number | Current | What is the number of households with income between 31% and 50% of Area Median Income (excluding Permanent Housing Placement)? |  |
| PRPT\_AMI\_80\_HH | Number | Current | What is the number of households with income between 51% and 80% of Area Median Income (excluding Permanent Housing Placement)? |  |
| PRPT\_Health\_ART | Number | New | How many individuals have ever been prescribed Anti-Retroviral Therapy (for Permanent Housing facilities and Tenant-based Rental Assistance only)? |  |
| PRPT\_Health\_Improved | Number | New | How many individuals have shown an improved viral load or have achieved viral suppression (for Permanent Housing facilities and Tenant-based Rental Assistance only)? |  |
| PRPT\_Health\_Ins\_HH | Number | New | How many households accessed or maintained **each of** the following sources of medical insurance and assistance in the past program year: MEDICAID Health Program or local program equivalent; MEDICARE Health Insurance or local program equivalent; Veterans Affairs Medical Services; AIDS Drug Assistance Program; State Children's Health Insurance Program (SCHIP) or local program equivalent; Ryan White-funded Medical or Dental Assistance. |  |
| PRPT\_HIV\_Benefic | Number | Current | Of the other residents in the household with the HOPWA Eligible Individual, how many are HIV positive? |  |
| PRPT\_Income\_Earned\_HH | Number | New | How many households report income for each of the following income types: Earned Income from Employment; Retirement; SSI; SSDI; Other Welfare Assistance (Supplemental Nutrition Assistance Program, WIC, TANF, etc.); Private Disability Insurance; Veteran's Disability Payment (service or non-service connected payment); Regular contributions or gifts from organizations or persons not residing in the residence; Worker's Compensation; General Assistance (GA), or local program; Unemployment Insurance; Other Sources of Income; No sources of income |  |
| PRPT\_Longev\_1\_HH | Number | New | How many households have been served by this program for less than one year? |  |
| PRPT\_Longev\_1\_5\_HH | Number | New | How many households have been served by this program for more than one year, but less than 5 years? |  |
| PRPT\_Longev\_10\_15\_HH | Number | New | How many households have been served by this program for more than 10 years, but less than 15 years? |  |
| PRPT\_Longev\_15\_Plus\_HH | Number | New | How many households have been served by this program for more than 15 years? |  |
| PRPT\_Longev\_5\_10\_HH | Number | New | How many households have been served by this program for more than 5 years, but less than 10 years? |  |
| PRPT\_All BLI\_Costs | Number | Current | What were the HOPWA funds expenditures for the following budget line items: TBRA; Other (non-TBRA) Rental Assistance; STRMU mortgage assistance only; STRMU rental assistance only; STRMU utility assistance only; PHP; Permanent Facility-Based Housing Operating Costs; Permanent Facility-Based Housing Leasing Costs; Other Permanent Facility-Based Housing Costs; Transitional/Short-Term Facility-Based Housing Operating Costs; Transitional/Short-Term Facility-Based Housing Leasing Costs; Other Transitional/Short-Term Facility-Based Housing; Hotel/Motel; Acquisition; Rehabilitation; New Construction; Housing Information Services; Other Approved Budget Line Item (Competitive Grantees only); Technical Assistance; Resource Identification; Grantee Administration; Project Sponsor Administration |  |
| PRPT\_STRMU\_Dup | Number | Current | How many clients received more than one type of Short-Term Rent, Mortgage and Utilities assistance? |  |
| PRPT\_Undup\_H\_Sub\_HH | Number | Current | How many households received more than one type of HOPWA Housing Subsidy Assistance? |  |
| PRPT\_Unk\_HIV\_Benefic | Number | Current | Of the other residents in the household with the HOPWA Eligible Individual, how many are HIV negative or have an unknown HIV status? |  |
| PRPT\_Served\_HH | Number | Current | How many households were served with each of the following types of assistance: TBRA, Other (non-TBRA) Rental Assistance; Permanent Facility-Based Housing Operating Costs; Permanent Facility-Based Housing Leasing Costs; Other Permanent Facility-Based Housing; Transitional/Short-Term Facility-Based Housing Operating Costs; Transitional/Short-Term Facility-Based Housing Leasing Costs; Other Transitional/Short-Term Facility-Based Housing; Hotel/Motel; PHP; Housing Information; Other Approved Budget Line Item (Competitive Grantees only); STRMU mortgage assistance only, STRMU rental assistance only; STRMU utility assistance only? |  |
| PRPT\_Other\_BLI\_Comp | Text | Current | What is the "Other" HOPWA budget line item approved in the grant agreement (for competitive grantees only)? |  |
| Sponsor Information | | | |  |
| SPON\_Annual\_Contract | Number | Current | What is the HOPWA contract amount for this organization? |  |
| SPON\_Wait | Text | Current | Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Sponsor service area? |  |
| Supportive Services | | | |  |
| SS\_Costs | Number | Current | What were the expenditures for each of the following types of supportive servies in the program year: Adult Day Care and Personal Assistance; Alcohol-Drug Abuse; Child Care; Case Management; Education; Employment Assistance and Training; Health/Medical Services; Legal Services; Life Skills Management; Meals/Nutritional Services; Mental Health Services; Outreach; Adult Day Care-Personal Assistance, Transportation |  |
| SS\_Served\_HH | Number | Current | How many households were served with each of the following types of supportive services: Adult Day Care and Personal Assistance; Alcohol-Drug Abuse; Child Care; Case Management; Education; Employment Assistance and Training; Health/Medical Services; Legal Services; Life Skills Management; Meals/Nutritional Services; Mental Health Services; Outreach; Adult Day Care-Personal Assistance, Transportation |  |
| SS\_Spec\_Oth\_HH | Number | Current | How many households were served with any other type of supportive service? |  |
| SS\_Svc\_Activity\_Other | Text | Current | What were the other type(s) of supportive services provided? |  |
| SS\_Served\_Dup\_HH | Number | Current | How many households received more than one of any type of Supportive Services? |  |
| Stewardship Data collected for each HOPWA stewardship facility | | | |  |
| STEW\_Year\_Steward | Text | Current | What is the stewardship year (1-10) for this facility? |  |
| STEW\_Year\_Operate | Text |  | What date did the facility operations begin? |  |
| STEW\_Units\_HOPWA | Number | New | How many HOPWA units are supported in this stewardship facility? |  |
| STEW\_AMT\_Non\_HOPWA | Number | Current | What is the amount of non-HOPWA funds expended by the sponsor/grantee on the stewardship facilities? |  |
| STEW\_Facility\_Name | Text | Current | What is the name of the stewardship facility? |  |
| VAWA Violence Against Women Act (VAWA) Reporting | | | |  |
| VAWA\_ER\_Trans\_Den | Number | New | How many Emergency Transfers (VAWA) were denied? |  |
| VAWA\_Ex\_Trans\_Req | Number | New | How many external Emergency Transfers (VAWA) were requested? |  |
| VAWA\_Int\_Trans\_Req | Number | New | How many internal Emergency Transfers (VAWA) were requested? |  |
| VAWA\_External\_ER\_Trans | Number | New | How many external emergency transfers (VAWA) were granted? |  |
| VAWA\_Internal\_ER\_Trans | Number | New | How many internal emergency transfers (VAWA) were granted? |  |
| No Longer Collected | | | |  |
|  |  | *NLC* | What was the program year **budgeted** amount for each of the following budget line items: TBRA; Permanent Facility-Based Housing; Transitional/Short-Term Facility-Based Housing; Permanent Capital Development projects placed in service during the operating year; Transitional/Short-Term Capital Development projects placed in service during the operating year; STRMU; PHP; Capital Development projects not yet opened; Supportive Services provided by project sponsor that also delivered HOPWA housing subsidy assistance; Supportive Services provided by project sponsors that only provided supportive services; housing information services; resource identification; technical assistance; grantee administration; project sponsor administration |  |
|  |  | *NLC* | What was output goal of **households** served in the program year for each of the following budget line items: TBRA; Permanent Facility-Based Housing; Transitional/Short-Term Facility-Based Housing; Permanent Capital Development projects placed in service during the operating year; Transitional/Short-Term Capital Development projects placed in service during the operating year; STRMU; PHP; Capital Development projects not yet opened; Stewardship units; Supportive Services provided by project sponsor that also delivered HOPWA housing subsidy assistance; Supportive Services provided by project sponsors that only provided supportive services; housing information services |  |
|  |  | *NLC* | What was output goal of **leveraged households** served in the program year for each of the following budget line items: TBRA; Permanent Facility-Based Housing; Transitional/Short-Term Facility-Based Housing; Permanent Capital Development projects placed in service during the operating year; Transitional/Short-Term Capital Development; STRMU; PHP; Capital Development projects not yet opened |  |
|  |  | *NLC* | What was the amount spent on STRMU program delivery costs (e.g. program operations staff time) |  |
|  |  | *NLC* | Of the total households served with STRMU, how many households received assistance with mortgage *and* utility costs? |  |
|  |  | *NLC* | Of the total households served with STRMU, how many households received assistance with rental *and* utility costs? |  |
|  |  | *NLC* | Of the total expenditures on STRMU, how many much was expended on mortgage *and* utility costs? |  |
|  |  | *NLC* | Of the total expenditures on STRMU, how many much was expended on rental *and* utility costs? |  |
|  |  | *NLC* | What is the zip code of the stewardship facility? |  |
|  |  | *NLC* | In what congressional district is the stewardship facility located? |  |
|  |  | *NLC* | Is the stewardship facility site confidential? |  |
|  |  | *NLC* | If the stewardship facility site is not confidential, what is the site address? |  |