HUD HOPWA Data List for New Consolidated APR/CAPER

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# Burden Statement

The purpose of this information collection is to meet the Housing Opportunities for Persons With AIDS (HOPWA) annual reporting requirements. Reporting is required for all HOPWA grantees pursuant to 42 U.S.C. § 12911; 24 CFR §§ 574.520(a) and (b); and 24 CFR § 91.520(f). The information collected on this form is required to obtain a benefit. It will not be confidential. The public reporting burden for this collection of information is estimated to average 40 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. This includes the time for collecting, reviewing, and reporting the data. HUD may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a currently valid OMB control number. OMB Approval No. 2506-0133 (Expiration Date: 12/31/2027).

# Definitions

|  |  |
| --- | --- |
| **Term** | **Definition** |
| **Viral Suppression** | When the load or volume of HIV virus present in a person's blood is measured at less than 200 copies per milliliter of blood. |
| **Adjustment for Duplication** | Removal of duplicate entries when a household/unit received more than one type of HOPWA assistance, which enables the calculation of unduplicated output totals. For example, if a household received both HOPWA TBRA and HOPWA PHP from the same project sponsor, adjusting for duplication would ensure that household was only counted once when calculating the HOPWA housing subsidy assistance household total. |
| **Administrative Agent** | An entity the grantee has selected to carry out administrative activities on behalf of the grantee. When a grantee utilizes another organization to carry out some or all of the grantee’s administrative functions, the administrative activities, costs, and terms of payment should be clearly delineated in a contract or other written agreement between the parties. All costs associated with administering the grant, whether incurred by the grantee or the other organization, are subject to the 3% administrative cost limit. For the purposes of HOPWA annual performance reporting, the administrative agent would *not* complete a separate “Provider Workbook.” |
| **Administrative Costs** | Costs for general management, oversight, coordination, evaluation, and reporting (24 CFR § 574.3). By statute, grantee administrative costs are limited to 3% of the 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 (42 U.S.C. § 12911). |
| **Anti-Retroviral Therapy** | A use of a combination of medications to treat HIV. |
| **Area Median Income (AMI)** | The Department of Housing and Urban Development (HUD) sets income limits that determine eligibility for assisted housing programs including the HOPWA program. HUD develops income limits based on Median Family Income estimates and Fair Market Rent area definitions for each metropolitan area, parts of some metropolitan areas, and each non-metropolitan county. AMI values vary by location and are published at <https://www.huduser.gov/portal/datasets/il.html> |
| **Beneficiary(ies)** | All members of a household (with or without HIV) who benefitted from HOPWA assistance during the operating year, not including the HOPWA-eligible individual (see definition). |
| **Chronically Homeless Person** | A person defined as chronically homeless under 24 CFR 578.3. ((1) A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)) who: a) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and b) has been homeless and living as described for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive night of not living as described; (2) An individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility; or (3) A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless).) |
| **Contractor** | A contractor is an entity that receives a legal instrument (contract) by which a grantee or project sponsor purchases property or services needed to carry out the project or program under a Federal award. The purpose of the contract is to obtain goods and services for the grantee/project sponsor's own use and creates a procurement relationship with the contractor. Characteristics indicative of a procurement relationship between the grantee and a contractor are when the contractor: provides the goods and services within normal business operations; provides similar goods or services to many different purchasers; normally operates in a competitive environment; provides goods or services that are ancillary to the operation of the HOPWA program; and is not subject to compliance requirements of the HOPWA program as a result of the agreement, though similar requirements may apply for other reasons (2 CFR 200.331(b)). For purposes of HOPWA annual performance reporting, contractors do *not* submit a separate “Provider Workbook.” |
| **Facility-Based Housing Assistance** | Leasing, operating, and hotel/motel expenditures to support units or 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 that is headquartered in the local community where it provides services, has a social services budget of $300,000 or less annually, and has six or fewer full-time equivalent employees. Local affiliates of national organizations are not considered “grassroots.” |
| **HOPWA-Eligible Individual** | The one low-income person with HIV/AIDS who qualifies a household for HOPWA assistance. This person may be considered “Head of Household.” A child may also qualify the household for HOPWA assistance. When the annual performance report 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). |
| **Housing Information Services** | Costs to provide counseling, information, or referral services to assist an eligible person to locate, acquire, finance, and maintain housing (24 CFR § 574.300(b)(1)). Some eligible costs under Housing Information Services include staff time to assist eligible clients in searching for or locating appropriate housing whether HOPWA-subsidized or not; staff time to provide fair housing guidance for eligible households who may encounter discrimination on the basis of race, color, religion, sex,, age, national origin, familial status, or disability; staff time to provide housing counseling to acquire and finance housing; and development and use of Homeless Management Information System (HMIS) elements to coordinate housing assistance for eligible households. HMIS costs billed to housing information services must be pro-rated and not include HMIS reporting. Use of HMIS for reporting purposes is considered an administrative activity and must be billed to administrative costs. |
| **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 program year for formula grantees and the operating year for competitive grantees. |
| **Household** | A single individual or a family, as defined in 24 CFR 574.3. 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-household members (e.g., a shared housing arrangement with a roommate) who resided in the unit are not reported in the annual performance report. |
| **Improved HIV Viral Load** | A reduction in the load or volume of HIV present in the HOPWA-eligible individual's blood at the end of the operating year compared to the beginning of the operating year. Most people with HIV/AIDS (PWH) who are engaged in medical care have routine laboratory tests. The HOPWA-eligible individual's two most recent laboratory reports can be used to determine viral load improvement, even if the first laboratory test was performed in a prior operating year. |
| **In-kind Leveraged Resources** | These are additional types of support provided to assist HOPWA-eligible individuals 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 part 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 sale, advertised prices, appraisals, or other information for comparable property similarly situated. |
| **Leasing Costs** | Costs used to lease all or a portion of a building as needed to provide housing to eligible households. For eligible individuals or families unable to hold leases in their names, funding may be used to “master lease” units, where the eligible households choose the units, the grantee or project sponsor leases the units and pays the full rent to the landlord, and the eligible households pay the grantee or project sponsor the amount required by 24 CFR 574.310(d). This type of master leasing can be administered as “turn-key” housing assistance, to be replaced with Tenant-Based Rental Assistance (TBRA) if the landlord agrees to transfer the lease to the eligible person. Funding may also be used to master lease units to be operated as transitional housing for eligible households. For example, post-incarceration programs often lease a unit to temporarily house an eligible household returning to the community until other more permanent housing arrangements can be made. The lease is always in the organization's name. The furniture, housing equipment, and supplies, eligible under the operating budget line item, belong to the organization and remain in the unit for the next household’s use. Eligible leasing costs include the cost to lease a housing facility or scattered-site units, staff time to negotiate lease terms with lessor or landlord, and annual housing inspections to ensure HOPWA habitability standards are met for scattered-site units assisted with Leasing. |
| **Leveraged Funds** | The amount of funds expended during the operating year from non-HOPWA federal, state, local, and private sources. Leveraged funds are used to further support HOPWA clients receiving assistance during the operating year for formula grants, or under the applicable competitive grant. |
| **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 the leasing of units of housing (scattered-sites or entire buildings) from a landlord by a nonprofit or public agency that subleases the units to HOPWA-eligible 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. |
| **Minimum Use Periods** | Grantees that used HOPWA funding for new construction, acquisition, conversion, lease, or substantial rehabilitation of a building or structure are required to operate the building or structure for HOPWA-eligible individuals for a 10-year period. In the case of non-substantial rehabilitation or repair of a building or structure, the minimum use period is not less than 3 years. If no further HOPWA funds are used to support the facility, in place of completing the "CAP DEV" tab in the Performance Report Worksheet, the grantee must complete an “Annual Report of Continued Project Operation” throughout the required use periods. This report is found on the "STEWARD" tab of the Grantee Workbook. |
| **Medically Assisted Living Facilities** | HOPWA facility-based housing that assists residents with most or all activities of daily living, such as meals, bathing, dressing, and toileting. Regular medical care, supervision, and rehabilitation are also often available. |
| **Operating Costs** | Costs of operating a housing facility owned or leased by the grantee or project sponsor, to the extent the costs are necessary to house eligible households. Eligible operating costs include utilities, property insurance, minor repairs, and upkeep of the facility, maintenance both inside and outside the facility, procurement and contracting of services for facility operation or maintenance, furniture and appliances that will remain with the facility, food purchases and kitchen operation for HOPWA household at the facility, and staff time for directing any of the eligible operating costs mentioned above at the facility for eligible households (24 CFR §574.300(b)(8)). |
| **Operating Year – Competitive grantees** | HOPWA competitive grants are awarded for a 3-year period of performance with annual performance reports submitted for each of the 3 operating years. The information contained in this performance report should reflect the grantee’s operating year with the beginning date determined at the time the grant agreement is signed. Project sponsor accomplishment information must coincide with the operating year this Performance Report covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for one additional operating year. A PSH renewal/replacement grant start date would be coordinated with the close out of the existing grant. Grantees with an approved extension period of less than 6 months must submit the Performance Report for the third year of the grant term at the end of the approved extension period and incorporate data from the additional months. Grantees with an approved extension period of 6 months or more must turn in a Performance Report at the end of the operating year and submit a separate extension Performance Report at the end of the extension period. |
| **Operating Year – Formula grantees** | HOPWA Formula Grantees follow the Grantee Program Year as established by the Consolidated Planning Processes. All CPD Programs (HOME/ESG/CDBG/HOPWA) use the same 12-month period as their Operating Year for performance reporting. The information contained in each annual performance report must represent a one-year time period of HOPWA program operation that coincides with the grantee’s program year.  HOPWA Formula Grantees are annually awarded grants with a 3-year period of performance, as established by the Grantee signature date on the Grant Agreement. Since Grant period of performances vary from Fiscal Year to Fiscal Year, and do not necessarily coincide with a Grantee’s Operating Year, funds from more than one HOPWA formula grant awarded to the same grantee may be used during an operating year and the annual performance report must capture all formula grant funding used during the operating year. Project sponsor accomplishment information must also align with the operating year the annual performance report covers. |
| **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 (PHP)** | Eligible costs under PHP include security deposits not to exceed two months of rent, rental application fees, credit checks, one-time utility hook-up fees paid directly to the utility company, utility arrears only if the cost is creating a barrier to establishing permanent housing in a new unit, rent arrears only if past due rent debt at a prior unit is a barrier to accessing a new unit, initial housing inspections, reasonable travel costs to units for initial housing inspections, staff time to review and identify causes for eviction and responsibilities of the tenant within the least, staff time for assisting clients with executing the lease, and staff time for resolving landlord issues directly related to the PHP assistance being provided. PHP can be used in conjunction with TBRA where PHP pays the security deposit and TBRA covers ongoing monthly rent payments starting with the first month. PHP must only be used to assist the client in entering permanent housing. PHP must never be used for monthly rent or on-going utility costs where a client is already in permanent housing. Although PHP is included as a supportive service under 24 CFR 574.300(b)(7), HUD has established a dedicated BLI for PHP to distinguish it from other supportive services. |
| **Program Income** | As defined in 2 CFR 200.1, program income is income earned by the grantee or project sponsor that is directly generated by a supported activity or earned as a result of the grant during the period of performance (except as provided by 2 CFR 200.307). See grant administration requirements on program income at 2 CFR 200.307 and the Federal award. |
| **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. |
| **Resource Identification** | Resource identification funds may be used to establish, coordinate, and develop permanent housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives) (24 CFR § 574.300(b)(2)). Activities can include increasing coordination with local initiatives, systems, or strategies (such as the local Continuum of Care or Ryan White Planning Council) to house HOPWA-eligible individuals, development of new housing resources, and conducting community needs assessments to inform system design. |
| **Rural** | For purposes of HOPWA reporting, a rural county is a county in which: (1) Has no part of it within an area designated as a standard metropolitan statistical area by the Office of Management and Budget; or (2) Is within an area designated as a metropolitan statistical area or considered as part of a metropolitan statistical area and at least 75% of its population is local on U.S. Census blocks classified as non-urban; or (3) is located in a state that has a population density of less than 30 persons per square mile (as reported in the most recent decennial census), and of which at least 1.25% of the total acreage of such State is under Federal jurisdiction. |
| **Short-Term Rent, Mortgage, and Utility (STRMU) Assistance** | Short-term rent, mortgage, and utility payments to prevent the homelessness of the tenant or mortgagor of a dwelling (24 CFR 574.300(b)(6)). Eligible STRMU costs include up to 21 weeks of the HOPWA-eligible individual’s rent, mortgage, and/or utility costs, and the costs of staff time to review and determine household’s need for STRMU assistance and make the STRMU payments. For the purposes of STRMU assistance, to the extent that taxes, insurance, condominium fees, or other building operation costs are included in the monthly mortgage payment either by federal regulation or the terms of the mortgage, these expenses are eligible to be included in the STRMU mortgage assistance payments. STRMU mortgage assistance for taxes, insurance, or condo fees that are not included on the monthly mortgage statement are not eligible. |
| **Stewardship Units** | Units developed with HOPWA, where HOPWA funds were used for acquisition, new construction, and/or rehabilitation that no longer receive operating subsidies from HOPWA. Report information for the units is subject to the 3-year use agreement if rehabilitation is non-substantial and to the 10-year use agreement if rehabilitation is substantial. |
| **Sub-Recipient** | For the purposes of the HOPWA program, a sub-recipient is an organization that receives funds under a contract with the project sponsor to carry out eligible HOPWA activities. For the purposes of HOPWA annual performance reporting, a sub-recipient organization does not need to submit a separate “Provider Workbook.” The sub-recipient’s HOPWA activities should be included in the “Provider Workbook” of the project sponsor with whom they have a contract. |
| **Supportive Services** | Costs include providing housing stability services, assistance in gaining access to mainstream resources, public benefits, healthcare and support positive health outcomes. However, health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals. Eligible supportive services costs include staff time to develop, update and review individualized housing and service plans for clients; staff time to connect households to appropriate services and treatment in accordance with their housing and service plans, management-level consultation (case staffing); health and mental health assessment services; direct outpatient treatment by licensed professionals of mental health services; substance use disorder services provided by licensed or certified professionals; individual, family, or group therapy to address co-occurring disorders; nutritional services including food banks, nutritional supplements, and counseling by certified nutrition specialists; life skills trainings such as budgeting resources, resolving conflict, using public transportation, unit maintenance; credit counseling; education services including instruction or training in consumer education, health education, substance use prevention, literacy, English as a Second Language, and General Educational Development (GED); job training or job coaching including resume development; client transportation to and from medical care, employment, child care, or other eligible essential services facilities; and HOPWA provider transportation to meet with clients for supportive service needs (24 CFR §574.300(b)(7)). |
| **Tenant-Based Rental Assistance (TBRA)** | TBRA is a rental subsidy program that grantees can provide to help low-income households access affordable housing. HOPWA does not place restrictions on the length of time eligible persons may receive TBRA. Grantees should provide the opportunity for eligible households to transition in place to self-sufficiency or another subsidy. Eligible TBRA costs include rental payments, staff time to verify household income for TBRA assistance, calculation of resident rent payment, monthly rental payments, processing a TBRA rental payment on behalf of the HOPWA-eligible individual, annual housing inspections to ensure HOPWA habitability standards are met for units being assisted with TBRA, reasonable travel costs to units for housing inspections, review of a client’s selected unit for rent reasonableness and rent standard, annual recertification for households receiving ongoing TBRA, and staff time for resolving landlord issues directly related to providing the TBRA assistance. |
| **VAWA Internal Emergency Transfers** | Per 24 CFR 5.2005e, an internal emergency transfer under the Violence Against Women Act (VAWA) protections refers to an emergency relocation of a tenant to another unit where the tenant would not be categorized as a new applicant; that is, the tenant may reside in the new unit without having to undergo an application process. |
| **VAWA External Emergency Transfers** | Per 24 CFR 5.2005e, an external emergency transfer under the VAWA protections refers to an emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant; that is, the tenant must undergo an application process in order to reside in the new unit. |
| **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. |

# Data Elements

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | Current | 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 | Current | 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 | Current | What is the contact's name? |  |
| CII\_Title | Text | Current | What is the contact's title? |  |
| CII\_Dept | Text | Current | In what department does the contact work? |  |
| CII\_Email | Text | Current | What is the contact's email? |  |
| CII\_Phone | Text | Current | What is the contact's phone number (including extension)? |  |
| CII\_Fax | Text | Current | 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\_UEI | Text | Current | What is the Unique Entity ID (UEI) 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 | Current | 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 | Current | 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 | Current | 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\_Svc\_Area\_Rural | Text | New | Is the county of the Grantee/Project Sponsor’s primary service area a rural county? |  |
| CON\_Twitter | Text | Current | 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 HOPWA-eligible 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 | Current | For each racial category, how many individuals/beneficiaries were female and were less than 18 years old? |  |
| DEM\_Fem\_30 | Number | Current | For each racial category, how many individuals/beneficiaries were female and were between 18 and 30 years old? |  |
| DEM\_Fem\_50 | Number | Current | For each racial category, how many individuals/beneficiaries were female and were between 31 and 50 years old? |  |
| DEM\_Fem\_51 | Number | Current | For each racial category, how many individuals/beneficiaries were female and were 51 years old or older? |  |
| DEM\_Male\_18 | Number | Current | For each racial category, how many individuals/beneficiaries were male and were less than 18 years old? |  |
| DEM\_Male\_30 | Number | Current | For each racial category, how many individuals/beneficiaries were male and were between 18 and 30 years old? |  |
| DEM\_Male\_50 | Number | Current | For each racial category, how many individuals/beneficiaries were male and were between 31 and 50 years old? |  |
| DEM\_Male\_51 | Number | Current | For each racial category, how many individuals/beneficiaries were male and were 51 years old or older? |  |
| DEM\_Not\_Rpt\_18 | Number | Current | For each racial category, how many individuals/beneficiaries ’ sex was not reported and were less than 18 years old? |  |
| DEM\_Not\_Rpt\_30 | Number | Current | For each racial category, how many individuals/beneficiaries’ sex was not reported and were between 18 and 30 years old? |  |
| DEM\_Not\_Rpt\_50 | Number | Current | For each racial category, how many individuals/beneficiaries’ sex was not reported and were between 31 and 50 years old? |  |
| DEM\_Not\_Rpt\_51 | Number | Current | For each racial category, how many individuals/beneficiaries’ sex was not reportedand 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 | Did the HOPWA eligible individual die? |  |
| EXST\_Disconnected\_HH | Number | Current | How many households were disconnected from care? |  |
| EXST\_Emer\_Shelter\_HH | Number | Current | How many households exited to an emergency shelter? |  |
| EXST\_Exit\_Oth\_HOPWA\_HH | Number | Current | How many households exited to other HOPWA programs? |  |
| EXST\_Exit\_Oth\_Subs\_HH | Number | Current | How many households exited to other subsidy programs? |  |
| EXST\_Exit\_Priv\_Hous\_HH | Number | Current | How many households exited to private housing? |  |
| EXST\_Exit\_Temp\_Hous\_HH | Number | Current | How many households exited to transitional housing (time limited - up to 24 months)? |  |
| EXST\_Inst\_Less\_6\_HH | Number | Current | How many households exited to institutional arrangement that lasted less than 6 months? |  |
| EXST\_Inst\_More\_6\_HH | Number | Current | How many households exited to institutional arrangement that lasted more than 6 months? |  |
| EXST\_Jail\_Less\_6\_HH | Number | Current | How many households exited to a jail/prison term lasting less than 6 months? |  |
| EXST\_Jail\_More\_6\_HH | Number | Current | How many households exited to a jail/prison term lasting more than 6 months? |  |
| EXST\_Non\_Trans\_HH | Number | Current | 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 | How many households continued receiving this type of HOPWA assistance into the next year? |  |
| EXST\_No\_Hum\_Habit\_HH | Number | Current | 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 | Current | 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 | Current | 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 homeownership 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\_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 | Current | Are there any changes to your program year? |  |
| GRT\_TH\_Revised\_Start | Number | Current | What is the revised program start date? |  |
| GRT\_TH\_Revised\_End | Number | Current | What is the revised program end date? |  |
| GRT\_Direct | Text | Current | Does the Grantee provide HOPWA-funded services directly to clients? |  |
| GRT\_Admin\_Allowance | Text | Current | 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 maximum of 4,000 characters narrative summarizing major achievements and highlights that were proposed and completed during the program year. Include a brief description of the grant organization, area of service, 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-eligible individuals and 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 the proposed outcome measure, as submitted with the Annual Action plan (screen AP-70 in IDIS for formula grantees), or in the competitive application’s form HUD-40110-B (for competitive grantees). 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 HOPWA-eligible individuals served by the program. |  |
| 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, 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 | Current | How many individuals have ever been prescribed Anti-Retroviral Therapy (for Permanent Housing facilities and Tenant-based Rental Assistance only)? |  |
| PRPT\_Health\_ART\_Ref | Number | New | How many individuals preferred not to provide ART information (for Permanent Housing facilities and Tenant-Based Rental Assistance only)? |  |
| PRPT\_Health\_Improved | Number | Current | 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\_Improved\_Ref | Number | New | How many individuals preferred not to provide viral load information (for Permanent Housing facilities and Tenant-Based Rental Assistance only)? |  |
| PRPT\_Health\_Ins\_HH | Number | Current | 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; Employer-sponsored medical insurance; no medical insurance; other |  |
| 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 | Current | 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 | Current | How many households have been served by this program for less than one year? |  |
| PRPT\_Longev\_1\_5\_HH | Number | Current | 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 | Current | 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 | Current | How many households have been served by this program for more than 15 years? |  |
| PRPT\_Longev\_5\_10\_HH | Number | Current | 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 services 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\_Spec\_Oth\_Costs | Number | New | What were the expenditures for the 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 | Current | 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 | Current | How many emergency transfers (VAWA) were denied? |  |
| VAWA\_Ex\_Trans\_Req | Number | Current | How many external emergency transfers (VAWA) were requested? |  |
| VAWA\_Int\_Trans\_Req | Number | Current | How many internal emergency transfers (VAWA) were requested? |  |
| VAWA\_External\_ER\_Trans | Number | Current | How many external emergency transfers (VAWA) were granted? |  |
| VAWA\_Internal\_ER\_Trans | Number | Current | How many internal emergency transfers (VAWA) were granted? |  |
| No Longer Collected | | | |  |
| GRT\_CCR\_YN | Text | *NLC* | Is the grantee’s Central Contractor Registration (CCR) status currently active? |  |
| GRT\_CCR\_Number | Text | *NLC* | What is the grantee's Central Contractor Registration (CCR) number? |  |