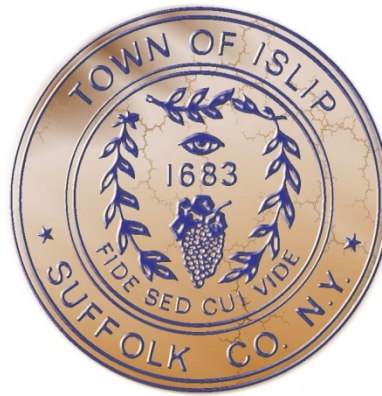


Town of Islip
Suffolk County
New York

Consolidated Annual Performance and Evaluation Report

July 1, 2015 – June 30, 2016



Islip Town Supervisor:
Angie M. Carpenter

Town Clerk
Olga H. Murray

Islip Town Board
Steven J. Flotteron Trish Bergin Weichbrodt
John C. Cochrane, Jr. Mary Kate Mullen

Receiver of Taxes
Alexis Weik

CDA Board of Directors:
Debra Cavanagh, Chairperson
Ramon V. Colon
Renee Ortiz
Steven Raccuglia
Manuel Troche

Lead Agency:
Town of Islip Community Development Agency
15 Shore Lane, P.O. Box 5587, Bay Shore, New York, 11706
Phone: (631) 665-1185 Fax: (631) 665-0036
www.islipcda.org

Contact Persons:
Alison Karppi, Executive Director
Salvatore Matera, Assistant Director

OMB Approval No. 2502-0006

	1. PROGRAM YEAR END 06/30/2016	2. GRANT NUMBER B15MC360116
3. NAME & ADDRESS OF GRANTEE Town of Islip 655 Main Street Islip, New York 11751	4. NAME & ADDRESS OF C.D. DIRECTOR Ms. Alison Karppi Town of Islip Community Development Agency 15 Shore Lane Bay Shore, New York 11706	
5. NAME OF PERSON WITH INFO Ms. Alison Karppi (631)665-1185 ext: 18	6. NAME OF PERSON TO CONTACT Ms. Alison Karppi (631)665-1185 ext:18	

7. Have these Community Development Block Grant (CDBG) funds been used:

- a. to meet the community development program objectives in the final statement for this program year? If no, explain, in narrative attachment, how:(1) the uses did not relate to program objectives; and (2) future activities or program objectives might change as a result of this year' experiences. Yes
- b. exclusively to either benefit low-and-moderate (low/mod) income persons, aid in the prevention or elimination of slums or blight, or meet community development needs having a particular urgency? If no, explain in a narrative attachment. Yes
- c. such that the grantee has complied with, or will comply with,its certification to expend not less than 70% of it's CDBG funds, during the specified period, on activities which benefit low/mod income persons? If no, explain in a narrative attachment. Yes

8. Were citizen comments about this report and/or the CDBG program recieved?
 If yes, attach a summary. No

9. Indicate how the Grantee Performance Report was made available to the public:

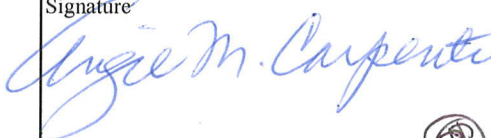
- a. By printed notice (name & date) Newspday notice, September 12, 2016 - Draft Report
- b. By public hearing (place & date) To be scheduled-February, 2017
- c. Other Available in several libraries, CDA website
and CDA office beginning on September 12, 2016 - Draft Report
Final Report will be available on September 28, 2016


COVER PAGE
Grantee Performance Report
Community Development Block Grant Program

Department of Housing & Urban Development
Office of Community Planning

OMB Approval No. 2502-0006

I hereby certify that: This report contains all required items identified above; Federal assistance made available under the Community Development Block Grant Program (CDBG) has not been utilized to reduce substantially the amount of local financial support for community development activities below the level of such support prior to the start of the most recently completed CDBG program year; all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18U.S.C.1001,1010,1012;U.S.C.3729,3802)

Typed Name & Title of Authorized	Signature	Date
Official Representative Angie M. Carpenter Town of Islip Supervisor		9/27/16



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form HUD-4949.1 (11/20/92)
ref Handbook 6510.2

CR-05 - Goals and Outcomes

Progress the jurisdiction has made in carrying out its strategic plan and its action plan. 91.520(a)

This could be an overview that includes major initiatives and highlights that were proposed and executed throughout the program year.

The following section indicates the accomplishments in the Town of Islip within the Program Year from July 1, 2015 through June 30, 2016 using the four HUD Entitlement Grant sources (CDBG, HOME, HOPWA and ESG) as well as other federal, state and private resources. These accomplishments are grouped according to the "Priority Needs" set forth in the Town's Consolidated Plan.

During the reporting period the Town of Islip was able to:

1. Expand Housing Opportunities for Very Low and Other Low Income Renters
2. Improve Housing for Very Low and Other Low Income Homeowners
3. Expand Owner Occupied Housing Opportunities for Very Low and Other First-Time Homebuyers
4. Facilitate the Location of Housing for the Homeless and Households with Specialized Needs
5. Expand Employment Opportunities for Low and Moderate Income Persons
6. Stabilize and Improve the Quality of Neighborhoods
7. Provide Equal Access to Public Facilities and Private Homes through the Removal of Architectural Barriers
8. Break the Cycle of Poverty by Addressing the Needs of Disadvantaged Children and Other Special Needs Populations

Actual accomplishments for the year ended June 30, 2016 are listed in Table 1.

Comparison of the proposed versus actual outcomes for each outcome measure submitted with the consolidated plan and

explain, if applicable, why progress was not made toward meeting goals and objectives. 91.520(g)

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

Goal	Category	Source / Amount	Indicator	Unit of Measure	Expected – Strategic Plan	Actual – Strategic Plan	Percent Complete	Expected – Program Year	Actual – Program Year	Percent Complete
Acquisition and Rehabilitation	Affordable Housing	HOME: \$	Homeowner Housing Added	Household Housing Unit	10	2	20.00%	3	2	66.67%
Affordable Housing	Affordable Housing	CDBG: \$	Homeowner Housing Added	Household Housing Unit	10	2	20.00%	2	2	100.00%
Code Enforcement	Code Enforcement	CDBG: \$	Housing Code Enforcement/Foreclosed Property Care	Household Housing Unit	800	1784	223.00%	800	1784	223.00%
Commercial Rehabilitation	Non-Housing Community Development	CDBG: \$	Facade treatment/business building rehabilitation	Business	0	0		10	14	140.00%
Commercial Rehabilitation	Non-Housing Community Development	CDBG: \$	Businesses assisted	Businesses Assisted	50	14	28.00%			
Comply with Program Administrative Requirements	Administration	CDBG: \$ / HOPWA: \$ / HOME: \$	Other	Other	0	0				

Down-payment Assistance	Affordable Housing	CDBG: \$	Direct Financial Assistance to Homebuyers	Households Assisted	15	3	20.00%	3	3	100.00%
ESG Homelessness Prevention & Rehousing	Homeless Non-Homeless Special Needs	ESG: \$	Homelessness Prevention	Persons Assisted	100	120	120.00%	20	120	600.00%
HOME CHDO Projects	Affordable Housing	HOME: \$	Homeowner Housing Added	Household Housing Unit	5	0	0.00%	1	0	0.00%
Homeless Housing	Homeless	CDBG: \$	Housing for Homeless added	Household Housing Unit	5	0	0.00%	1	0	0.00%
HOPWA Acquisition / Rehabilitation	Homeless Non-Homeless Special Needs	HOPWA: \$	Housing for People with HIV/AIDS added	Household Housing Unit	15	6	40.00%	3	6	200.00%
Housing Rehabilitation	Owner Occupied Housing Rehabilitation	CDBG: \$	Homeowner Housing Rehabilitated	Household Housing Unit	50	13	26.00%	10	13	130.00%
Public Facilities and Improvements	Non-Housing Community Development	CDBG: \$	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	10900	0	0.00%	10900	0	0.00%
Public Services	Non-Housing Community Development	CDBG: \$	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	0	0				

Public Services	Non-Housing Community Development	CDBG: \$	Public service activities other than Low/Moderate Income Housing Benefit	Persons Assisted	2000	4326	216.30%	2000	4326	216.30%
Village Consortium	Non-Housing Community Development	CDBG: \$	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit	Persons Assisted	3250	0	0.00%	3250	0	0.00%

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

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

In general, the Town of Islip continues to make significant strides in addressing each of the needs identified in the Consolidated Plan. In fact, every single project and every single penny of grant funds expended during this and previous grant years has been designed to address these needs.

Aside from grants made directly to the Town of Islip or the CDA, the Town has also provided “Certifications of Consistency” to many non-profit organizations seeking funding under the annual HUD Super NOFA. In addition, it has assisted non-profits in applying for funds under the New York State HOME, Housing Trust Fund and Affordable Housing Corporation programs, the Federal Home Loan Bank of New York Affordable Mortgage Program, Youth-Build and others.

In short, activities have been implemented with an eye toward identified needs, and no stone has gone unturned in the quest for program resources.

This is especially true in the case of affordable housing:

The CDA has a four-pronged strategy in its actions to create affordable housing opportunities. First, it acquires and rehabilitates or reconstructs vacant, boarded up homes which require repairs too extensive to make the home readily marketable to a low-moderate income homebuyer. By

holding a first mortgage at a low interest rate, plus one or more “soft” second mortgages on a home that has already been totally renovated, it can make housing affordable to families with incomes over \$47,500. At the same time, a blighted and de-stabilizing influence in the neighborhood is eliminated.

Second, for prospective homebuyers who cannot save sufficient funds for a down payment on their own, the CDA’s Rent With Option to Buy Program provides them an opportunity to save funds through mandatory escrow payments included in their rent. Through this program, many families who might never have had the opportunity to purchase a home are becoming homeowners.

Third, families with insufficient down-payment funds can be assisted through the Employer Assisted Housing Program run jointly by the Suffolk County Community Development Consortium and the Towns of Islip, Babylon and Huntington. Through this program, homebuyers meeting HUD’s low income guidelines and employed by participating companies, can receive up to \$12,000 in HOME funds and \$3,000 or more in employer funds toward the down-payment on their new home.

The fourth prong in the provision of affordable housing is the work by not-for-profit housing organizations. Each has a different technique, but uses the funds wisely in the production of housing. The actions and achievements of Habitat for Humanity, Long Island Housing Partnership, Mercy Haven, Community Development Corporation of Long Island, Options for Community Living, United Way and others have already been documented elsewhere in this report.

Please note that **HOME funds** not CDBG funds (as stated in above chart) were used to provide three (3) income eligible individuals and/or families with down-payment assistance for the July 1, 2015 through June 30, 2016 reporting period.

Assess

Unfortunately, it is expensive for the CDA to acquire additional homes for inclusion in the Rent with Option to Buy and Direct Sale Programs. Until a slowdown which began in the Fall of 2006, the local real estate market had continued to spiral upward in spite of a stagnant economy, and prices on homes requiring substantial rehabilitation jumped upward along with the overall residential market. Such houses have now dropped significantly in price, from a high of about \$250,000 to about \$150,000 now. The gut rehabilitations and reconstructions supervised by

the CDA routinely cost in the range of \$175,000, making it extremely difficult to make the homes affordable. Foreclosed homes and short sales are excellent sources from which the CDA can acquire houses, but there are often title and environmental issues which need to be addressed with the banks. High acquisition prices, coupled with high rehabilitation costs and ever increasing property taxes necessitate large subsidies in order to achieve affordability to our target population of low and moderate income first-time homebuyers. Finally, many of our current clients are frightened by the continuing decline in house values and are reluctant to purchase a home under our program even with subsidies, because they fear that the house will be worth less than what they paid in a few months time. Third, families with insufficient down-payment funds can be assisted through the Employer Assisted Housing Program run jointly by the Suffolk County Community Development Consortium and the Towns of Islip, Babylon and Huntington. Through this program, homebuyers meeting HUD's low income guidelines and employed by participating companies, can receive up to \$12,000 in HOME funds and \$3,000 or more in employer funds toward the down-payment on their new home. One family was assisted in the Town of Islip in the program year. Fortunately, Suffolk County has been able to secure funds from the New York State Affordable Housing Corporation that can subsidize the Down-payment by an additional \$5,000, and can also provide up to \$20,000 for necessary repairs for the new homebuyers. The fourth prong in the provision of affordable housing is the work by not-for-profit housing organizations. Each has a different technique, but uses the funds wisely in the production of housing. The actions and achievements of Habitat for Humanity, Long Island Housing Partnership, Catholic Charities, Mercy Haven, Community Development Corporation of Long Island, Options for Community Living, United Way and others have been documented in this report.

CR-10 - Racial and Ethnic composition of families assisted

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

91.520(a)

	CDBG	HOME	HOPWA	ESG
White	2,428	4	17	42
Black or African American	1,468	1	14	74
Asian	60	0	0	0
American Indian or American Native	12	0	0	4
Native Hawaiian or Other Pacific Islander	3	0	0	0
Total	3,971	5	31	120
Hispanic	2,182	4	10	27
Not Hispanic	2,159	1	21	93

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

Narrative

CDBG funds also served: 370 Other Multi-Racial Individuals and/or families during the reporting period.

HOME funds were used instead of CDBG funds to provided three (3) income eligible individuals with down-payment assistance

ESG funds provided 120 individuals with homelessness prevention and rapid re-housing assistance

HOPWA funds were used to complete 6 housing units providing permanent housing placement to 31 eligible individuals.

CR-15 - Resources and Investments 91.520(a)

Identify the resources made available

Source of Funds	Source	Resources Made Available	Amount Expended During Program Year
CDBG			2,168,597
HOME			581,201
HOPWA			1,902,275
ESG			117,440

Table 3 – Resources Made Available

Narrative

During the program year \$4,769,514 was expended from all programs servicing 4,497 individuals and/or their families (if applicable), Facade Improvements to 14 Businesses, and issuing 1,784 Housing Code Enforcement violations with the targeted areas of Bay Shore, Brentwood and Central Islip.

Identify the geographic distribution and location of investments

Target Area	Planned Percentage of Allocation	Actual Percentage of Allocation	Narrative Description
BAY SHORE, BRENTWOOD AND CENTRAL ISLIP	70	63	

Table 4 – Identify the geographic distribution and location of investments

Narrative

CDBG, HOME and ESG program funds were allocated toward activities in Bay Shore, Brentwood and Central Islip as these communities have high concentrations of blighted and foreclosed residences in need of immediate rehabilitation and have a significant number of individuals and/or families living at or below 80% of the area median income. During the reporting period of July 1, 2015 through June 30, 2016 \$1,002,696 (63%) was invested within these communities. It should be noted that 100% of all funds expended during the program year throughout the Town of Islip benefited individuals and/or families that were at or below 80% of the area median income. HOPWA funds were distributed throughout Nassau and Suffolk Counties as evenly as possible providing permanent housing placement for eligible individuals and their families if applicable.

Leveraging

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

The HOME Program requires a 25% match of funds from non-Federal sources. In Islip, HOME funds are currently being used for acquisition and substantial rehabilitation of single family homes, as well as infrastructure for newly constructed homes and down-payment assistance under an Employer Assisted Housing Program.

The CDA anticipated the following sources of non-federal resources as matching funds for HOME:

- The discounted (or waived) purchase price of houses and land purchased from Suffolk County, HUD, and bank foreclosures.
- Yield foregone by Habitat for Humanity of Suffolk for no-interest homeowner mortgages, volunteer labor and donated materials.
- Long Island Housing Partnership – Non-federal resources contributed to the projects.
- United Way of LI - Volunteer labor, consulting, technical, in-kind services and donated materials.

For HOPWA funding was utilized by Options for Community Living, Inc., which is Islip's largest provider of housing for homeless families, the CDA provided the funding and Options provided the matching assets in the form of real property.

Other non-federal public resources that may be available to the CDA for leverage include resources from State and local entities as well as private funding.

New York State programs include:

- Affordable Housing Corporation – Affordable Home Ownership Development Program
- Housing Trust Fund (HTF)
- Low Income Turnkey/Enhanced Housing Trust Fund Program
- Housing Development Fund (HDF)
- Low Income Housing Tax Credit Program
- Homeless Housing and Assistance Program (HHAP)
- Homeless Re-Housing Assistance Program (HRAP)
- Homeless Prevention Program (HPP)
- Access to Home Program
- Secured Loan Rental Housing Program (80/20)
- SONYMA

The Town of Islip will ensure that 100 percent of the Emergency Solutions Grant is matched with equal resources. This matching funds requirement will be passed through to the subrecipients, and must be detailed in their responses to the RFP. The match may be cash or an in-kind contribution, and cannot be counted as satisfying the matching requirement of another federal grant. Only matching funds meeting the requirements of 24 CFR §576.201 will be accepted.

Matching fund documentation will be required from the subrecipient(s) before any reimbursements will be made.

For fiscal year 2015, the Town of Islip had an excess match carryforward of \$2,993,381 (See below - Fiscal Year Summary - HOME Match). During the reporting period the Town of Islip met its requirement by requiring an eligible not-for-profit provide a \$2,500 match in cost of infrastructure associated in developing a HOME project, realized a \$20,000 discounted purchase price in one (1) home acquisition as well as assisting three (3) family with downpayment assistance. ESG funds in the amount of \$112,737 were matched 100% by Family Service League, Family and Children Association and Long Island Against Domestic Violence. All ESG funds during the FY 2015 were used to assist individuals and/or families with Homelessness Prevention and Rapid Re-Housing services.

Fiscal Year Summary – HOME Match	
1. Excess match from prior Federal fiscal year	3,097,809
2. Match contributed during current Federal fiscal year	22,500
3. Total match available for current Federal fiscal year (Line 1 plus Line 2)	3,120,309
4. Match liability for current Federal fiscal year	126,928
5. Excess match carried over to next Federal fiscal year (Line 3 minus Line 4)	2,993,381

Table 5 – Fiscal Year Summary - HOME Match Report

Match Contribution for the Federal Fiscal Year								
Project No. or Other ID	Date of Contribution	Cash (non-Federal sources)	Foregone Taxes, Fees, Charges	Appraised Land/Real Property	Required Infrastructure	Site Preparation, Construction Materials, Donated labor	Bond Financing	Total Match
15.1 HOME	04/26/2016	0	0	0	2,500	0	0	2,500
15.2 HOME	06/14/2016	0	0	20,000	0	0	0	20,000

Table 6 – Match Contribution for the Federal Fiscal Year

HOME MBE/WBE report

Program Income – Enter the program amounts for the reporting period				
Balance on hand at beginning of reporting period \$	Amount received during reporting period \$	Total amount expended during reporting period \$	Amount expended for TBRA \$	Balance on hand at end of reporting period \$
0	116,470	116,470	0	0

Table 7 – Program Income

Minority Business Enterprises and Women Business Enterprises – Indicate the number and dollar value of contracts for HOME projects completed during the reporting period

	Total	Minority Business Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Contracts						
Dollar Amount	500	0	0	0	0	500
Number	1	0	0	0	0	1
Sub-Contracts						
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0
	Total	Women Business Enterprises	Male			
Contracts						
Dollar Amount	500	500	0			
Number	1	1	0			
Sub-Contracts						
Number	0	0	0			
Dollar Amount	0	0	0			

Table 8 – Minority Business and Women Business Enterprises

Minority Owners of Rental Property – Indicate the number of HOME assisted rental property owners and the total amount of HOME funds in these rental properties assisted

	Total	Minority Property Owners				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Dollar Amount	0	0	0	0	0	0

Table 9 – Minority Owners of Rental Property

Relocation and Real Property Acquisition – Indicate the number of persons displaced, the cost of relocation payments, the number of parcels acquired, and the cost of acquisition

Parcels Acquired		0	0			
Businesses Displaced		0	0			
Nonprofit Organizations Displaced		0	0			
Households Temporarily Relocated, not Displaced		0	0			
Households Displaced	Total	Minority Property Enterprises				White Non-Hispanic
		Alaskan Native or American Indian	Asian or Pacific Islander	Black Non-Hispanic	Hispanic	
Number	0	0	0	0	0	0
Cost	0	0	0	0	0	0

Table 10 – Relocation and Real Property Acquisition

CR-20 - Affordable Housing 91.520(b)

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

	One-Year Goal	Actual
Number of Homeless households to be provided affordable housing units	1	0
Number of Non-Homeless households to be provided affordable housing units	0	0
Number of Special-Needs households to be provided affordable housing units	3	31
Total	4	31

Table 11 – Number of Households

	One-Year Goal	Actual
Number of households supported through Rental Assistance	0	0
Number of households supported through The Production of New Units	4	4
Number of households supported through Rehab of Existing Units	10	13
Number of households supported through Acquisition of Existing Units	0	3
Total	14	20

Table 12 – Number of Households Supported

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

The single most contributing factor in meeting our goals is the high cost of housing and/or land included: lack of suitable undeveloped land, high land and construction costs, high property tax burden (especially on low- and moderate-income households), and high homeownership and rental costs. Although these are major impediments, we believe that the Town of Islip reasonably met and/or exceeded our planned goals due to the following:

Actions Utilized to Overcome the Impediment

- Continue assisting in the financing of affordable housing projects.
- Continue to work to increase the supply of affordable rental units throughout the Town, particularly large size units for low and extremely low-income families, by encouraging

developers to construct affordable rental housing via the Town's inclusionary zoning regulations.

- Continue to use under-developed, under-utilized, and other sites for the construction of affordable housing.
- Adopt the New York State First Time Homebuyers property tax exemption, which provides a limited tax exemption (on local, but not county or school taxes) for first time homebuyers.
- Increase efforts to provide housing, especially affordable housing, on publicly-owned (e.g., Town, County, State) lands that become available or are deemed a surplus.
- Prioritize affordable housing projects in areas with high housing cost burdens.
- Prioritize affordable housing projects serving populations identified as having a high cost burden, specifically, elderly, disabled, and the growing disabled population with non-physical disabilities.

During the program year, using CDBG and HOME funds four (4) homes were sold and/or occupied under our Direct Sale and Rent With Option to Buy Programs to income eligible first-time homebuyers. There were also two (2) homes occupied under the Agency's NSP 3 Program, and those accomplishments are reported within DRGR (Disaster Recovery Grant Reporting) and are not part of this report.

Thirteen (13) owner occupied homes including three handicap ramps were renovated/installed using CDBG funds benefiting individuals and/or families with annual incomes not exceeding 80% of the area median income.

One (1) home using HOME funds was acquired during the reporting period and will be rehabilitated utilizing CDBG funds and will be eventually marketed in the Agency's Affordable Housing Programs.

One (1) income eligible family was provided HOME funds in the amount of \$12,000 in Down-payment Assistance through the Employer Assisted Housing Program.

and

Two (2) income eligible families were provided HOME funds in the amount of \$35,000 each in Down-payment Assistance through the Affordable Housing Program offered by the Habitat for Humanity of Suffolk, Inc.

Discuss how these outcomes will impact future annual action plans.

The Town of Islip has and will continue to strive to stabilize and improve the quality of our neighborhoods. Due to the fact that the Town of Islip is designated as a high-cost area coupled with decreased funding, it will be difficult to maintain a high level of accomplishments as the need for affordable housing far exceeds the amount of funding made available to participating jurisdictions.

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

Number of Persons Served	CDBG Actual	HOME Actual
Extremely Low-income	3	0
Low-income	4	2
Moderate-income	8	3
Total	15	5

Table 13 – Number of Persons Served

Narrative Information

Using CDBG and HOME funds during the program year four (4) homes were sold and/or occupied under our Direct Sale and Rent With Option to Buy Programs to income eligible first-time homebuyers. There were also two (2) homes occupied under the Agency's NSP 3 Program, but those accomplishments are reported within DRGR (Disaster Recovery Grant Reporting) and are not part of this report.

Thirteen (13) owner occupied homes including three handicap ramps were renovated/installed using CDBG funds benefiting individuals and/or families with annual incomes not exceeding 80% of the area median income.

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One (1) income eligible family was provided HOME funds in the amount of \$12,000 in Down-payment Assistance through the Employer Assisted Housing Program.

and

Two (2) income eligible families were provided HOME funds in the amount of \$35,000 each in Down-payment Assistance through Habitat for Humanity of Suffolk, Inc. Affordable Housing Program.

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

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

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

The Town of Islip encourages the work of groups who are dedicated to providing housing assistance for people with special needs and/or who are homeless. The CDA utilizing CDBG funds, has been supporting an enrichment and skills development program for Mercy Haven, Inc. (Residential Empowerment and Achievement Program - R.E.A.P.) homeless clients for many years. HOPWA funds have been used to create special needs housing through such agencies as Options for Community Living, United Veterans Beacon House, and Community Housing Innovations. The special needs housing is developed for persons testing positive for HIV/AIDS and their families. (see the HOPWA CAPER at the end of this report)

ESG funds have also been used to support a counseling program for all the families being served by Suburban Housing. Due to the changes in the program from the HEARTH Act, 2011 was the last year that these funds were provided to Suburban Housing.

Emergency Solutions Grant Funds were utilized for the operation of programs providing homelessness prevention and rapid re-housing. Approximately \$112,700 was expended during the program year serving 120 individuals / families. Islip did not receive ESG funding in 2013, but has been re-qualified as an ESG entitlement jurisdiction for 2014 and 2015.

Numerous organizations have approached the CDA to comply with the Town's Consolidated Plan as well as related assistance with regard to submission of their proposed applications. The Town is very committed to assisting these agencies in providing sorely needed services.

Addressing the emergency shelter and transitional housing needs of homeless persons

The CDA has provided numerous grants in previous program years to assist in upgrading and rehabilitating homes owned by not-for-profit housing providers. Those providers include the Interfaith Nutrition Network, Suffolk County Coalition Against Domestic Violence, Suburban Housing and Mercy Haven. This year, the CDA will be working with Options for Community Living, Community Housing Initiatives, and United Veterans Beacon House to provide additional HIV/AIDS housing.

The Town of Islip has made efforts to fund and/or support a wide variety of programs for persons with special needs in order to implement its Continuum of Care strategy. Programs have been approved which address the need for short and medium term emergency housing, as well as transitional and

permanent housing. Please see item 3) in the Assessment Section for a complete overview of actions taken to assist homeless and special needs populations. Furthermore, public services are provided that deal with persons in each of these housing types, including but not limited to employment training, day care and traditional social work.

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

Some of the major components of the Suffolk County Continuum of Care strategic planning objectives are to end chronic homelessness by creating new permanent housing beds for chronically homeless individuals, increasing the percentage of homeless persons staying in permanent housing, increasing the percentage of persons employed at program exit, and decreasing the number of homeless households with children.

The vast majority of homeless housing and homeless services are provided by non-profit organizations using grant funds other than those covered in this application. Town of Islip financial assistance includes roughly \$200,000 per year from the Community Development Block Grant for acquisition and rehabilitation of homes to be used for permanent homeless housing. The entire Emergency Solutions Grant of approximately \$140,000 per year is utilized to provide family homelessness prevention and rapid re-housing assistance. In addition, tax foreclosed land is transferred, when appropriate to non-profit organizations for the development of new homeless housing with other grant sources.

The location of housing for the homeless and households with specialized needs is an important component of the Consolidated Plan and requires consultation with Islip's Planning Department as well as others. The integration of this component with the overall Consolidated Plan is optimized when the resources available to create housing for the homeless and those with specialized needs is targeted to blighted sites, where the investment and change in ownership will improve the community in addition to providing needed housing.

Transitional neighborhoods between residential and commercial areas, with access to shopping, public transportation, public facilities, schools and the like, are appropriate locations for housing for families and individuals without the means to access necessary private supportive services.

Housing units should be located throughout the entire Town of Islip to avoid creating neighborhoods with a greater than fair share of supportive housing. Of course, families should be encouraged to remain in their community of origin, where possible, to maintain a continuity of services. This is particularly true when children are involved.

Working with program participants and ensuring that they are enrolled in appropriate educational and/or vocational programs and assisting in access to the necessary skills/training to obtain employment are important components to preventing individuals and families from becoming homeless again.

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

Strategies for preventing homeless are similar to those strategies for reducing poverty. Families are less likely to become homeless when they have access to safe, decent, and affordable housing, and when they have opportunities for stable employment.

The Family Self Sufficiency Program administered by the Town of Islip Housing Authority provides preventative assistance to low income individuals and families with children, especially those with incomes below 30% of median, from becoming homeless. Where feasible, the CDA will continue to target public services to support these efforts through its CDBG program. Most public service funds in Islip are targeted to tutoring programs, mentoring programs and family counseling programs in accordance with the philosophy of breaking the cycle of poverty through education and family supportive services.

Many non-profit agencies serving the Town of Islip area will also refer households with children to the Emergency Solutions Grant, Emergency Cash Assistance, and other programs that provide homelessness prevention and rapid re-housing as temporary financial assistance. In addition other providers assist those families in developing the necessary skills and training to increase their incomes by securing higher-paying employment.

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

Actions taken to address the needs of public housing

The Housing Authority is currently responsible for maintaining and operating its current stock of 360 public housing units as well as administering the Section 8 Housing Choice Voucher Program with approximately 1,035 participating families.

Following are the specific actions that were undertaken during the 2015 Program Year by the Town of Islip Housing Authority to address the needs to public housing:

- Establish rehabilitation protocol of kitchens and baths for approximately 40 units at various properties - ongoing
- Cycle painting at various properties
- Replace flooring in all community rooms and laundry rooms
- Implement Section 504/ADA re-assessment planning
- Re-evaluating installing additional emergency pull cords in all units, located in the living rooms
- Revamp procurement process by using online procurement process
- Upgrade electric panels in Central Islip and Bay Shore
- Replace an IHA vehicle 2015
- Electronic tracking system for maintenance inventory & asset inventory
- Energy efficiency improvements
- Improve accessibility to garbage receptacles for the disabled
- New safety signage for the disabled
- Install Solar Panels on the Housing Authority main office
- Replace 8 computers and install new servers, upgraded security software
- Paint apartment door vestibules
- Purchase additional snow equipment – bobcat, snow blowers, large hopper motorized salter, snow blades for bobcat
- Sidewalk improvements – completed at MPL, Allyn and Ockers
- Additional site lighting
- Improve site storage
- Improve landscaping
- Pressure washing all buildings
- Site Signage
- Heat/Ac units at Allyn Drive and MPL
- Motion Sensor lighting for all public areas
- Complete physical needs assessment by Third Party
- Conversion to RAD units
- Bed Bug prevention and training program with applicable unit improvements
- Energy sealing of units – caulking of all windows and doors

- Review wifi locks

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

The Housing Authority will continue its current tenant outreach including newsletters, frequent notices, annual picnics, and encouragement of involvement with each recertification packet and tenant organizations.

Approximately 98% of the Housing Authority's tenants are elderly and therefore not prime candidates for home ownership. For families with sufficient income, disabled and/or elderly households who desire home ownership, the Housing Authority promotes homeownership through notices. The Housing Authority has also converted 18 units of public housing to owned units via the Section 23 conversion process.

Actions taken to provide assistance to troubled PHAs

The Town of Islip Housing Authority is designated as high performing.

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

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

To alleviate the high cost of land, Suffolk County implemented a program whereby surplus tax defaulted County owned properties are made available to the Town for its affordable housing program. Through this program, the town and/or non-profit agencies must construct new affordable housing units on the site or renovate existing home for low and moderate income households.

In addition to the Long Island Workforce Housing Act, the Town has established a density bonus program where the developers are permitted to construct additional units on a site, provided that percentage of units are set aside for affordable housing purposes.

The Town also worked with the County in providing down payment assistance to first time homebuyers.

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

The Town has worked to amend its zoning code to reduce barriers by modifying its accessory apartment ordinance as well as providing incentives to encourage affordable units in new developments. The Town has consulted with various non-profits to discuss suitable locations for affordable and special needs housing. With the assistance of Suffolk County, the Town has been able to transfer properties to meet these needs. In order to improve housing for physically disabled adults, the town has implemented the universal design method to incorporate flexibility and alternative means of use in the design, construction, and modification of homes. We will continue with our outreach efforts to address our handicapped accessibility program. The Town advertised once a month in local English and Spanish newspapers with regard to said program and its availability.

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

CDA continues to reduce lead-based paint hazards by using the following:

- Implementation of HUD's Lead Based Paint Poisoning Prevention Act's regulations (24 CFR Part 35).
- Utilized CDBG and related funds for residential rehabilitation of homeowner and rental housing units.
- Replace abandoned and deteriorating housing with new construction, to the extent possible.
- Test for lead-based paint, coordinate testing information with the County Department of Health,

and enforce lead-based paint abatement.

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

The CDA continues to target public services to support efforts to reduce the number of poverty-level families through its CDBG program. Most of the public service funds in Islip were utilized by tutoring programs, mentoring programs and family counseling programs in accordance with the philosophy of breaking the cycle of poverty through education and family supportive services. Approximately eight percent (8%) of the CDBG budget was allocated to public service programs designed to address poverty. Most public service funds were awarded to agencies that serve low and moderate income youths, with the remainder going to those serving special needs or illiterate adults. The Family Self Sufficiency Program administered by the Town of Islip Housing Authority provided homeless preventive assistance to low income individuals and families with children, especially those with incomes below 30% of area median.

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

The CDA continues to be a part of an extensive networking group to provide affordable housing and other public services in the Town of Islip. During fiscal year 2015, the CDA met with numerous agencies to discuss these services and their efforts to continue to expand to meet the populations in need. Pursuant to the Town's code with regard to Affordable Housing, a minimum of 20% of all units built in a development must be maintained as affordable units.

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

As described above, the CDA has developed ongoing relationships with various non-profits organizations, governmental departments, and private organizations. The CDA will continue to foster these relationships and bridge any gaps in an effort to enhance coordination between the applicable agencies providing public and private housing as well as social service programs.

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

The Town updated its Analysis of Impediments in 2015 which indicated the actions to affirmatively further fair housing and were grouped into three categories:

Intent: The obligation to avoid policies, customs, practices, or processes whose intent or purpose is to impede, infringe, or deny the exercise of fair housing rights by persons protected under the Act.

Effect: The obligation to avoid policies, customs, practices, or processes whose effect or impact impeded, infringes upon or denies the exercise of fair housing rights by persons protected under the

Act.

Affirmative Duties: The Act imposes a fiduciary responsibility upon public agencies to anticipate policies, customs, practices, or processes that previously, currently, or may potentially impede, infringe, or deny the exercise of fair housing rights by persons protected under the Act.

The Town has several housing programs and will continue to support projects to help address the housing impediments. The Town also partners with and relies on several local and County-wide non-profit housing organizations and housing service providers, such as Long Island Housing Services and the Long Island Housing Partnership to provide a variety of services that promote fair housing practices for protected groups within the Town. These include first time homebuyer assistance, eviction prevention, services to homeless and special needs populations and fair housing complaint monitoring and mediation.

CR-40 - Monitoring 91.220 and 91.230

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

The Agency staff monitors all subrecipients to ensure program compliance. Staff utilizes both “Desk Monitoring” and “Internal/On-site” monitoring to assess the quality of program performance over the duration of the contract.

Monitoring provides information for making informed judgment about program effectiveness and management efficiency, as well as identifies internal weaknesses that may contribute to fraud or abuse.

The procedures established are to ensure program compliance with the requirements of 2CFR §200.328 and all other applicable laws and regulations

Monitoring of subrecipients shall concentrate on program, financial, and regulatory performance of the subrecipients, including subrecipients of capital improvement project funds. Primary monitoring objectives are to make sure that subrecipients comply with all regulations governing administrative, financial, and programmatic operations.

In conducting monitoring and performance reviews, Agency staff will primarily rely on information obtained from the subrecipients’ performance reports, records, audits, allowed costs, review of financial reports, eligibility and number of beneficiaries served, compliance with federal regulations and Agency program requirements. Staff may also consider relevant information pertaining to a recipient's performance gained from other sources, including litigation, citizen comments, and other information provided by or concerning the subrecipient.

Subrecipient Monitoring Schedule

Agency staff shall monitor all subrecipients based on the following schedule, and will utilize and complete the monitoring checklist. A record of all monitoring(s) and any subsequent action(s) shall be maintained in the files of each subrecipient.

Dates

Monitoring Type

April 1st through May 15th

In-house review and general oversight

October 15th Through November 30th

On-site visit

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

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

On September 12, 2016, a notice was published in Newsday stating that the Consolidated Annual Performance and Evaluation Report was prepared and was available for review at several libraries, CDA office and Agency's website. Citizens were given at least fifteen days from the date of the notice to submit comments for inclusion herein. A summary of any citizen comments that were received will be provided to HUD at the close of the official fifteen day comment period.

Please note that in accordance with the Town's approved Citizen Participation Plan, residents, non-profit organizations and other interested parties were given a presentation on the annual performance under the FY 2014 grants and an opportunity to comment at the public hearing for the Annual Plan on February 25, 2016. A full presentation and additional comments on this CAPER will be solicited at the next Annual Plan meeting to be held in February of 2017.

CR-45 - CDBG 91.520(c)

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

The jurisdiction has not made any program objective changes.

Does this Jurisdiction have any open Brownfields Economic Development Initiative (BEDI) grants?	No
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[BEDI grantees] Describe accomplishments and program outcomes during the last year.

CR-50 - HOME 91.520(d)

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

Please list those projects that should have been inspected on-site this program year based upon the schedule in §92.504(d). Indicate which of these were inspected and a summary of issues that were detected during the inspection. For those that were not inspected, please indicate the reason and how you will remedy the situation.

The Town of Islip CDA owns eight HOME assisted and four CDBG assisted permanent rental units. The other CDA owned HOME/CDBG houses are either rented out temporarily under the Rent-With-Option-to-Buy Program, or have been sold immediately under the Direct Sale Program.

The twelve permanent rental homes are inspected on an annual basis by the Town of Islip Housing Authority for compliance with Section Eight housing quality standards. These inspections often indicate the need for minor (and occasionally major) maintenance work, appliance replacements, and other updates which have been performed by CDA staff and/or contractors hired by the CDA.

With regard to the Rent-With-Option-to-Buy houses, the contract of sale gives the CDA the right to inspect the units at any time upon reasonable notice. All units are inspected prior to deeding and windshield surveys are performed by rehabilitation personnel working on other projects in the neighborhoods. When the windshield survey reveals deficient maintenance or other problems, a full inspection is scheduled as soon as possible.

Finally, responsibility for inspection of HOME/CDBG assisted units owned by non-profit housing providers rests upon the non-profit itself. When the CDA staff performs a monitoring of the sub-recipient, however, a request is made to view some of the assisted units. The not-for-profit housing providers that the Agency works with are aware of how important it is to the Town that their assisted units become assets to the community, rather than bare-bones shelters that are eyesores.

It should be noted that the CDA also owns and operates a total of sixty-four units of rental housing that were not assisted with HOME funds. Since most of these units house Section Eight tenants, the CDA Executive Director and Rehabilitation Specialist have attended trainings and are HQS certified. The program manager for the HOPWA Program at United Way is also HQS certified

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

In accordance with Section 92.350 and 92.351 of HOME regulations, the Town has been following its policy of non-discrimination and equal opportunity in housing and in advancing the participation of minority and women-owned businesses in its program activities.

Each bid that has been published for construction work related to HOME Program houses specifically states that minority and woman owned contractors are encouraged to participate.

In preparation for the new home lottery that was held on June 15, 2015, advertisements were placed in Newsday, Able News, Bilingual News, and NAACP's Colored Advancer. We also notified local service agencies, including several involved with veterans, and posted the entire application package on our website. More than 1,000 applications were sent to persons who contacted the CDA directly. There were also about 1,130 views of the brochures on our website. A total of 58 applications were received, 19 of which appeared to meet all of the program requirements for affordable housing. Preparations are underway for the next lottery, tentatively planned for Winter/Spring 2017.

CDA statistics regarding beneficiaries of its affordable housing programs indicate that minorities and female headed households are well represented. The racial/ethnic breakdown of applicants throughout the various reports attached hereto clearly indicate effective affirmative marketing by the Town to the applicable groups.

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

During the reporting period a total \$116,470.21 of HOME Program Income received and expended on the following eligible projects:

Two (2) homes were sold and or occupied under our Direct Sale and Rent With Option to Buy Programs to income eligible first-time homebuyers.

One (1) home was acquired during the reporting period and will be rehabilitated utilizing CDBG funds and will be eventually marketed in the Agency's Affordable Housing Programs.

One (1) income eligible family was provided HOME funds in the amount of \$12,000 in Down-payment Assistance through the Employer Assisted Housing Program and -

Two (2) income eligible families were provided HOME funds in the amount of \$35,000 each in Down-payment Assistance through Habitat for Humanity of Suffolk, Inc. Affordable Housing Program.

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

The CDA has a four-pronged strategy in its actions to create affordable housing opportunities. First, it acquires and rehabilitates or reconstructs vacant, boarded up homes which require repairs too extensive to make the home readily marketable to a low-moderate income homebuyer. By holding a first mortgage at a low interest rate, plus one or more "soft" second mortgages on a home that has

already been totally renovated, it can make housing affordable to families with incomes over \$47,500. At the same time, a blighted and de-stabilizing influence in the neighborhood is eliminated.

Second, for prospective homebuyers who cannot save sufficient funds for a down payment on their own, the CDA's Rent With Option to Buy Program provides them an opportunity to save funds through mandatory escrow payments included in their rent. Through this program, many families who might never have had the opportunity to purchase a home are becoming homeowners.

Third, families with insufficient down-payment funds can be assisted through the Employer Assisted Housing Program run jointly by the Suffolk County Community Development Consortium and the Towns of Islip, Babylon and Huntington. Through this program, homebuyers meeting HUD's low income guidelines and working for participating employers, can receive up to \$12,000 in HOME funds and \$3,000 or more in employer funds toward the down-payment on their new home. One Islip family was assisted in the program year. The subsidy amount for this program was increased from \$9,000 to \$12,000 in 2005, due to the fact that \$12,000 in government and private (employer) subsidies was not sufficient to make homes on Long Island affordable to families meeting HUD's income guidelines. Fortunately, Suffolk County has been able to secure funds from the New York State Affordable Housing Corporation that can subsidize the Down-payment by an additional \$5,000, and can also provide up to \$20,000 for necessary repairs for the qualified new homebuyers.

The fourth prong in the provision of affordable housing is the work by not-for-profit housing organizations. Each has a different technique, but uses the funds wisely in the production of housing. The actions and achievements of Habitat for Humanity, Long Island Housing Partnership, Mercy Haven, Community Development Corporation of Long Island, Options for Community Living, United Way and others have already been documented elsewhere in this report.

CR-55 - HOPWA 91.520(e)

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

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

Number of Households Served Through:	One-year Goal	Actual
Short-term rent, mortgage, and utility assistance to prevent homelessness of the individual or family	0	0
Tenant-based rental assistance	0	0
Units provided in permanent housing facilities developed, leased, or operated with HOPWA funds	3	6
Units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds	0	0

Table 14 – HOPWA Number of Households Served

Narrative

Through the efforts of the Town of Islip CDA and our non-profit sub-recipient sponsor, United Way of Long Island, we provide permanent housing units for persons with HIV/AIDS.

Note: All HOPWA permanent housing projects are New York State Energy Star Certified.

During the reporting period 6 permanent housing facilities serving 31 eligible individuals were reported as accomplishments (See HOPWA CAPER for additional details).

Since the Town of Islip was designated as the recipient of all program funds for the Nassau/Suffolk MSA in 1993, a total of 66 projects (105 units) have been undertaken, 60 of the projects are complete (77 units), and 10 projects remain underway (14 units). Many of the projects, however, have now exceeded their mandatory 10 year commitment of the program. A total of 14 projects (30 units) out of 27 projects (46 units), servicing approximately people, are still operating as housing for HIV/AIDS after the 10 year period. These units are no longer subject to reporting requirements, but because they continue to provide HIV/AIDS housing we call them legacy projects. For this reporting period, the HOPWA program has decided to fund projects that are outside of the 10-year commitment and re-enroll the projects into another 10 year commitment with additional rehabilitation funding. There are currently (4) Preservation

projects (9 units servicing 14 people). This accounts for 29 completed projects and (4) Preservation projects being reported within the program.

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

ESG Supplement to the CAPER in *e-snaps*

For Paperwork Reduction Act

1. Recipient Information—All Recipients Complete

Basic Grant Information

Recipient Name	ISLIP TOWNSHIP
Organizational DUNS Number	068034438
EIN/TIN Number	116001931
Identify the Field Office	NEW YORK
Identify CoC(s) in which the recipient or subrecipient(s) will provide ESG assistance	Islip/Babylon/Huntington/Suffolk County CoC

ESG Contact Name

Prefix	Ms
First Name	ALISON
Middle Name	M
Last Name	KARPPI
Suffix	0
Title	Executive Director

ESG Contact Address

Street Address 1	15 Shore Lane
Street Address 2	0
City	Bay Shore
State	NY
ZIP Code	-
Phone Number	6316651185
Extension	18
Fax Number	6316650036
Email Address	AKARPPI@ISLIPDA.ORG

ESG Secondary Contact

Prefix	
First Name	
Last Name	
Suffix	
Title	
Phone Number	
Extension	
Email Address	

2. Reporting Period—All Recipients Complete

Program Year Start Date 07/01/2015
Program Year End Date 06/30/2016

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

Subrecipient or Contractor Name
City
State
Zip Code
DUNS Number
Is subrecipient a victim services provider
Subrecipient Organization Type
ESG Subgrant or Contract Award Amount

CR-65 - Persons Assisted

4. Persons Served

4a. Complete for Homelessness Prevention Activities

Number of Persons in Households	Total
Adults	38
Children	19
Don't Know/Refused/Other	0
Missing Information	0
Total	57

Table 15 – Household Information for Homeless Prevention Activities

4b. Complete for Rapid Re-Housing Activities

Number of Persons in Households	Total
Adults	34
Children	29
Don't Know/Refused/Other	0
Missing Information	0
Total	63

Table 16 – Household Information for Rapid Re-Housing Activities

4c. Complete for Shelter

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

Table 17 – Shelter Information

4d. Street Outreach

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

Table 18 – Household Information for Street Outreach

4e. Totals for all Persons Served with ESG

Number of Persons in Households	Total
Adults	72
Children	48
Don't Know/Refused/Other	0
Missing Information	0
Total	120

Table 19 – Household Information for Persons Served with ESG

5. Gender—Complete for All Activities

	Total
Male	75
Female	45
Transgender	0
Don't Know/Refused/Other	0
Missing Information	0
Total	120

Table 20 - Gender Information

6. Age—Complete for All Activities

	Total
Under 18	48
18-24	13
25 and over	59
Don't Know/Refused/Other	0
Missing Information	0
Total	120

Table 21 – Age Information

7. Special Populations Served—Complete for All Activities

Number of Persons in Households

Subpopulation	Total	Total Persons Served – Prevention	Total Persons Served – RRH	Total Persons Served in Emergency Shelters
Veterans	1	1	0	0
Victims of Domestic Violence	1	0	1	0
Elderly	2	2	0	0
HIV/AIDS	0	0	0	0
Chronically Homeless	0	0	0	0
Persons with Disabilities:				
Severely Mentally Ill	3	1	2	0
Chronic Substance Abuse	0	0	0	0
Other Disability	6	3	3	0
Total (Unduplicated if possible)	13	7	6	0

Table 22 – Special Population Served

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

10. Shelter Utilization

Number of New Units - Rehabbed	0
Number of New Units - Conversion	0
Total Number of bed-nights available	0
Total Number of bed-nights provided	0
Capacity Utilization	0.00%

Table 23 – Shelter Capacity

11. Project Outcomes Data measured under the performance standards developed in consultation with the CoC(s)

120 individuals were provided with Homelessness Prevention and/or Rapid Re-Housing assistance.

CR-75 – Expenditures

11. Expenditures

11a. ESG Expenditures for Homelessness Prevention

	Dollar Amount of Expenditures in Program Year		
	2013	2014	2015
Expenditures for Rental Assistance	0	0	0
Expenditures for Housing Relocation and Stabilization Services - Financial Assistance	0	0	64,086
Expenditures for Housing Relocation & Stabilization Services - Services	0	0	0
Expenditures for Homeless Prevention under Emergency Shelter Grants Program	0	0	0
Subtotal Homelessness Prevention	0	0	64,086

Table 24 – ESG Expenditures for Homelessness Prevention

11b. ESG Expenditures for Rapid Re-Housing

	Dollar Amount of Expenditures in Program Year		
	2013	2014	2015
Expenditures for Rental Assistance	0	0	0
Expenditures for Housing Relocation and Stabilization Services - Financial Assistance	0	0	48,650
Expenditures for Housing Relocation & Stabilization Services - Services	0	0	0
Expenditures for Homeless Assistance under Emergency Shelter Grants Program	0	0	0
Subtotal Rapid Re-Housing	0	0	48,650

Table 25 – ESG Expenditures for Rapid Re-Housing

11c. ESG Expenditures for Emergency Shelter

	Dollar Amount of Expenditures in Program Year		
	2013	2014	2015
Essential Services	0	0	0
Operations	0	0	0
Renovation	0	0	0
Major Rehab	0	0	0
Conversion	0	0	0
Subtotal	0	0	0

Table 26 – ESG Expenditures for Emergency Shelter

11d. Other Grant Expenditures

	Dollar Amount of Expenditures in Program Year		
	2013	2014	2015
HMIS	0	0	0
Administration	0	0	4,704
Street Outreach	0	0	0

Table 27 - Other Grant Expenditures

11e. Total ESG Grant Funds

Total ESG Funds Expended	2013	2014	2015
117,440	0	0	117,440

Table 28 - Total ESG Funds Expended

11f. Match Source

	2013	2014	2015
Other Non-ESG HUD Funds	0	0	0
Other Federal Funds	0	0	0
State Government	0	0	0
Local Government	0	0	0
Private Funds	0	0	0
Other	0	0	0
Fees	0	0	0
Program Income	0	0	0
Total Match Amount	0	0	0

Table 29 - Other Funds Expended on Eligible ESG Activities

11g. Total

Total Amount of Funds Expended on ESG Activities	2013	2014	2015
117,440	0	0	117,440

Table 30 - Total Amount of Funds Expended on ESG Activities



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 39

PGM Year: 2013
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1203 - Mercy Haven - REAP

Status: Completed 8/3/2016 12:00:00 AM
Location: 859 Connetquot Ave Islip Terrace, NY 11752-1400
Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Public Services (General) (05) **National Objective:** LMC

Initial Funding Date: 12/03/2014

Description:
 Resident Empowerment and Achievement Program (REAP)-Focus on educational needs and daily living skills for homeless residents with mental illness and/or AIDS.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$2,887.50	\$0.00	\$0.00
		2014	B14MC360116		\$0.00	\$2,887.50
	PI			\$12,673.07	\$5,775.00	\$12,673.07
Total	Total			\$15,560.57	\$5,775.00	\$15,560.57

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	164	25
Black/African American:	0	0	0	0	0	0	100	1
Asian:	0	0	0	0	0	0	1	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	265	26



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 40

Female-headed Households: 0 0 0

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	249
Low Mod	0	0	0	6
Moderate	0	0	0	10
Non Low Moderate	0	0	0	0
Total	0	0	0	265
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2014	Previous Year Activity - 265 Adults participated in this program. Remaining funds expended in 2015 Program Year.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 45

PGM Year: 2013
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1207 - YES- After School Enrichment Program

Status: Completed 8/3/2016 12:00:00 AM
Location: 90 Higbie Ln West Islip, NY 11795-3923

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 03/24/2015

Description:
 To provide students with work readiness and career exploration skills.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$13,045.54	\$0.00	\$0.00
		2014	B14MC360116		\$0.00	\$13,045.54
	PI			\$40,965.04	\$17,976.39	\$40,965.04
Total	Total			\$54,010.58	\$17,976.39	\$54,010.58

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	1,445	1,207
Black/African American:	0	0	0	0	0	0	1,053	127
Asian:	0	0	0	0	0	0	40	0
American Indian/Alaskan Native:	0	0	0	0	0	0	11	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	2	0
Asian White:	0	0	0	0	0	0	9	0
Black/African American & White:	0	0	0	0	0	0	31	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	308	3
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	2,899	1,337



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 46

Female-headed Households: 0 0 0

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	2,634
Low Mod	0	0	0	68
Moderate	0	0	0	80
Non Low Moderate	0	0	0	117
Total	0	0	0	2,899
Percent Low/Mod				96.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2014	Previous Year Activity - 2899 Youths participated in this program. Remaining funds expended in 2015 Program Year.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 50

PGM Year: 2013
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1217 - Family Service League - CBITS

Status: Completed 8/3/2016 12:00:00 AM
Location: 1444 5th Ave Bay Shore, NY 11706-4147

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/12/2015

Description:
 Youth intervention aimed at relieving symptoms of post-traumatic stress disorder, generalized anxiety and other crisis responses among children exposed to traumatic events.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$13,522.14	\$5,400.32	\$13,522.14
Total	Total			\$13,522.14	\$5,400.32	\$13,522.14

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	15	12
Black/African American:	0	0	0	0	0	0	37	11
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	52	23
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016

Time: 9:35

Page: 51

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	52
Low Mod	0	0	0	0
Moderate	0	0	0	0
Non Low Moderate	0	0	0	0
Total	0	0	0	52
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2014	Previous Year Activity - 52 Youths Participated in this program. Remaining funds expended in 2015 Program Year.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 52

PGM Year: 2013
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1218 - LIGALY-After School Program

Status: Completed 8/3/2016 12:00:00 AM
Location: 34 Park Ave Bay Shore, NY 11706-7309

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/12/2015

Description:
 After school drop-in programs for At Risk LGBT teens.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$14,010.58	\$10,000.00	\$14,010.58
Total	Total			\$14,010.58	\$10,000.00	\$14,010.58

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	28	4
Black/African American:	0	0	0	0	0	0	17	1
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	3	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	1	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	1	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	45	35
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	95	40
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016

Time: 9:35

Page: 53

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	30
Low Mod	0	0	0	25
Moderate	0	0	0	40
Non Low Moderate	0	0	0	0
Total	0	0	0	95
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2014	Previous Year Activity - 95 'At Risk' Youths participated in this program. Remaining funds expended in 2015 Program Year.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 54

PGM Year: 2013
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1219 - EOC of Suffolk - Youth & Adolescent Services

Status: Completed 8/3/2016 12:00:00 AM
Location: 31 W Main St Ste 300 Patchogue, NY 11772-3026

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/12/2015

Description:
 To enhance self-esteem, respect and responsibility in middle and high school students.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$9,010.58	\$5,000.00	\$9,010.58
Total	Total			\$9,010.58	\$5,000.00	\$9,010.58

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	33	27
Black/African American:	0	0	0	0	0	0	27	5
Asian:	0	0	0	0	0	0	2	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	15	10
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	77	42
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016

Time: 9:35

Page: 55

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	12
Low Mod	0	0	0	18
Moderate	0	0	0	47
Non Low Moderate	0	0	0	0
Total	0	0	0	77
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2014	Previous Year Activity - 77 youths participated in this program. Remaining funds expended in 2015 Program Year.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 56

PGM Year: 2013
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1220 - Family Service League - Home Share

Status: Completed 8/3/2016 12:00:00 AM
Location: 1444 5th Ave Bay Shore, NY 11706-4147

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Public Services (General) (05) **National Objective:** LMC

Initial Funding Date: 08/12/2015

Description:
 Home share program for the growing number of residents who are faced with losing their independence and self sufficiency because they cannot find affordable housing.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$22,210.57	\$10,230.90	\$22,210.57
Total	Total			\$22,210.57	\$10,230.90	\$22,210.57

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	29	12
Black/African American:	0	0	0	0	0	0	13	3
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	42	15
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016

Time: 9:35

Page: 57

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	22
Low Mod	0	0	0	20
Moderate	0	0	0	0
Non Low Moderate	0	0	0	0
Total	0	0	0	42
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2014	Previous Year Activity - 42 Adults participated in this program. Remaining funds expended in 2015 Program Year.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 58

PGM Year: 2013
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1221 - Adelante of Suffolk County-Youth Leadership

Status: Completed 8/3/2016 12:00:00 AM
Location: 83 Carleton Ave Central Islip, NY 11722-3019

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/12/2015

Description:
 Youth Leadership program for students to develop leadership skills and self-esteem.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$15,560.58	\$11,550.00	\$15,560.58
Total	Total			\$15,560.58	\$11,550.00	\$15,560.58

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	273	249
Black/African American:	0	0	0	0	0	0	25	10
Asian:	0	0	0	0	0	0	5	1
American Indian/Alaskan Native:	0	0	0	0	0	0	1	1
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	30	26
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	334	287
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 59

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	291
Low Mod	0	0	0	39
Moderate	0	0	0	4
Non Low Moderate	0	0	0	0
Total	0	0	0	334
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2014	Previous Year Activity - 334 Youth participated in this program. Remaining funds expended in 2015 Program Year.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 62

PGM Year: 2013
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1223 - Adelante of Suffolk County-Computer Skills

Status: Completed 8/3/2016 12:00:00 AM
Location: 83 Carleton Ave Central Islip, NY 11722-3019

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Employment Training (05H) **National Objective:** LMC

Initial Funding Date: 08/20/2015

Description:
 Classes in computer skills and job search preparation for low and moderate income residents.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$11,710.58	\$7,700.00	\$11,710.58
Total	Total			\$11,710.58	\$7,700.00	\$11,710.58

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	54	54
Black/African American:	0	0	0	0	0	0	3	2
Asian:	0	0	0	0	0	0	2	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	7	6
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	66	62
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 63

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	51
Low Mod	0	0	0	13
Moderate	0	0	0	2
Non Low Moderate	0	0	0	0
Total	0	0	0	66
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2014	Previous Year Activity - 66 Adults participated in this program. Remaining funds expended in 2015 Program Year.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 64

PGM Year: 2013
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1224 - Great South Bay YMCA Teen Program

Status: Completed 8/3/2016 12:00:00 AM
Location: 200 W Main St Bay Shore, NY 11706-8310

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/20/2015

Description:
 Weekend recreational activities for high school students.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$14,010.58	\$10,000.00	\$14,010.58
Total	Total			\$14,010.58	\$10,000.00	\$14,010.58

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	33	3
Black/African American:	0	0	0	0	0	0	121	10
Asian:	0	0	0	0	0	0	1	0
American Indian/Alaskan Native:	0	0	0	0	0	0	1	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	156	13
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 65

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	60
Low Mod	0	0	0	50
Moderate	0	0	0	46
Non Low Moderate	0	0	0	0
Total	0	0	0	156
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2014	Previous Year Activity - 156 Youths participated in this program. Remaining funds expended in 2015 Program Year.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 66

PGM Year: 2014
Project: 0002 - HOUSING REHABILITATION
IDIS Activity: 1226 - Housing Rehabilitation - CHIP - Central Islip

Status: Completed 8/29/2016 12:00:00 AM
Location: 15 1st Ave Central Islip, NY 11722-3009

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Rehab; Single-Unit Residential (14A) **National Objective:** LMH

Initial Funding Date: 09/03/2015

Description:
 Rehabilitation for low and moderate homeowners in the Central Islip target area.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$16,478.30	\$0.00	\$0.00
		2014	B14MC360116		\$16,478.30	\$16,478.30
		2015	B15MC360116	\$2,601.89	\$2,601.89	\$2,601.89
	PI			\$12,893.43	\$12,893.43	\$12,893.43
Total	Total			\$31,973.62	\$31,973.62	\$31,973.62

Proposed Accomplishments

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0		0
Black/African American:	0	0	0	0	0	0	0	0
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	0	0



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 67

Female-headed Households: 0 0 0

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	0
Low Mod	0	0	0	0
Moderate	0	0	0	0
Non Low Moderate	0	0	0	0
Total	0	0	0	0
Percent Low/Mod				

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2015	Accomplishment reported in previous year - remaining funds expended during current reporting period.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 68

PGM Year: 2014
Project: 0002 - HOUSING REHABILITATION
IDIS Activity: 1227 - Housing Rehabilitation - Home Repair

Status: Completed 8/19/2016 12:00:00 AM
Location: 171 Oceanside St Islip Terrace, NY 11752-1303

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Rehab; Single-Unit Residential (14A) **National Objective:** LMH

Initial Funding Date: 09/03/2015

Description:
 Rehabilitation loans to Low and Moderate income homeowners to repair homes and to eliminate code violations.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$80,623.51	\$0.00	\$0.00
		2014	B14MC360116		\$80,623.51	\$80,623.51
		2015	B15MC360116	\$28,127.07	\$28,127.07	\$28,127.07
	PI			\$178,114.66	\$178,114.66	\$178,114.66
Total	Total			\$286,865.24	\$286,865.24	\$286,865.24

Proposed Accomplishments

Housing Units : 2

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	12	0	0	0	12	0	0	0
Black/African American:	0	0	0	0	0	0	0	0
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 70

PGM Year: 2014
Project: 0002 - HOUSING REHABILITATION
IDIS Activity: 1228 - Housing Rehabilitation - CHIP BS/Brentwood

Status: Completed 8/19/2016 12:00:00 AM
Location: 6 Yarnell St Brentwood, NY 11717-3321

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Rehab; Single-Unit Residential (14A) **National Objective:** LMH

Initial Funding Date: 09/03/2015

Description:
 Rehabilitation loans to low and moderate income homeowners in the Bay Shore and Brentwood target areas.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$48,567.48	\$0.00	\$0.00
		2014	B14MC360116		\$48,567.48	\$48,567.48
		2015	B15MC360116	\$10,559.52	\$10,559.52	\$10,559.52
	PI			\$104,202.65	\$104,202.65	\$104,202.65
Total	Total			\$163,329.65	\$163,329.65	\$163,329.65

Proposed Accomplishments

Housing Units : 2

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	4	0	0	0	4	0	0	0
Black/African American:	0	0	0	0	0	0	0	0
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	4	4	0	0	4	4	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016

Time: 9:35

Page: 71

Total: **8** **4** **0** **0** **8** **4** **0** **0**

Female-headed Households: 2 0 2

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	0
Low Mod	0	0	0	0
Moderate	8	0	8	0
Non Low Moderate	0	0	0	0
Total	8	0	8	0
Percent Low/Mod	100.0%		100.0%	

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2015	4 Jobs complete.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 72

PGM Year: 2014
Project: 0002 - HOUSING REHABILITATION
IDIS Activity: 1229 - Housing Rehabilitation - Ramp Program

Status: Completed 8/19/2016 12:00:00 AM
Location: 26 Dowsing Ave Bay Shore, NY 11706-4113

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Rehab; Single-Unit Residential (14A) **National Objective:** LMH

Initial Funding Date: 09/03/2015

Description:
 Home installation of ramp for handicap individuals meeting HUD income guidelines.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$3,229.43	\$0.00	\$0.00
		2014	B14MC360116		\$3,229.43	\$3,229.43
		2015	B15MC360116	\$1,865.79	\$1,865.79	\$1,865.79
	PI			\$25,805.02	\$25,805.02	\$25,805.02
Total	Total			\$30,900.24	\$30,900.24	\$30,900.24

Proposed Accomplishments

Housing Units : 2

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	6	0	0	0	6	0	0	0
Black/African American:	0	0	0	0	0	0	0	0
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 73

Total: 6 0 0 0 6 0 0 0

Female-headed Households: 0 0 0 0

Income Category:

	Owner	Renter	Total	Person
Extremely Low	2	0	2	0
Low Mod	4	0	4	0
Moderate	0	0	0	0
Non Low Moderate	0	0	0	0
Total	6	0	6	0
Percent Low/Mod	100.0%		100.0%	

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2015	Installation of Three (3) Handicap Ramps for Disabled Persons.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 74

PGM Year: 2014
Project: 0003 - COMMERCIAL REHABILITATION
IDIS Activity: 1230 - Commercial Rehabilitation - Bay Shore, Brentwood and Central Islip

Status: Completed 8/19/2016 12:00:00 AM **Objective:** Create economic opportunities
Location: 15 Shore Ln Bay Shore, NY 11706-8733 **Outcome:** Sustainability
Matrix Code: Rehab; Publicly or Privately-Owned **National Objective:** LMA
 Commercial/Industrial (14E)

Initial Funding Date: 09/04/2015

Description:
 Funds provided to businesses for storefronts, signs and other facade improvements.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$15,735.85	\$0.00	\$0.00
		2014	B14MC360116		\$15,735.85	\$15,735.85
		2015	B15MC360116	\$4,074.52	\$4,074.52	\$4,074.52
	PI			\$26,157.05	\$26,157.05	\$26,157.05
Total	Total			\$45,967.42	\$45,967.42	\$45,967.42

Proposed Accomplishments

Businesses : 2
 Total Population in Service Area: 148,680
 Census Tract Percent Low / Mod: 117.16

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2015	14 Jobs Completed, and 3 Jobs Underway.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 75

PGM Year: 2014
Project: 0004 - PLANNING AND MANAGEMENT
IDIS Activity: 1231 - Planning and Management

Status: Completed 8/19/2016 12:00:00 AM
Location: ,

Objective:
Outcome:
Matrix Code: Planning (20) **National Objective:**

Initial Funding Date: 09/03/2015

Description:
 Long range planning and general management salaries and benefits for staff.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$59,772.85	\$0.00	\$0.00
		2014	B14MC360116		\$59,772.85	\$59,772.85
		2015	B15MC360116	\$10,771.06	\$10,771.06	\$10,771.06
	PI			\$31,740.09	\$31,740.09	\$31,740.09
Total	Total			\$102,284.00	\$102,284.00	\$102,284.00

Proposed Accomplishments

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:					0	0		
Black/African American:					0	0		
Asian:					0	0		
American Indian/Alaskan Native:					0	0		
Native Hawaiian/Other Pacific Islander:					0	0		
American Indian/Alaskan Native & White:					0	0		
Asian White:					0	0		
Black/African American & White:					0	0		
American Indian/Alaskan Native & Black/African American:					0	0		
Other multi-racial:					0	0		
Asian/Pacific Islander:					0	0		
Hispanic:					0	0		
Total:	0	0	0	0	0	0	0	0



U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Integrated Disbursement and Information System
CDBG Activity Summary Report (GPR) for Program Year 2015
ISLIP TOWNSHIP

Date: 23-Sep-2016

Time: 9:35

Page: 76

Female-headed Households:

0

Income Category:

	Owner	Renter	Total	Person
Extremely Low			0	
Low Mod			0	
Moderate			0	
Non Low Moderate			0	
Total	0	0	0	0
Percent Low/Mod				

Annual Accomplishments

No data returned for this view. This might be because the applied filter excludes all data.



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 77

PGM Year: 2014
Project: 0005 - PROGRAM ADMINISTRATION
IDIS Activity: 1232 - Program Administration

Status: Completed 8/19/2016 12:00:00 AM
Location: ,

Objective:
Outcome:
Matrix Code: General Program Administration (21A) **National Objective:**

Initial Funding Date: 09/03/2015

Description:
 Expenses for office upkeep, staffing, benefits, equipment, program related and audit expenses.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$186,568.60	\$0.00	\$0.00
		2014	B14MC360116		\$186,568.60	\$186,568.60
		2015	B15MC360116	\$37,509.77	\$37,509.77	\$37,509.77
	PI			\$235,366.93	\$235,366.93	\$235,366.93
Total	Total			\$459,445.30	\$459,445.30	\$459,445.30

Proposed Accomplishments

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:					0	0		
Black/African American:					0	0		
Asian:					0	0		
American Indian/Alaskan Native:					0	0		
Native Hawaiian/Other Pacific Islander:					0	0		
American Indian/Alaskan Native & White:					0	0		
Asian White:					0	0		
Black/African American & White:					0	0		
American Indian/Alaskan Native & Black/African American:					0	0		
Other multi-racial:					0	0		
Asian/Pacific Islander:					0	0		
Hispanic:					0	0		
Total:	0	0	0	0	0	0	0	0



U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Integrated Disbursement and Information System
CDBG Activity Summary Report (GPR) for Program Year 2015
ISLIP TOWNSHIP

Date: 23-Sep-2016
Time: 9:35
Page: 78

Female-headed Households:

0

Income Category:

	Owner	Renter	Total	Person
Extremely Low			0	
Low Mod			0	
Moderate			0	
Non Low Moderate			0	
Total	0	0	0	0
Percent Low/Mod				

Annual Accomplishments

No data returned for this view. This might be because the applied filter excludes all data.



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 79

PGM Year: 2014
Project: 0007 - AFFORDABLE HOUSING PROJECTS
IDIS Activity: 1233 - AFFORDABLE HOUSING PROJECTS

Status: Completed 8/22/2016 12:00:00 AM
Location: 51 Adams St W East Islip, NY 11730-1144

Objective: Provide decent affordable housing
Outcome: Affordability
Matrix Code: Rehab; Single-Unit Residential (14A) **National Objective:** LMH

Initial Funding Date: 09/03/2015

Description:

ACQUISITION and REHABILITATION OF PROPERTIES TO BE USED IN THE CDA'S AFFORDABLE HOUSING PROJECT.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$238,377.66	\$0.00	\$0.00
		2014	B14MC360116		\$238,377.66	\$238,377.66
		2015	B15MC360116	\$124,951.92	\$124,951.92	\$124,951.92
	PI			\$410,376.84	\$410,376.84	\$410,376.84
Total	Total			\$773,706.42	\$773,706.42	\$773,706.42

Proposed Accomplishments

Housing Units : 2

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	4	4	0	0	4	4	0	0
Black/African American:	0	0	0	0	0	0	0	0
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 80

Total:	4	4	0	0	4	4	0	0
Female-headed Households:	0		0		0			
<i>Income Category:</i>								
	Owner	Renter	Total	Person				
Extremely Low	0	0	0	0				
Low Mod	0	0	0	0				
Moderate	4	0	4	0				
Non Low Moderate	0	0	0	0				
Total	4	0	4	0				
Percent Low/Mod	100.0%		100.0%					

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2015	Two (2) homes were deeded/occupied: One (1) Direct Sale and One (1) Rent With Option to Buy Contract. The remaining costs constituted redevelopment costs on other CDA owned properties.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 81

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1234 - Great South Bay YMCA - Send a Kid to Camp

Status: Completed 8/19/2016 12:00:00 AM
Location: 200 W Main St Bay Shore, NY 11706-8310

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 09/11/2015

Description:
 To provide approximately 10 children with a full or partial scholarship for a free three week session of summer day camp. This provides children with a productive, responsible and safe summer environment.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$8,500.00	\$0.00	\$0.00
		2014	B14MC360116		\$8,500.00	\$8,500.00
	PI			\$5,871.56	\$5,871.56	\$5,871.56
Total	Total			\$14,371.56	\$14,371.56	\$14,371.56

Proposed Accomplishments

People (General) : 2

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	14	0
Black/African American:	0	0	0	0	0	0	12	0
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	20	14
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	46	14



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 82

Female-headed Households: 0 0 0

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	20
Low Mod	0	0	0	12
Moderate	0	0	0	14
Non Low Moderate	0	0	0	0
Total	0	0	0	46
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2015	23 Youths participated in this program.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 83

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1236 - Family Service League - Home Share

Status: Completed 8/19/2016 12:00:00 AM
Location: 1444 5th Ave Bay Shore, NY 11706-4147

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Public Services (General) (05) **National Objective:** LMC

Initial Funding Date: 12/14/2015

Description:
 Home share program for the growing number of residents who are faced with losing their independence and self sufficiency because they cannot find affordable housing.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	Pre-2015		\$2,262.39	\$0.00	\$0.00
		2014	B14MC360116		\$2,262.39	\$2,262.39
	PI			\$9,212.96	\$9,212.96	\$9,212.96
Total	Total			\$11,475.35	\$11,475.35	\$11,475.35

Proposed Accomplishments

People (General) : 2

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	68	12
Black/African American:	0	0	0	0	0	0	12	0
Asian:	0	0	0	0	0	0	2	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	82	12



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 84

Female-headed Households: 0 0 0

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	42
Low Mod	0	0	0	26
Moderate	0	0	0	14
Non Low Moderate	0	0	0	0
Total	0	0	0	82
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2015	41 Adults participated in this program.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 85

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1250 - YES- After School Enrichment Program

Status: Completed 8/22/2016 12:00:00 AM
Location: 90 Higbie Ln West Islip, NY 11795-3923

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/02/2016

Description:
 To provide students with work readiness and career exploration skills.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$24,119.44	\$24,119.44	\$24,119.44
Total	Total			\$24,119.44	\$24,119.44	\$24,119.44

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	1,592	1,346
Black/African American:	0	0	0	0	0	0	1,131	169
Asian:	0	0	0	0	0	0	43	0
American Indian/Alaskan Native:	0	0	0	0	0	0	12	1
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	8	0
Black/African American & White:	0	0	0	0	0	0	30	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	199	4
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	3,015	1,520
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 86

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	2,670
Low Mod	0	0	0	91
Moderate	0	0	0	89
Non Low Moderate	0	0	0	165
Total	0	0	0	3,015
Percent Low/Mod				94.5%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2015	3015 Youths participated in this program.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 87

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1251 - Great South Bay YMCA Teen Program

Status: Completed 8/19/2016 12:00:00 AM
Location: 200 W Main St Bay Shore, NY 11706-8310

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/02/2016

Description:

Weekend recreational activities for high school students.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$4,371.56	\$4,371.56	\$4,371.56
Total	Total			\$4,371.56	\$4,371.56	\$4,371.56

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	13	8
Black/African American:	0	0	0	0	0	0	73	13
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	26	25
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	112	46
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 88

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	0
Low Mod	0	0	0	112
Moderate	0	0	0	0
Non Low Moderate	0	0	0	0
Total	0	0	0	112
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2015	177 Youths participated in this program. Please note that 65 Youths did not provide all necessary data and were not included in accomplishment data. 112 Youths provided a complete intake form and are reported as accomplishments.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 89

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1252 - Family Service League - CBITS

Status: Completed 8/19/2016 12:00:00 AM
Location: 1444 5th Ave Bay Shore, NY 11706-4147

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/02/2016

Description:
 Youth intervention aimed at relieving symptoms of post-traumatic stress disorder, generalized anxiety and other crisis responses among children exposed to traumatic events.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$12,000.67	\$12,000.67	\$12,000.67
Total	Total			\$12,000.67	\$12,000.67	\$12,000.67

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	19	12
Black/African American:	0	0	0	0	0	0	28	17
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	0	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	47	29
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 90

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	40
Low Mod	0	0	0	7
Moderate	0	0	0	0
Non Low Moderate	0	0	0	0
Total	0	0	0	47
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2015	47 Youths participated in this program.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 91

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1253 - Adelante of Suffolk County-Youth Leadership

Status: Completed 8/19/2016 12:00:00 AM
Location: 83 Carleton Ave Central Islip, NY 11722-3019

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/02/2016

Description:
 Youth Leadership program for students to develop leadership skills and self-esteem.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$11,029.22	\$11,029.22	\$11,029.22
Total	Total			\$11,029.22	\$11,029.22	\$11,029.22

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	135	129
Black/African American:	0	0	0	0	0	0	15	5
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	16	16
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	166	150
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 92

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	113
Low Mod	0	0	0	48
Moderate	0	0	0	5
Non Low Moderate	0	0	0	0
Total	0	0	0	166
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2015	166 Youths participated in this program.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 93

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1254 - Adelante of Suffolk County-Computer Skills

Status: Completed 8/19/2016 12:00:00 AM
Location: 83 Carleton Ave Central Islip, NY 11722-3019

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Employment Training (05H) **National Objective:** LMC

Initial Funding Date: 08/02/2016

Description:
 Classes in computer skills and job search preparation for low and moderate income residents.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$11,976.14	\$11,976.14	\$11,976.14
Total	Total			\$11,976.14	\$11,976.14	\$11,976.14

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	171	170
Black/African American:	0	0	0	0	0	0	3	0
Asian:	0	0	0	0	0	0	1	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	7	7
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	182	177
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016

Time: 9:35

Page: 94

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	154
Low Mod	0	0	0	27
Moderate	0	0	0	1
Non Low Moderate	0	0	0	0
Total	0	0	0	182
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2015	182 Adults participated in this program.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 95

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1255 - LIGALY-After School Program

Status: Completed 8/19/2016 12:00:00 AM
Location: 34 Park Ave Bay Shore, NY 11706-7309

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/02/2016

Description:
 After school drop-in programs for At Risk LGBT teens.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$4,371.56	\$4,371.56	\$4,371.56
Total	Total			\$4,371.56	\$4,371.56	\$4,371.56

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	30	5
Black/African American:	0	0	0	0	0	0	15	0
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	3	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	2	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	45	35
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	95	40
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016

Time: 9:35

Page: 96

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	25
Low Mod	0	0	0	25
Moderate	0	0	0	45
Non Low Moderate	0	0	0	0
Total	0	0	0	95
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2015	95 'At Risk' Youths participated in this program.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 97

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1256 - EOC of Suffolk - Youth & Adolescent Services

Status: Completed 8/19/2016 12:00:00 AM
Location: 31 W Main St Ste 300 Patchogue, NY 11772-3026

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Youth Services (05D) **National Objective:** LMC

Initial Funding Date: 08/02/2016

Description:
 To enhance self-esteem, respect and responsibility in middle and high school students.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$4,371.56	\$4,371.56	\$4,371.56
Total	Total			\$4,371.56	\$4,371.56	\$4,371.56

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	25	17
Black/African American:	0	0	0	0	0	0	26	1
Asian:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	57	48
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	108	66
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 98

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	63
Low Mod	0	0	0	15
Moderate	0	0	0	30
Non Low Moderate	0	0	0	0
Total	0	0	0	108
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2015	108 Youths participated in this program.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 99

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1257 - Mercy Haven - REAP

Status: Open
Location: 859 Connetquot Ave Islip Terrace, NY 11752-1400

Objective: Create suitable living environments
Outcome: Availability/accessibility
Matrix Code: Public Services (General) (05) **National Objective:** LMC

Initial Funding Date: 08/02/2016

Description:
 Resident Empowerment and Achievement Program (REAP)-Focus on educational needs and daily living skills for homeless residents with mental illness and/or AIDS.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	EN	2015	B15MC360116	\$2,887.50	\$0.00	\$0.00
	PI			\$13,034.06	\$13,034.06	\$13,034.06
Total	Total			\$15,921.56	\$13,034.06	\$13,034.06

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	165	21
Black/African American:	0	0	0	0	0	0	74	0
Asian:	0	0	0	0	0	0	1	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	1	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	241	21

Female-headed Households: 0



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 100

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	216
Low Mod	0	0	0	14
Moderate	0	0	0	11
Non Low Moderate	0	0	0	0
Total	0	0	0	241
Percent Low/Mod				100.0%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2015	241 Adults participated in this program.	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 101

PGM Year: 2014
Project: 0011 - CODE ENFORCEMENT
IDIS Activity: 1258 - Code Enforcement

Status: Completed 8/19/2016 12:00:00 AM
Location: 655 Main St Islip, NY 11751-3651

Objective: Create suitable living environments
Outcome: Sustainability
Matrix Code: Code Enforcement (15) **National Objective:** LMA

Initial Funding Date: 08/02/2016

Description:

Comprehensive enforcement of code violations in low and moderate target areas by the code enforcement division of the Town Attorneys Office.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$75,000.00	\$75,000.00	\$75,000.00
Total	Total			\$75,000.00	\$75,000.00	\$75,000.00

Proposed Accomplishments

Housing Units : 800
 Total Population in Service Area: 79,295
 Census Tract Percent Low / Mod: 57.19

Annual Accomplishments

Years	Accomplishment Narrative	# Benefiting
2015	616 Complaints investigated in the Bay Shore Target Area 467 Complaints investigated in the Brentwood Target Area 701 Complaints investigated in the Central Islip Target Area	



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 102

PGM Year: 2014
Project: 0006 - PUBLIC SERVICES
IDIS Activity: 1261 - LI Housing Sevices

Status: Completed 8/22/2016 12:00:00 AM
Location: 640 Johnson Ave Bohemia, NY 11716-2624

Objective: Create suitable living environments
Outcome: Sustainability
Matrix Code: Tenant/Landlord Counseling (05K) **National Objective:** LMC

Initial Funding Date: 08/19/2016

Description:
 Education and advocacy to improve housing conditions related to tenants and landlord rights and obligations, fair housing advocacy and foreclosure prevention.

Financing

	Fund Type	Grant Year	Grant	Funded Amount	Drawn In Program Year	Drawn Thru Program Year
CDBG	PI			\$4,371.56	\$4,371.56	\$4,371.56
Total	Total			\$4,371.56	\$4,371.56	\$4,371.56

Proposed Accomplishments

People (General) : 1

Actual Accomplishments

Number assisted:

	Owner		Renter		Total		Person	
	Total	Hispanic	Total	Hispanic	Total	Hispanic	Total	Hispanic
White:	0	0	0	0	0	0	224	113
Black/African American:	0	0	0	0	0	0	59	3
Asian:	0	0	0	0	0	0	6	0
American Indian/Alaskan Native:	0	0	0	0	0	0	0	0
Native Hawaiian/Other Pacific Islander:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & White:	0	0	0	0	0	0	0	0
Asian White:	0	0	0	0	0	0	0	0
Black/African American & White:	0	0	0	0	0	0	0	0
American Indian/Alaskan Native & Black/African American:	0	0	0	0	0	0	0	0
Other multi-racial:	0	0	0	0	0	0	7	0
Asian/Pacific Islander:	0	0	0	0	0	0	0	0
Hispanic:	0	0	0	0	0	0	0	0
Total:	0	0	0	0	0	0	296	116
Female-headed Households:	0		0		0			



U.S. Department of Housing and Urban Development
 Office of Community Planning and Development
 Integrated Disbursement and Information System
 CDBG Activity Summary Report (GPR) for Program Year 2015
 ISLIP TOWNSHIP

Date: 23-Sep-2016
 Time: 9:35
 Page: 103

Income Category:

	Owner	Renter	Total	Person
Extremely Low	0	0	0	126
Low Mod	0	0	0	67
Moderate	0	0	0	21
Non Low Moderate	0	0	0	82
Total	0	0	0	296
Percent Low/Mod				72.3%

Annual Accomplishments

Years	Accomplishment Narrative	# Benefitting
2015	296 Adults participated in this program.	



U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Integrated Disbursement and Information System
CDBG Activity Summary Report (GPR) for Program Year 2015
ISLIP TOWNSHIP

Date: 23-Sep-2016

Time: 9:35

Page: 104

Total Funded Amount:	\$22,236,318.43
Total Drawn Thru Program Year:	\$22,233,430.93
Total Drawn In Program Year:	\$2,168,597.18

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT
 INTEGRATED DISBURSEMENT AND INFORMATION SYSTEM
 COMMUNITY PLANNING AND DEVELOPMENT - ISLIP TOWNSHIP
 CONSOLIDATED PLAN ANNUAL PERFORMANCE AND EVALUATION REPORT
 SUMMARY OF ACCOMPLISHMENTS FOR PLAN YEAR 2015

IDIS GRANT NO.	PROJECT TITLE	FUNDING SOURCES	FUNDS BUDGETED	FUNDS DRAWN DOWN	BALANCE	TYPE	-----ACCOMPLISHMENT DATA-----		Accomplishment Narrative
							PROPOSED UNITS	ACTUAL UNITS	
E12-MC-360102	HESG - HP & RRH	HESG	\$ 42,246.30	\$ 42,246.30	\$ -	Organizations	20	120	Funds provided for homeless prevention and rapid re-housing assistance to One Hundred Twenty (120) individuals and/or families
E14-MC-360116	HESG - HP & RRH	HESG	\$ 70,490.30	\$ 70,490.30	\$ -	Organizations			
Total			\$ 112,736.60						
PROJECT DESCRIPTION:		Homeless Prevention and Rapid Re-Housing provided by Family Service League, Family & Children's Association and Long Island Against Domestic Violence.							
E14-MC-360116	HESG - TOICDA Admin	HESG	\$ 4,703.88	\$ 4,703.88	\$ -	Organizations	1	1	Town of Islip CDA - Administration
Total			\$ 4,703.88						
PROJECT DESCRIPTION:		Administrative delivery cost and related soft costs.							

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT
 INTEGRATED DISBURSEMENT AND INFORMATION SYSTEM
 COMMUNITY PLANNING AND DEVELOPMENT - ISLIP TOWNSHIP
 CONSOLIDATED PLAN ANNUAL PERFORMANCE AND EVALUATION REPORT
 SUMMARY OF ACCOMPLISHMENTS FOR PLAN YEAR 2015

IDIS GRANT NO.	PROJECT TITLE	FUNDING SOURCES	FUNDS BUDGETED	FUNDS DRAWN DOWN	BALANCE	TYPE	-----ACCOMPLISHMENT DATA-----		Accomplishment Narrative	
							PROPOSED UNITS	ACTUAL UNITS		
NYH13F001	HOPWA-TOICDA Admin	HOPWA	\$ 8,365.16	\$ 8,365.16	\$ -	Organizations	}	1	1	Town of Islip CDA - Administrative Costs
NYH14F001	HOPWA-TOICDA Admin	HOPWA	\$ 46,376.77	\$ 46,376.77	\$ -	Organizations				
		Total	\$ 54,741.93							
PROJECT DESCRIPTION:		Administrative delivery costs and related soft costs.								
NYH12F001	HOPWA Private Non-Profit	HOPWA	\$ 21,517.84	\$ 21,517.84	\$ -	Organizations	}	1	1	United Way of Long Island, Inc. - Administrative Costs
NYH13F001	HOPWA Private Non-Profit	HOPWA	\$ 114,409.87	\$ 114,409.87	\$ -	Organizations				
NYH14F001	HOPWA Private Non-Profit	HOPWA	\$ 176.00	\$ 176.00	\$ -	Organizations				
		Total	\$ 136,103.71							
PROJECT DESCRIPTION:		Payments to private non-profit sponsor (United Way) for coordination and implementation of HOPWA program.								
NYH13F001	HOPWA- Acq & Rehab	HOPWA	\$ 1,107,276.91	\$ 1,107,276.91	\$ -	Housing Units	}	6	6	6 Permanent Housing Units serving 31 eligible individuals
NYH14F001	HOPWA- Acq & Rehab	HOPWA	\$ 604,152.64	\$ 604,152.64	\$ -	Housing Units				
		Total	\$ 1,711,429.55							
PROJECT DESCRIPTION:		Acquisition and rehabilitation or reconstruction of houses in Nassau and Suffolk counties by selected not-for-profit housing providers for use as rental units for families or individuals with HIV or AIDS. Project includes furnishing and equipping the houses. Services funded by agencies from other sources.								

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
 OFFICE OF COMMUNITY PLANNING AND DEVELOPMENT
 INTEGRATED DISBURSEMENT AND INFORMATION SYSTEM
 COMMUNITY PLANNING AND DEVELOPMENT - ISLIP TOWNSHIP
 CONSOLIDATED PLAN ANNUAL PERFORMANCE AND EVALUATION REPORT
 SUMMARY OF ACCOMPLISHMENTS FOR PLAN YEAR 2015

IDIS GRANT NO.	PROJECT TITLE	FUNDING SOURCES	FUNDS BUDGETED	FUNDS		BALANCE	TYPE	-----ACCOMPLISHMENT DATA-----		Accomplishment Narrative
				DRAWN DOWN				PROPOSED UNITS	ACTUAL UNITS	
M11-MC-360201	HOME- Administration	HOME	\$ 71,420.51	\$ 71,420.51	\$ -		Organizations	1	1	Town of Islip CDA - Administrative Costs
M12-MC-360201	HOME- Administration	HOME	\$ 2,067.79	\$ 2,067.79	\$ -	Organizations				
		Total	<u>\$ 73,488.30</u>							
PROJECT DESCRIPTION:		HOME project delivery costs and administrative expenses.								
M11-MC-360201	HOME - Acquisition & Rehabilitation	HOME	\$ 77,009.34	\$ 77,009.34	\$ -		Housing Units	2	2	Two (2) homes sold to income eligible first-time homebuyers One (1) home acquisition - Remaining costs constitute re-development costs on seven (7) HOME properties to be completed in future years.
M12-MC-360201	HOME - Acquisition & Rehabilitation	HOME	\$ 314,233.17	\$ 314,233.17	\$ -	Housing Units				
M16-MC-360201 - P.I.	HOME - Acquisition & Rehabilitation	HOME - P.I.	\$ 34,470.21	\$ 34,470.21	\$ -	Housing Units				
		P.I. = Program Income	Total	<u>\$ 425,712.72</u>						
PROJECT DESCRIPTION:		Acquisition and rehabilitation or reconstruction of houses on scattered sites for sale to low-income first-time home buyers.								
M16-MC-360201 - P.I.	HOME - Employer Assisted Housing	HOME - P.I.	\$ 12,000.00	\$ 12,000.00	\$ -		Households	1	1	Funds provided for downpayment assistance to One (1) income eligible first-time homebuyer.
		P.I. = Program Income	Total	<u>\$ 12,000.00</u>						
PROJECT DESCRIPTION:		Assist Town of Islip businesses recruit and retain qualified employees by providing 50% of down payment, not to exceed \$12,000 in the purchase of a primary single family residence, in accordance with the HUD income guidelines and the Suffolk Home Works Partnership Employer Assisted Housing Program (EAHP) eligibility standards.								
M16-MC-360201 - P.I.	HOME - HFH - Down-payment Assistance	HOME - P.I.	\$ 70,000.00	\$ 70,000.00	\$ -		Households	2	2	\$35,000 was provided as downpayment assistance to Two (2) income eligible first time homebuyers.
		P.I. = Program Income	Total	<u>\$ 70,000.00</u>						
PROJECT DESCRIPTION:		Habitat for Humanity of Suffolk - Down-payment Assistance to income eligible individuals and/or families.								

Note:
 HOME Program Income (P.I.) received and drawdown for the 2015 program year totaled \$ 116,470.21



Office of Community Planning and Development
 U.S. Department of Housing and Urban Development
 Integrated Disbursement and Information System
 PR26 - CDBG Financial Summary Report
 Program Year 2015
 ISLIP TOWNSHIP , NY

DATE: 08-31-16
 TIME: 14:09
 PAGE: 1

PART I: SUMMARY OF CDBG RESOURCES

01 UNEXPENDED CDBG FUNDS AT END OF PREVIOUS PROGRAM YEAR	0.00
02 ENTITLEMENT GRANT	1,571,544.00
03 SURPLUS URBAN RENEWAL	0.00
04 SECTION 108 GUARANTEED LOAN FUNDS	0.00
05 CURRENT YEAR PROGRAM INCOME	1,288,019.57
05a CURRENT YEAR SECTION 108 PROGRAM INCOME (FOR SI TYPE)	0.00
06 FUNDS RETURNED TO THE LINE-OF-CREDIT	0.00
06a FUNDS RETURNED TO THE LOCAL CDBG ACCOUNT	0.00
07 ADJUSTMENT TO COMPUTE TOTAL AVAILABLE	0.00
08 TOTAL AVAILABLE (SUM, LINES 01-07)	2,859,563.57

PART II: SUMMARY OF CDBG EXPENDITURES

09 DISBURSEMENTS OTHER THAN SECTION 108 REPAYMENTS AND PLANNING/ADMINISTRATION	1,606,867.88
10 ADJUSTMENT TO COMPUTE TOTAL AMOUNT SUBJECT TO LOW/MOD BENEFIT	0.00
11 AMOUNT SUBJECT TO LOW/MOD BENEFIT (LINE 09 + LINE 10)	1,606,867.88
12 DISBURSED IN IDIS FOR PLANNING/ADMINISTRATION	561,729.30
13 DISBURSED IN IDIS FOR SECTION 108 REPAYMENTS	0.00
14 ADJUSTMENT TO COMPUTE TOTAL EXPENDITURES	0.00
15 TOTAL EXPENDITURES (SUM, LINES 11-14)	2,168,597.18
16 UNEXPENDED BALANCE (LINE 08 - LINE 15)	690,966.39

PART III: LOWMOD BENEFIT THIS REPORTING PERIOD

17 EXPENDED FOR LOW/MOD HOUSING IN SPECIAL AREAS	0.00
18 EXPENDED FOR LOW/MOD MULTI-UNIT HOUSING	0.00
19 DISBURSED FOR OTHER LOW/MOD ACTIVITIES	1,606,867.88
20 ADJUSTMENT TO COMPUTE TOTAL LOW/MOD CREDIT	0.00
21 TOTAL LOW/MOD CREDIT (SUM, LINES 17-20)	1,606,867.88
22 PERCENT LOW/MOD CREDIT (LINE 21/LINE 11)	100.00%

LOW/MOD BENEFIT FOR MULTI-YEAR CERTIFICATIONS

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

PART IV: PUBLIC SERVICE (PS) CAP CALCULATIONS

27 DISBURSED IN IDIS FOR PUBLIC SERVICES	199,125.29
28 PS UNLIQUIDATED OBLIGATIONS AT END OF CURRENT PROGRAM YEAR	0.00
29 PS UNLIQUIDATED OBLIGATIONS AT END OF PREVIOUS PROGRAM YEAR	0.00
30 ADJUSTMENT TO COMPUTE TOTAL PS OBLIGATIONS	0.00
31 TOTAL PS OBLIGATIONS (LINE 27 + LINE 28 - LINE 29 + LINE 30)	199,125.29
32 ENTITLEMENT GRANT	1,571,544.00
33 PRIOR YEAR PROGRAM INCOME	935,391.78
34 ADJUSTMENT TO COMPUTE TOTAL SUBJECT TO PS CAP	0.00
35 TOTAL SUBJECT TO PS CAP (SUM, LINES 32-34)	2,506,935.78
36 PERCENT FUNDS OBLIGATED FOR PS ACTIVITIES (LINE 31/LINE 35)	7.94%

PART V: PLANNING AND ADMINISTRATION (PA) CAP

37 DISBURSED IN IDIS FOR PLANNING/ADMINISTRATION	561,729.30
38 PA UNLIQUIDATED OBLIGATIONS AT END OF CURRENT PROGRAM YEAR	0.00
39 PA UNLIQUIDATED OBLIGATIONS AT END OF PREVIOUS PROGRAM YEAR	0.00
40 ADJUSTMENT TO COMPUTE TOTAL PA OBLIGATIONS	0.00
41 TOTAL PA OBLIGATIONS (LINE 37 + LINE 38 - LINE 39 +LINE 40)	561,729.30
42 ENTITLEMENT GRANT	1,571,544.00
43 CURRENT YEAR PROGRAM INCOME	1,288,019.57
44 ADJUSTMENT TO COMPUTE TOTAL SUBJECT TO PA CAP	0.00
45 TOTAL SUBJECT TO PA CAP (SUM, LINES 42-44)	2,859,563.57
46 PERCENT FUNDS OBLIGATED FOR PA ACTIVITIES (LINE 41/LINE 45)	19.64%



Office of Community Planning and Development
 U.S. Department of Housing and Urban Development
 Integrated Disbursement and Information System
 PR26 - CDBG Financial Summary Report
 Program Year 2015
 ISLIP TOWNSHIP , NY

DATE: 08-31-16
 TIME: 14:09
 PAGE: 2

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

Report returned no data.

LINE 18 DETAIL: ACTIVITIES TO CONSIDER IN DETERMINING THE AMOUNT TO ENTER ON LINE 18

Report returned no data.

LINE 19 DETAIL: ACTIVITIES INCLUDED IN THE COMPUTATION OF LINE 19

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2013	6	1203	5950508	Mercy Haven - REAP	05	LMC	\$5,775.00
2013	6	1220	5950508	Family Service League - Home Share	05	LMC	\$10,230.90
2014	6	1236	5876991	Family Service League - Home Share	05	LMC	\$2,262.39
2014	6	1236	5950508	Family Service League - Home Share	05	LMC	\$9,212.96
2014	6	1257	5950508	Mercy Haven - REAP	05	LMC	\$13,034.06
					05	Matrix Code	\$40,515.31
2013	6	1207	5950508	YES- After School Enrichment Program	05D	LMC	\$17,976.39
2013	6	1217	5950508	Family Service League - CBITS	05D	LMC	\$5,400.32
2013	6	1218	5950508	LIGALY-After School Program	05D	LMC	\$10,000.00
2013	6	1219	5950508	EOC of Suffolk - Youth & Adolescent Services	05D	LMC	\$5,000.00
2013	6	1221	5950508	Adelante of Suffolk County-Youth Leadership	05D	LMC	\$11,550.00
2013	6	1224	5950508	Great South Bay YMCA Teen Program	05D	LMC	\$10,000.00
2014	6	1234	5846817	Great South Bay YMCA - Send a Kid to Camp	05D	LMC	\$8,500.00
2014	6	1234	5950508	Great South Bay YMCA - Send a Kid to Camp	05D	LMC	\$5,871.56
2014	6	1250	5955904	YES- After School Enrichment Program	05D	LMC	\$24,119.44
2014	6	1251	5950508	Great South Bay YMCA Teen Program	05D	LMC	\$4,371.56
2014	6	1252	5950508	Family Service League - CBITS	05D	LMC	\$12,000.67
2014	6	1253	5950508	Adelante of Suffolk County-Youth Leadership	05D	LMC	\$11,029.22
2014	6	1255	5950508	LIGALY-After School Program	05D	LMC	\$4,371.56
2014	6	1256	5950508	EOC of Suffolk - Youth & Adolescent Services	05D	LMC	\$4,371.56
					05D	Matrix Code	\$134,562.28
2013	6	1223	5950508	Adelante of Suffolk County-Computer Skills	05H	LMC	\$7,700.00
2014	6	1254	5950508	Adelante of Suffolk County-Computer Skills	05H	LMC	\$11,976.14
					05H	Matrix Code	\$19,676.14
2014	6	1261	5955904	LI Housing Sevices	05K	LMC	\$4,371.56
					05K	Matrix Code	\$4,371.56
2014	2	1226	5845120	Housing Rehabilitation - CHIP - Central Islip	14A	LMH	\$3,109.18
2014	2	1226	5846817	Housing Rehabilitation - CHIP - Central Islip	14A	LMH	\$4,449.40
2014	2	1226	5869554	Housing Rehabilitation - CHIP - Central Islip	14A	LMH	\$4,119.90
2014	2	1226	5876991	Housing Rehabilitation - CHIP - Central Islip	14A	LMH	\$2,233.33
2014	2	1226	5902684	Housing Rehabilitation - CHIP - Central Islip	14A	LMH	\$1,102.15
2014	2	1226	5908240	Housing Rehabilitation - CHIP - Central Islip	14A	LMH	\$976.02
2014	2	1226	5929944	Housing Rehabilitation - CHIP - Central Islip	14A	LMH	\$488.32
2014	2	1226	5933581	Housing Rehabilitation - CHIP - Central Islip	14A	LMH	\$2,601.89
2014	2	1226	5950508	Housing Rehabilitation - CHIP - Central Islip	14A	LMH	\$12,893.43
2014	2	1227	5845120	Housing Rehabilitation - Home Repair	14A	LMH	\$3,109.19
2014	2	1227	5846817	Housing Rehabilitation - Home Repair	14A	LMH	\$12,292.03
2014	2	1227	5869554	Housing Rehabilitation - Home Repair	14A	LMH	\$11,606.09
2014	2	1227	5876991	Housing Rehabilitation - Home Repair	14A	LMH	\$15,082.79
2014	2	1227	5902684	Housing Rehabilitation - Home Repair	14A	LMH	\$16,005.69
2014	2	1227	5908240	Housing Rehabilitation - Home Repair	14A	LMH	\$15,645.07
2014	2	1227	5929944	Housing Rehabilitation - Home Repair	14A	LMH	\$6,882.65
2014	2	1227	5933581	Housing Rehabilitation - Home Repair	14A	LMH	\$28,127.07
2014	2	1227	5950508	Housing Rehabilitation - Home Repair	14A	LMH	\$178,114.66
2014	2	1228	5845120	Housing Rehabilitation - CHIP BS/Brentwood	14A	LMH	\$3,109.19
2014	2	1228	5846817	Housing Rehabilitation - CHIP BS/Brentwood	14A	LMH	\$7,463.17
2014	2	1228	5869554	Housing Rehabilitation - CHIP BS/Brentwood	14A	LMH	\$6,996.70



Office of Community Planning and Development
 U.S. Department of Housing and Urban Development
 Integrated Disbursement and Information System
 PR26 - CDBG Financial Summary Report
 Program Year 2015
 ISLIP TOWNSHIP , NY

DATE: 08-31-16
 TIME: 14:09
 PAGE: 3

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2014	2	1228	5876991	Housing Rehabilitation - CHIP BS/Brentwood	14A	LMH	\$8,845.53
2014	2	1228	5902684	Housing Rehabilitation - CHIP BS/Brentwood	14A	LMH	\$8,719.67
2014	2	1228	5908240	Housing Rehabilitation - CHIP BS/Brentwood	14A	LMH	\$9,316.24
2014	2	1228	5929944	Housing Rehabilitation - CHIP BS/Brentwood	14A	LMH	\$4,116.98
2014	2	1228	5933581	Housing Rehabilitation - CHIP BS/Brentwood	14A	LMH	\$10,559.52
2014	2	1228	5950508	Housing Rehabilitation - CHIP BS/Brentwood	14A	LMH	\$104,202.65
2014	2	1229	5845120	Housing Rehabilitation - Ramp Program	14A	LMH	\$94.22
2014	2	1229	5846817	Housing Rehabilitation - Ramp Program	14A	LMH	\$1,154.27
2014	2	1229	5869554	Housing Rehabilitation - Ramp Program	14A	LMH	\$1,101.81
2014	2	1229	5902684	Housing Rehabilitation - Ramp Program	14A	LMH	\$15.81
2014	2	1229	5908240	Housing Rehabilitation - Ramp Program	14A	LMH	\$13.10
2014	2	1229	5929944	Housing Rehabilitation - Ramp Program	14A	LMH	\$850.22
2014	2	1229	5933581	Housing Rehabilitation - Ramp Program	14A	LMH	\$1,865.79
2014	2	1229	5950508	Housing Rehabilitation - Ramp Program	14A	LMH	\$25,805.02
2014	7	1233	5845120	AFFORDABLE HOUSING PROJECTS	14A	LMH	\$12,330.89
2014	7	1233	5846817	AFFORDABLE HOUSING PROJECTS	14A	LMH	\$33,790.50
2014	7	1233	5869554	AFFORDABLE HOUSING PROJECTS	14A	LMH	\$32,624.70
2014	7	1233	5876991	AFFORDABLE HOUSING PROJECTS	14A	LMH	\$54,454.99
2014	7	1233	5902684	AFFORDABLE HOUSING PROJECTS	14A	LMH	\$33,904.25
2014	7	1233	5908240	AFFORDABLE HOUSING PROJECTS	14A	LMH	\$33,000.00
2014	7	1233	5929944	AFFORDABLE HOUSING PROJECTS	14A	LMH	\$75,105.13
2014	7	1233	5933581	AFFORDABLE HOUSING PROJECTS	14A	LMH	\$88,119.12
2014	7	1233	5950508	AFFORDABLE HOUSING PROJECTS	14A	LMH	\$410,376.84
					14A	Matrix Code	\$1,286,775.17
2014	3	1230	5845120	Commercial Rehabilitation - Bay Shore, Brentwood and Central Islip	14E	LMA	\$319.71
2014	3	1230	5846817	Commercial Rehabilitation - Bay Shore, Brentwood and Central Islip	14E	LMA	\$945.51
2014	3	1230	5869554	Commercial Rehabilitation - Bay Shore, Brentwood and Central Islip	14E	LMA	\$997.52
2014	3	1230	5876991	Commercial Rehabilitation - Bay Shore, Brentwood and Central Islip	14E	LMA	\$1,051.56
2014	3	1230	5902684	Commercial Rehabilitation - Bay Shore, Brentwood and Central Islip	14E	LMA	\$906.74
2014	3	1230	5908240	Commercial Rehabilitation - Bay Shore, Brentwood and Central Islip	14E	LMA	\$798.19
2014	3	1230	5929944	Commercial Rehabilitation - Bay Shore, Brentwood and Central Islip	14E	LMA	\$10,716.62
2014	3	1230	5933581	Commercial Rehabilitation - Bay Shore, Brentwood and Central Islip	14E	LMA	\$4,074.52
2014	3	1230	5950508	Commercial Rehabilitation - Bay Shore, Brentwood and Central Islip	14E	LMA	\$26,157.05
					14E	Matrix Code	\$45,967.42
2014	11	1258	5950508	Code Enforcement	15	LMA	\$75,000.00
					15	Matrix Code	\$75,000.00
Total							\$1,606,867.88

LINE 27 DETAIL: ACTIVITIES INCLUDED IN THE COMPUTATION OF LINE 27

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2013	6	1203	5950508	Mercy Haven - REAP	05	LMC	\$5,775.00
2013	6	1220	5950508	Family Service League - Home Share	05	LMC	\$10,230.90
2014	6	1236	5876991	Family Service League - Home Share	05	LMC	\$2,262.39
2014	6	1236	5950508	Family Service League - Home Share	05	LMC	\$9,212.96
2014	6	1257	5950508	Mercy Haven - REAP	05	LMC	\$13,034.06
					05	Matrix Code	\$40,515.31



Office of Community Planning and Development
 U.S. Department of Housing and Urban Development
 Integrated Disbursement and Information System
 PR26 - CDBG Financial Summary Report
 Program Year 2015
 ISLIP TOWNSHIP , NY

DATE: 08-31-16
 TIME: 14:09
 PAGE: 4

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2013	6	1207	5950508	YES- After School Enrichment Program	05D	LMC	\$17,976.39
2013	6	1217	5950508	Family Service League - CBITS	05D	LMC	\$5,400.32
2013	6	1218	5950508	LIGALY-After School Program	05D	LMC	\$10,000.00
2013	6	1219	5950508	EOC of Suffolk - Youth & Adolescent Services	05D	LMC	\$5,000.00
2013	6	1221	5950508	Adelante of Suffolk County-Youth Leadership	05D	LMC	\$11,550.00
2013	6	1224	5950508	Great South Bay YMCA Teen Program	05D	LMC	\$10,000.00
2014	6	1234	5846817	Great South Bay YMCA - Send a Kid to Camp	05D	LMC	\$8,500.00
2014	6	1234	5950508	Great South Bay YMCA - Send a Kid to Camp	05D	LMC	\$5,871.56
2014	6	1250	5955904	YES- After School Enrichment Program	05D	LMC	\$24,119.44
2014	6	1251	5950508	Great South Bay YMCA Teen Program	05D	LMC	\$4,371.56
2014	6	1252	5950508	Family Service League - CBITS	05D	LMC	\$12,000.67
2014	6	1253	5950508	Adelante of Suffolk County-Youth Leadership	05D	LMC	\$11,029.22
2014	6	1255	5950508	LIGALY-After School Program	05D	LMC	\$4,371.56
2014	6	1256	5950508	EOC of Suffolk - Youth & Adolescent Services	05D	LMC	\$4,371.56
					05D	Matrix Code	\$134,562.28
2013	6	1223	5950508	Adelante of Suffolk County-Computer Skills	05H	LMC	\$7,700.00
2014	6	1254	5950508	Adelante of Suffolk County-Computer Skills	05H	LMC	\$11,976.14
					05H	Matrix Code	\$19,676.14
2014	6	1261	5955904	LI Housing Sevices	05K	LMC	\$4,371.56
					05K	Matrix Code	\$4,371.56
Total							\$199,125.29

LINE 37 DETAIL: ACTIVITIES INCLUDED IN THE COMPUTATION OF LINE 37

Plan Year	IDIS Project	IDIS Activity	Voucher Number	Activity Name	Matrix Code	National Objective	Drawn Amount
2014	4	1231	5845120	Planning and Management	20		\$3,532.48
2014	4	1231	5846817	Planning and Management	20		\$9,764.73
2014	4	1231	5869554	Planning and Management	20		\$9,478.63
2014	4	1231	5876991	Planning and Management	20		\$9,886.96
2014	4	1231	5902684	Planning and Management	20		\$10,501.79
2014	4	1231	5908240	Planning and Management	20		\$11,492.56
2014	4	1231	5929944	Planning and Management	20		\$5,115.70
2014	4	1231	5933581	Planning and Management	20		\$10,771.06
2014	4	1231	5950508	Planning and Management	20		\$31,740.09
					20	Matrix Code	\$102,284.00
2014	5	1232	5845120	Program Administration	21A		\$10,985.19
2014	5	1232	5846817	Program Administration	21A		\$31,578.62
2014	5	1232	5869554	Program Administration	21A		\$33,074.65
2014	5	1232	5876991	Program Administration	21A		\$40,154.59
2014	5	1232	5902684	Program Administration	21A		\$28,843.90
2014	5	1232	5908240	Program Administration	21A		\$28,758.82
2014	5	1232	5929944	Program Administration	21A		\$13,172.83
2014	5	1232	5933581	Program Administration	21A		\$37,509.77
2014	5	1232	5950508	Program Administration	21A		\$235,366.93
					21A	Matrix Code	\$459,445.30
Total							\$561,729.30



Housing Opportunities for Persons with AIDS (HOPWA) Program

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

July 1, 2015 ~ June 30, 2016

OMB Number 2506-0133 (Expiration Date: 12/31/2017)

The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. The public reporting burden for the collection of information is estimated to average 42 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number.

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

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

Table of Contents

PART 1: Grantee Executive Summary

1. Grantee Information
2. Project Sponsor Information
3. Administrative Subrecipient Information
4. Program Subrecipient Information
5. Grantee Narrative and Performance Assessment
 - a. Grantee and Community Overview
 - b. Annual Performance under the Action Plan
 - c. Barriers or Trends Overview
 - d. Assessment of Unmet Housing Needs

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging
2. Program Income and Resident Rent Payments

PART 3: Accomplishment Data: Planned Goals and Actual Outputs

PART 4: Summary of Performance Outcomes

1. Housing Stability: Permanent Housing and Related Facilities
2. Prevention of Homelessness: Short-Term Housing Payments
3. Access to Care and Support: Housing Subsidy Assistance with Supportive Services

PART 5: Worksheet - Determining Housing Stability Outcomes

PART 6: Annual Certification of Continued Use for HOPWA Facility-Based Stewardship Units (Only)

PART 7: Summary Overview of Grant Activities

- A. Information on Individuals, Beneficiaries and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, PHP, Facility Based Units, Master Leased Units ONLY)
- B. Facility-Based Housing Assistance

Continued Use Periods. Grantees that received HOPWA funding for new construction, acquisition, or substantial rehabilitations are required to operate their facilities for HOPWA-eligible beneficiaries for a ten (10) years period. If no further HOPWA funds are used to support the facility, in place of completing Section 7B of the CAPER, the grantee must submit an Annual Certification of Continued Project Operation throughout the required use periods. This certification is included in Part 6 in CAPER. The required use period is three (3) years if the rehabilitation is non-substantial.

In connection with the development of the Department’s standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor/subrecipient records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, and Housing Status or Destination at the end of the operating year. Other suggested but optional elements are: Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Date of Contact, Date of Engagement, Financial Assistance, Housing Relocation & Stabilization Services, Employment, Education, General Health Status, , Pregnancy Status, Reasons for Leaving,

Veteran’s Information, and Children’s Education. Other HOPWA projects sponsors may also benefit from collecting these data elements.

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

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee’s State or Local HUD Field Office, and to the HOPWA Program Office: at HOPWA@hud.gov. Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7212, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C.

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

Definitions

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

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

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

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

Central Contractor Registration (CCR): The primary registrant database for the U.S. Federal Government. CCR collects, validates, stores, and disseminates data in support of agency acquisition missions, including Federal agency contract and assistance awards. Both current and potential federal government registrants (**grantees**) are required to register in CCR in order to be awarded contracts by the federal government. Registrants must update or renew their registration at least once per year to maintain an active status. Although recipients of direct federal contracts and grant awards have been required to be registered with CCR since 2003, this requirement is now being extended to indirect recipients of federal funds with the passage of ARRA (American Recovery and Reinvestment Act). Per ARRA and FFATA (Federal Funding Accountability and Transparency Act) federal regulations, all **grantees** and sub-grantees or subcontractors receiving federal grant awards or contracts must have a DUNS (Data Universal Numbering System) Number.

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

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

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

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

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

HOPWA Eligible Individual: The one (1) low-income person with

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

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

HOPWA Housing Subsidy Assistance Total: The unduplicated number of households receiving housing subsidies (TBRA, STRMU, Permanent Housing Placement services and Master Leasing) and/or residing in units of facilities dedicated to persons living with HIV/AIDS and their families and supported with HOPWA funds during the operating year.

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

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

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

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

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

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

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

Outcome: The degree to which the HOPWA assisted household has been

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

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

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

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income for state and local governments at 24 CFR 85.25, or for non-profits at 24 CFR 84.24.

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

Project Sponsor Organizations: 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. Funding flows to a project sponsor as follows:

HUD Funding → Grantee → Project Sponsor

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

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

Subrecipient Organization: Any organization that receives funds from a project sponsor to provide eligible housing and other support services and/or administrative services as defined in 24 CFR 574.300. If a subrecipient organization provides housing and/or other supportive services directly to clients, the subrecipient organization must provide performance data on household served and funds expended. Funding flows to subrecipients as follows:

HUD Funding → Grantee → Project Sponsor → Subrecipient

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

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

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

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

OMB Number 2506-0133 (Expiration Date: 10/31/2017)

Part 1: Grantee Executive Summary

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by CFR 574.3. In Chart 3, indicate each subrecipient organization with a contract/agreement of \$25,000 or greater that assists grantees or project sponsors carrying out their administrative or evaluation activities. In Chart 4, indicate each subrecipient organization with a contract/agreement to provide HOPWA-funded services to client households. These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

1. Grantee Information

HUD Grant Number NY-H-05-F001;NY-H-06-F001;NY-H-07-0001;NY-H-08-F001;NY-H-09-F001;NY-H-10-F001;NY-H-11-F001;NY-H-12-F001; NY-H-13-F001		Operating Year for this report <i>From (mm/dd/yy)</i> 7/1/15 <i>To (mm/dd/yy)</i> 6/30/16		
Grantee Name Town of Islip				
Business Address		15 Shore Lane		
City, County, State, Zip		Bay Shore	Suffolk	NY 11706
Employer Identification Number (EIN) or Tax Identification Number (TIN)		11-6001931		
DUN & Bradstreet Number (DUNs):		06-803-4438	Central Contractor Registration (CCR): Is the grantee's CCR status currently active? x <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide CCR Number: 4WH58	
Congressional District of Grantee's Business Address		3 rd District		
*Congressional District of Primary Service Area(s)		1 st District 2 nd District 3 rd District 4 th District 5 th District		
*City(ies) and County(ies) of Primary Service Area(s)		Cities: See Attached Listings		Counties: Nassau Suffolk
Organization's Website Address www.islipcda.org		Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee service Area? <input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.		

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

Long Island Zip Codes

<p>A</p> <p>Albertson 11507 Alden Manor 11003 Alden Terrace 11580 Amagansett 11980 Amityville 11701 Aquebogue 11931 Arverne 11692 Asharoken 11768 Astoria 11102 Atlantic Beach 11509</p>	<p>East Moriches 11940 East Northport 11731 East Norwich 11732 East Patchogue 11772 East Quogue 11942 East Rockaway 11518 East Setauket 11733 East Williston 11596 Eastport 11941 Eaton's Neck 11768 Edgewood 11717 Elmont 11003 Elwood 11731</p>	<p>Island Park 11558 Island Trees 11756 Islip 11751 Islip Terrace 11752</p>	<p>North Great River 11752 North Haven 11963 North Hills 11030 North Massapequa 11758 North Merrick 11566 North Woodmere 11581 Northport 11768 Noyac 11963</p>	<p>Sea Cliff 11579 Seaford 11783 Searingtown 11507 Selden 11784 Setauket 11733 Shelter Island 11964 Shelter Island Hts 11965 Shinnecock Hills 11966 Shirley 11967 Shoreham 11786 Smithaven 11755 Smithtown 11787 Sound Beach 11789 South Farmingdale 11735 South Haven 11719 South Jamesport 11970 South Setauket 11720 Southampton 11968 Southold 11971 Speonk 11972 Springs 11937 Steinway 11103 Stewart Manor 11530 Stony Brook 11790 Stratmore 11030 Suffolk Air Force 11978 Sunnyside 11104 Syosset 11791</p>
<p>B</p> <p>Babylon 11702 Baiting Hollow 11933 Baldwin 11510 Bar Harbor 11762 Baxter Estates 11020 Bay Shore 11706 Bayport 11705 Bayshore 11706 Bayville 11709 Beixidon 11971 Belle Terre 11776 Bellerose 11426 Bellrose - Nassau 11001 Bellrose - Queens 11426 Bellmore 11710 Bellport 11713 Bethpage 11714 Blue Point 11715 Bohemia 11716 Brentwood 11717 Bridgehampton 11932 Brightwaters 11718 Broad Channel 11693 Broadway 11106 Brookhaven 11719 Brookville 11545</p>	<p>F</p> <p>Fair Harbor 11706 Far Rockaway 11601 Farmingdale 11735 Farmington 11735 Farmingville 11738 Fire Island Pines 11782 Flanders 11901 Floral Park 11001 Flower Hill/Port Washington 11050 Flower Hill/Roslyn 11576 Forest City 11793 Fort Salonga 11768 Fort Tilden 11695 Franklin Square 11010 Freeport 11520</p>	<p>J</p> <p>Jamesport 11947 Jericho 11753</p>	<p>K</p> <p>Kensington 11020 Kings Park 11754 Kings Point 11024 Kismet 11706 Knollwood Beach 11743</p>	<p>O</p> <p>Oak Beach 11702 Oakdale 11769 Ocean Bay Park 11706 Ocean Beach 11770 Oceanside 11572 Old Bethpage 11804 Old Brookville 11545 Old Field 11733 Old Village 11023 Old Westbury 11568 Orient 11957 Oyster Bay 11771</p>
<p>C</p> <p>Calverton 11933 Canaan Lake 11772 Carle Place 11514 Cedarhurst 11516 Center Moriches 11934 Centereach 11720 Centerport 11721 Central Islip 11722 Central Park 11714 Cherry Grove 11782 Cold Spring Harbor 11724 Colonial Springs 11798 Commack 11725 Copiague 11726 Coram 11727 Cove Neck 11771 Cutchogue 11935 C.W. Post College 11548</p>	<p>G</p> <p>Garden City 11530 Garden City Park 11040 Gibson 11580 Gilgo Beach 11702 Glen Cove 11542 Glen Head 11545 Glen Oaks 11004 Glenwood Landing 11547 Gordon Heights 11763 Great Neck 11020 Great River 11739 Green Acres 11581 Greenlawn 11740 Greenport 11944 Greenvale 11548</p>	<p>L</p> <p>Lake Grove 11755 Lake Ronkonkoma 11779 Lake Success 11040 Lakeland 11779 Lakeview (RVC) 11570 Lakeview (W. Hemp.) 11552 Lattingtown 11560 Laurel 11948 Lawrence 11559 Levittown 11756 Lindenhurst 11757 Lloyd Harbor 11743 Locust Grove 11791 Locust Valley 11560 Long Beach 11561 Long Island City 11101 Lynbrook 11563</p>	<p>P</p> <p>Patchogue 11772 Peconic 11958 Penataquit 11706 Plainedge 11756 Plainview 11803 Plandome 11030 Plaza 11101 Point Lookout 11569 Point O'Woods 11775 Poquott 11733 Port of Egypt 11971 Port Jefferson 11777 Port Jefferson Station 11776 Port Washington 11050</p>	<p>T</p> <p>The Terrace 11778 Terryville 11776 Twin Hollow 11709</p>
<p>D</p> <p>Davis Park 11772 Deer Park 11729 Dix Hills 11746</p>	<p>H</p> <p>Halesite 11743 Half Hollow Hills 11798 Hampton Bays 11946 Harbor Acres 11050 Harbor Green 11758 Hauppauge 11788 Hempstead 11550 Hempstead Gardens 11552 Herricks 11040 Hewlett 11567 Hewlett-Neck 11598 Hicksville 11801 Hillside Manor 11040 Holbrook 11741 Holtsville 11742 Huntington 11743 Huntington Beach 11721 Huntington Station 11746</p>	<p>M</p> <p>Malverne 11565 Manhasset 11030 Manhasset Hills 11040 Manorhaven 11050 Manorville 11947 Massapequa 11758 Massapequa Park 11762 Mastic 11950 Mastic Beach 11951 Matinecock 11560 Mattituck 11952 Medford 11763 Melville 11747 Merrick 11566 Middle Island 11953 Mill Neck 11765 Miller Place 11764 Mineola 11501 Montauk 11954 Moriches 11956 Mount Sinai 11766 Munson 11010</p>	<p>Q</p> <p>Quogue 11959</p>	<p>U</p> <p>Uniondale 11553 Upper Brookville 11771 Upton 11973</p>
<p>E</p> <p>East Atlantic Beach 11561 East Hampton 11937 East Hills 11576 East Islip 11730 East Marion 11939 East Meadow 11554</p>	<p>I</p> <p>Inland Park 11558 Inwood 11696 Islandia 11722</p>	<p>N</p> <p>Nesconset 11767 New Cassel 11590 New Hyde Park 11040 New Suffolk 11956 Nissequoque 11780 North Babylon 11703 North Baldwin 11510 North Bellmore 11712</p>	<p>R</p> <p>Remsenburg 11960 Ridge 11961 Riverhead 11901 Rockaway Beach 11693 Rockaway Park 11694 Rockaway Point 11697 Rockville Centre 11570 Rocky Point 11778 Ronkonkoma 11779 Roosevelt 11575 Roosevelt Field 11530 Roslyn 11576 Roslyn Heights 11577 Russell Gardens 11021</p>	<p>V</p> <p>Valley Stream (North) 11580 Valley Stream (South) 11581</p>
			<p>S</p> <p>Sachem 11741 Saddle Rock 11023 Sag Harbor 11963 Sagaponack 11962 Sagtikos Manor 11706 Saint James 11780 Saltaire 11706 San Remo 11754 Sands Point 11050 Santapogue 11707 Sayville 11782</p>	<p>W</p> <p>Wading River 11792 Wainscott 11975 Wantagh 11793 Water Island 11772 Water Mill 11976 West Babylon 11704 West Brentwood 11717 West Gilgo Beach 11702 West Hempstead 11552 West Hills 11743 West Islip 11795 West Sayville 11796 Westbury 11590 Westhampton 11977 Westhampton Beach 11978 Wheatley Heights 11798 Wheatley Hills 11590 Williston Park 11596 Wincoma 11743 Woodbury 11797 Woodmere 11105 Wyandanch 11798</p>
				<p>Y</p> <p>Yaphank 11980</p>

2. Project Sponsor Information

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

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

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

Project Sponsor Agency Name United Way of Long Island		Parent Company Name, if applicable	
Name and Title of Contact at Project Sponsor Agency	Rick Wertheim, Senior Vice President of Housing		
Email Address	rwertheim@unitedwayli.org		
Business Address	819 Grand Blvd		
City, County, State, Zip,	Deer Park, Suffolk, NY 11729		
Phone Number (with area code)	631-940-3700		
Employer Identification Number (EIN) or Tax Identification Number (TIN)	11-6042392	Fax Number (with area code) 631-940-2551	
DUN & Bradstreet Number (DUNS):	N/A		
Congressional District of Project Sponsor's Business Address	3 rd District		
Congressional District(s) of Primary Service Area(s)	1 st District, 2 nd District, 3 rd District, 4 th District, 5 th District		
City(ies) and County(ies) of Primary Service Area(s)	Cities: All cities within Nassau and Suffolk Counties (See attached listings)	Counties: Nassau and Suffolk	
Total HOPWA contract amount for this Organization for the operating year	\$136,103.71		
Organization's Website Address	www.unitedwayli.org		
Is the sponsor a nonprofit organization? x <input type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes x <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

3. Administrative Subrecipient Information

Use Chart 3 to provide the following information for each subrecipient with a contract/agreement of \$25,000 or greater that assists project sponsors to carry out their administrative services but no services directly to client households. Agreements include: grants, subgrants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders. (Organizations listed may have contracts with project sponsors) These elements address requirements in the Federal Funding and Accountability and Transparency Act of 2006 (Public Law 109-282).

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

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

Subrecipient Name				Parent Company Name, if applicable
Name and Title of Contact at Subrecipient				
Email Address				
Business Address				
City, State, Zip, County				
Phone Number (with area code)			Fax Number (include area code)	
Employer Identification Number (EIN) or Tax Identification Number (TIN)				
DUN & Bradstreet Number (DUNs):				
North American Industry Classification System (NAICS) Code				
Congressional District of Subrecipient's Business Address				
Congressional District of Primary Service Area				
City (ies) <u>and</u> County (ies) of Primary Service Area(s)	Cities:		Counties:	
Total HOPWA Subcontract Amount of this Organization for the operating year				

4. Program Subrecipient Information

Complete the following information for each subrecipient organization providing HOPWA-funded services to client households. These organizations would hold a contract/agreement with a project sponsor(s) to provide these services. For example, a subrecipient organization may receive funds from a project sponsor to provide nutritional services for clients residing within a HOPWA facility-based housing program. Please note that subrecipients who work directly with client households must provide performance data for the grantee to include in Parts 2-7 of the CAPER.

Note: Please see the definition of a subrecipient for more information.

Note: Types of contracts/agreements may include: grants, sub-grants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders.

Note: If any information is not applicable to the organization, please report N/A in the appropriate box. Do not leave boxes blank.

Sub-recipient Name	Community Housing Innovations, Inc.		Parent Company Name, if applicable	
Name and Title of Contact at Contractor/ Sub-contractor Agency	Tracey Lutz, Associate Executive Director			
Email Address	tlutz@communityhousing.org			
Business Address	75 Broadway Suite 340			
City, County, State, Zip	White Plains	Westchester	NY	10601
Phone Number (included area code)	631-475-6390 x 225		Fax Number (include area code) 631-627-8674	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	13-3627750			
DUN & Bradstreet Number (DUNs)	80-720-0993			
North American Industry Classification System (NAICS) Code	N/A			
Congressional District of the Sub-recipient's Business Address	18 th District			
Congressional District(s) of Primary Service Area	2 nd District			
City(ies) and County(ies) of Primary Service Area	Cities: Central Islip Coram		Counties: Suffolk	
Total HOPWA Subcontract Amount of this Organization for the operating year	\$ 208,262.03			

4. Program Subrecipient Information

Complete the following information for each subrecipient organization providing HOPWA-funded services to client households. These organizations would hold a contract/agreement with a project sponsor(s) to provide these services. For example, a subrecipient organization may receive funds from a project sponsor to provide nutritional services for clients residing within a HOPWA facility-based housing program. Please note that subrecipients who work directly with client households must provide performance data for the grantee to include in Parts 2-7 of the CAPER.

Note: Please see the definition of a subrecipient for more information.

Note: Types of contracts/agreements may include: grants, sub-grants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders.

Note: If any information is not applicable to the organization, please report N/A in the appropriate box. Do not leave boxes blank.

Sub-recipient Name	United Veterans Beacon House		Parent Company Name, if applicable	
Name and Title of Contact at Contractor/ Sub-contractor Agency	Frank Amalfitano, President/CEO			
Email Address	frank@uvbh.com			
Business Address	1715 Union Blvd			
City, County, State, Zip	Bay Shore	Suffolk	NY	11706
Phone Number (include area code)	631-665-1571		Fax Number (include area code) 631-665-1578	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	11-3246402			
DUN & Bradstreet Number (DUNs)	946508165			
North American Industry Classification System (NAICS) Code	624221			
Congressional District of the Sub-recipient's Business Address	District 2			
Congressional District(s) of Primary Service Area	District 1, District 2, District 3			
City(ies) and County(ies) of Primary Service Area	Cities: Wyandanch Huntington Patchogue		Counties: Suffolk	
Total HOPWA Subcontract Amount of this Organization for the operating year	\$ 810,612.26			

4. Program Subrecipient Information

Complete the following information for each subrecipient organization providing HOPWA-funded services to client households. These organizations would hold a contract/agreement with a project sponsor(s) to provide these services. For example, a subrecipient organization may receive funds from a project sponsor to provide nutritional services for clients residing within a HOPWA facility-based housing program. Please note that subrecipients who work directly with client households must provide performance data for the grantee to include in Parts 2-7 of the CAPER.

Note: Please see the definition of a subrecipient for more information.

Note: Types of contracts/agreements may include: grants, sub-grants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders.

Note: If any information is not applicable to the organization, please report N/A in the appropriate box. Do not leave boxes blank.

Sub-recipient Name	Options For Community Living		Parent Company Name, if applicable	
Name and Title of Contact at Contractor/ Sub-contractor Agency	Allison Covino			
Email Address	Allison@optionscl.org			
Business Address	202 East Main Street			
City, County, State, Zip	Smithtown	Suffolk	NY	11787
Phone Number (included area code)	631-361-9020		Fax Number (include area code) 631-361-9204	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	10-6829187			
DUN & Bradstreet Number (DUNs)	106829187			
North American Industry Classification System (NAICS) Code	624120			
Congressional District of the Sub-recipient's Business Address	1 st District, 4 th District			
Congressional District(s) of Primary Service Area	1 st District, 4 th District			
City(ies) and County(ies) of Primary Service Area	Cities: Hempstead Farmingdale, Riverhead Patchogue Farmingville, Centereach, Medford		Counties: Nassau Suffolk	
Total HOPWA Subcontract Amount of this Organization for the operating year	\$ 689,296.26			

4. Program Subrecipient Information

Complete the following information for each subrecipient organization providing HOPWA-funded services to client households. These organizations would hold a contract/agreement with a project sponsor(s) to provide these services. For example, a subrecipient organization may receive funds from a project sponsor to provide nutritional services for clients residing within a HOPWA facility-based housing program. Please note that subrecipients who work directly with client households must provide performance data for the grantee to include in Parts 2-7 of the CAPER.

Note: Please see the definition of a subrecipient for more information.

Note: Types of contracts/agreements may include: grants, sub-grants, loans, awards, cooperative agreements, and other forms of financial assistance; and contracts, subcontracts, purchase orders, task orders, and delivery orders.

Note: If any information is not applicable to the organization, please report N/A in the appropriate box. Do not leave boxes blank.

Sub-recipient Name	Haven House Bridges, Inc.		Parent Company Name, if applicable	
Name and Title of Contact at Contractor/ Sub-contractor Agency	Jennifer Pollina, Quality Assurance Specialist			
Email Address	jpollina@tsli-hhb.org			
Business Address	840 Suffolk Avenue			
City, County, State, Zip	Brentwood	Suffolk	NY	11717
Phone Number (include area code)	631-231-3619		Fax Number (include area code) 631-231-4754	
Employer Identification Number (EIN) or Tax Identification Number (TIN)	11-3084088			
DUN & Bradstreet Number (DUNs)	80-675-9650			
North American Industry Classification System (NAICS) Code	623990			
Congressional District of the Sub-recipient's Business Address	2 nd District			
Congressional District(s) of Primary Service Area	2 nd District			
City(ies) and County(ies) of Primary Service Area	Cities: Huntington Station Brentwood Central Islip		Counties: Suffolk	
Total HOPWA Subcontract Amount of this Organization for the operating year	\$ 3, 259.00			

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

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

The Long Island region continues to have the highest number of cumulative cases of AIDS among all suburban metropolitan statistical areas. As of Dec. 31, 2014, there were 5,430 presumed living AIDS cases in Nassau and Suffolk Counties. This region is the recipient of funding through Ryan White Part A funding through HRSA. Approximately \$5.7 million in Part A funds are distributed annually to CBO's and hospitals to reimburse for core medical and essential support services that increase access and maintain individuals living with HIV/AIDS in care. Part A funding supports programs such as outpatient ambulatory medical care, mental health services, oral health care, medical nutrition therapy, medical transportation, medical case management, legal services, substance abuse services and early intervention services. The New York State Department of Health AIDS Institute supports ADAP, ADAP+ and Homecare by funding programs in the region through Part B. None of these funds are used for the creation of housing.

Working with United Way of Long Island as our sponsor, and with the 31 member Nassau-Suffolk HIV Health Services Planning Council, the Town of Islip has conducted a needs assessment of housing and support services for Long Island. Together, we have determined that while funding for services is also not adequate to the need, the lack of actual housing is a problem that cannot be addressed with the available funds. Recent surveys and public hearings targeting HIV infected individuals have indicated that housing and transportation are the two most frequently cited problems for this population.

It was decided, therefore, that the HOPWA funds in Nassau/Suffolk counties would be used only for "bricks and mortar", and that agencies accepted for funding would link their clients to services provided with other sources of funding. At a March 9, 2016 meeting of the Nassau/Suffolk HIV/Health Services Planning Council, this policy was reaffirmed.

United Way of Long Island places an ad in Newsday (Long Island's largest newspaper) announcing each RFP and sends applications to every member of the Nassau-Suffolk HIV Planning Council. This outreach includes all of Long Island, not just the Town of Islip. It is our intention, if at all possible, to locate our projects in municipalities not recently assisted with earlier funds and in communities not already highly impacted by other special needs housing. Any organizations that approach the Town of Islip regarding HOPWA will be referred to United Way and the United Way web site where a copy of the current RFP's are posted.

Since the Town of Islip was designated as the recipient of all program funds for the Nassau/Suffolk MSA in 1993, a total of 66 projects (105 units) have been undertaken, 60 of the projects are complete (77 units), and 10 projects remain underway (14 units). Many of the projects, however, have now exceeded their mandatory 10 year commitment of the program. A total of 14 projects (30 units) out of 27 projects (46 units), servicing approximately people, are still operating as housing for HIV/AIDS after the 10 year period. These units are no longer subject to reporting requirements, but because they continue to provide HIV/AIDS housing we call them legacy projects. For this reporting period, the HOPWA program has decided to fund projects that are outside of the 10-year commitment and re-enroll the projects into another 10 year commitment with additional rehabilitation funding. There are currently (4) Preservation projects (9 units servicing 14 people). This accounts for 29 completed projects and (4) Preservation projects being reported within the program.

Contact Information

Grantee:

Town of Islip Community Development
Agency Alison Karppi Executive Director,
631-665-1185 akarppi@islipcda.org

Sponsor:

United Way of Long Island
Richard Wertheim, Sr. Vice President of Housing
Initiatives 631-940-3722
rwertheim@unitedwayli.org

b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

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

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

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

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

The Long Island region is a large, diverse suburban area directly adjacent to New York City, the epicenter of the AIDS epidemic in the United States. Long Island's (defined as the counties of Nassau and Suffolk) population of approximately 2.8 million is highly diverse with respect to factors such as age, income, education, race, ethnicity, and language and constitutes 15% of the entire population of the State of New York .

The Nassau Suffolk region comprises the entire eastern portion of Long Island, an area approximately 100 miles long and averaging 12 miles wide. Its proximity to one of the largest and most diverse cities in the world influences the region's population, culture, transportation and housing patterns, and brings to it many of the city's problems. Major issues that influence the region's health care delivery system include the extreme shortage of affordable housing, inadequate public transportation and the presence of poverty pockets within areas of relative affluence. The Long Island region continues to have the highest number of cumulative cases of AIDS among all suburban metropolitan statistical areas nationwide. While the proximity of the region to New York City, the epicenter of the epidemic, is noteworthy, Long Island possesses demographic characteristics, which increase the opportunity for HIV transmission. Problems of drug use, prostitution and homelessness as well as the scarcity of day and residential substance treatment contribute to the rise in incidence of HIV infection among all groups, but especially among women and injection drug users.

Housing on Long Island

Housing for persons living with AIDS in the region is an ongoing problem. Planning a continuum of housing for the HIV infected is complicated by the high cost of living in Nassau and Suffolk Counties and the scarcity of affordable houses and apartments. The region has the highest housing costs in New York State and has the most expensive residential units in the nation. A study by the National Low Income Housing Coalition in Washington, D.C. that was released in mid-September, 1997, reported that minimum wage earners in the region would have to work 129 hours a week for 52 weeks a year to afford the typical rent on a two bedroom apartment, making the Nassau-Suffolk region the work nation wide.

Compounding this high housing cost, housing entitlements have not kept pace with the cost of living. In a region where it is difficult to rent a studio apartment for less than \$1000 per month, the maximum monthly public assistance allowance for an HIV positive single person is \$556. Currently, the fair market rent in both Nassau and Suffolk Counties is \$1,014/month for a studio, \$1,285 for a 1 bedroom, \$1,583 for a 2 bedroom, \$2,058 for a 3 bedroom, and \$2,370 for a 4 bedroom apartment. The report cited above found that Nassau and Suffolk counties are among the 10 least affordable counties to live in the U.S., and the 5th most expensive metropolitan area in the country, and 56% of the renters in the region can't afford a two-bedroom apartment and 44% cannot afford a one-bedroom apartment.

Housing for People With HIV/AIDS on Long Island

Given the aforementioned climate for housing development, developing/locating housing for people with HIV/AIDS is a near impossible task. The Long Island region is indeed fortunate to have access to HOPWA funds from HUD. Because of the immense scarcity of housing (especially for people with AIDS) in the region, a conscious decision was made by the Town of Islip’s Community Development Agency to target all HOPWA housing dollars solely for the purchase and/or renovation of housing units. The specific objectives of the grant administrators were to develop housing units: no ancillary housing services are solicited for the funding. HIV/AIDS care services are provided by the not for profit Agencies solely, or in conjunction with contracted HIV/AIDS care providers. For fiscal year 2015, AIDS housing agencies have been awarded grants and both are also continuing development of previously funded housing for persons living with HIV/AIDS. The agencies and their primary HOPWA project location by zip code are:

- United Veterans Beacon House 11706
- Haven House Bridges 11717
- Options For Community Living 11787
- Community Housing Innovations Inc. 10601

In 2015/2016, program year, funds in the amount of \$ 1,902,275.19 were expended on a total of 15 projects (3 in Nassau and 12 in Suffolk County). One (1) project, (1 unit) began operating during the 2015/2016 program year, and nine (9) projects are underway, with (4) preservation projects being amongst those projects.

c. Barriers and Trends Overview –

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

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

Impediments for producing special needs housing and meeting the needs of those households most severely affected (families or singles living with HIV/AIDS)include:

1. The shortage of suitable and/or undeveloped land for housing development.
2. The extremely high cost of available land which contributes to the inflation of housing costs.
3. Long Island has one of the highest utility rates in the country. Operating costs for maintaining special needs projects is especially difficult for the housing agencies⁴
4. Community opposition to rezoning sites for housing.
5. Regional NIBY challenges
6. Local building/construction costs which increase carrying costs for property owners. NYC and

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

Long Island as a region has the highest cost factor for new construction and/or renovation in the entire United States.

7. Restrictions under Federal programs which make it difficult for municipalities to undertake housing
8. Absence of lower cost alternatives to sewage treatment plants, which has the effect of inhibiting the development of apartments and other high density housing.

2. Recommended Data Sources for Assessing Unmet Need (check all sources used)

X	= Data as reported in the area Consolidated Plan, e.g. Table 1B, CPMP charts, and related narratives
	= Data established by area HIV/AIDS housing planning and coordination efforts, e.g. Continuum of Care
	= Data from client information provided in Homeless Management Information Systems (HMIS)
	= Data from project sponsors or housing providers, including waiting lists for assistance or other assessments on need including those completed by HOPWA competitive grantees operating in the region.
	= Data from prisons or jails on persons being discharged with HIV/AIDS, if mandatory testing is conducted
	= Data from local Ryan White Planning Councils or reported in CARE Act Data Reports, e.g. number of clients with permanent housing
	= Data collected for HIV/AIDS surveillance reporting or other health assessments, e.g. local health department or CDC surveillance data

End of PART 1

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging

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

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

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Housing Choice Voucher Program			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Shelter Plus Care			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: HUD, COC	\$ 194,609.00	Operations/Support services	<input type="checkbox"/> Housing Subsidy Assistance x <input type="checkbox"/> Other Support
Other Public: Medicaid Care	\$ 134,892.00	Care coordination	<input type="checkbox"/> Housing Subsidy Assistance x <input type="checkbox"/> Other Support
Other Public: OTDA	\$ 91,623.00	Client services staffing	<input type="checkbox"/> Housing Subsidy Assistance x <input type="checkbox"/> Other Support
Other Public: HSHS	\$ 2,841.00	Utilities-fiscal assistance	<input type="checkbox"/> Housing Subsidy Assistance x <input type="checkbox"/> Other Support
Other Public: DSS	\$ 3,990.00	Staff, utilities, ground maintenance	<input type="checkbox"/> Housing Subsidy Assistance x <input type="checkbox"/> Other Support
Private Funding			
Grants – UWLI	\$ 15,004.00	Client services staffing	<input type="checkbox"/> Housing Subsidy Assistance x <input type="checkbox"/> Other Support
NYSSHP	\$ 39,300.00		<input type="checkbox"/> Housing Subsidy Assistance x <input type="checkbox"/> Other Support
Other Private:		Operation site repairs	<input type="checkbox"/> Housing Subsidy Assistance x <input type="checkbox"/> Other Support
Other Private: - Newsday Grant	\$ 13,662.00	Client services staffing	<input type="checkbox"/> Housing Subsidy Assistance x <input type="checkbox"/> Other Support
Other Funding			
Grantee/Project Sponsor/Subrecipient (Agency) Cash	\$ 10,412.00	Operations/Support Services	<input type="checkbox"/> Housing Subsidy Assistance x <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	\$ 385,333.03		
TOTAL (Sum of all Rows)	\$ 891,666.03		

2. Program Income and Resident Rent Payments

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

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

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

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	\$ 385,333.03
2.	Resident Rent Payments made directly to HOPWA Program	\$
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	\$ 385,333.03

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

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

Program Income and Resident Rent Payment Expended on HOPWA programs		Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	\$ 385,333.03
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	\$
3.	Total Program Income Expended (Sum of Rows 1 and 2)	\$ 385,005.83

End of PART 2

PART 3: Accomplishment Data Planned Goal and Actual Outputs

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

Note: The total households assisted with HOPWA funds and reported in PART 3 of the CAPER should be the same as reported in the annual year-end IDIS data, and goals reported should be consistent with the Annual Plan information. Any discrepancies or deviations should be explained in the narrative section of PART 1.

1. HOPWA Performance Planned Goal and Actual Outputs

HOPWA Performance Planned Goal and Actual		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
HOPWA Housing Subsidy Assistance		[1] Output: Households				[2] Output: Funding	
1.	Tenant-Based Rental Assistance						
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)						
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served) (Households Served)						
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)	6	6			\$ 408,652.90 \$ 408,652.90	
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)						
4.	Short-Term Rent, Mortgage and Utility Assistance						
5.	Permanent Housing Placement Services						
6.	Adjustments for duplication (subtract)						
7.	Total HOPWA Housing Subsidy Assistance (Columns a. – d. equal the sum of Rows 1-5 minus Row 6; Columns e. and f. equal the sum of Rows 1-5)	6	6			\$ 408,652.90 \$ 408,652.90	
Housing Development (Construction and Stewardship of facility based housing)		[1] Output: Housing Units				[2] Output: Funding	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)	14	14			\$1,302,776.65 \$ 1,302,776.65	
9.	Stewardship Units subject to 3 or 10 year use agreements	40	40				
10.	Total Housing Developed (Sum of Rows 8 & 9)	54	54			\$1,302,776.65 \$ 1,302,776.65	
Supportive Services		[1] Output Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors/subrecipient that also delivered HOPWA housing subsidy assistance						
11b.	Supportive Services provided by project sponsors/subrecipient that only provided supportive services.						
12.	Adjustment for duplication (subtract)						
13.	Total Supportive Services (Columns a. – d. equal the sum of Rows 11 a. & b. minus Row 12; Columns e. and f. equal the sum of Rows 11a. & 11b.)						
Housing Information Services		[1] Output Households				[2] Output: Funding	
14.	Housing Information Services						
15.	Total Housing Information Services						

Grant Administration and Other Activities		[1] Output Households				[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources						
17.	Technical Assistance (if approved in grant agreement)						
18.	Grantee Administration (maximum 3% of total HOPWA grant)					\$ 54,741.93	\$ 54,741.93
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)					\$ 136,103.71	\$ 136,103.71
20.	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)					\$ 190,845.64	\$ 190,845.64
Total Expended						[2] Outputs: HOPWA Funds Expended	
						Budget	Actual
21.	Total Expenditures for program year (Sum of Rows 7, 10, 13, 15, and 20)					\$ 1,902,275.19	\$ 1,902,275.19

2. Listing of Supportive Services

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

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

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

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

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

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

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

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

End of PART 3

Part 4: Summary of Performance Outcomes

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

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

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

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

A. Permanent Housing Subsidy Assistance

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

B. Transitional Housing Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Transitional/ Short-Term Housing Facilities/ Units	N/A	N/A	1 Emergency Shelter/Streets		<i>Unstable Arrangements</i>
			2 Temporary Housing		<i>Temporarily Stable with Reduced Risk of Homelessness</i>
			3 Private Housing		<i>Stable/Permanent Housing (PH)</i>
			4 Other HOPWA		
			5 Other Subsidy		
			6 Institution		<i>Unstable Arrangements</i>
			7 Jail/Prison		
			8 Disconnected/unknown		
			9 Death		<i>Life Event</i>
B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months					

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

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

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

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

At the bottom of the chart:

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

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

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

Assessment of Households that Received STRMU Assistance

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

Section 3. HOPWA Outcomes on Access to Care and Support

1a. Total Number of Households

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

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

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

Total Number of Households	
1. For Project Sponsors/Subrecipients that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	6
b. Case Management	
c. Adjustment for duplication (subtraction)	
d. Total Households Served by Project Sponsors/Subrecipients with Housing Subsidy Assistance (Sum of Rows a.b. minus Row c.)	6
2. For Project Sponsors/Subrecipients did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	
b. Total Households Served by Project Sponsors/Subrecipients without Housing Subsidy Assistance	

1b. Status of Households Accessing Care and Support

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

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

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

Categories of Services Accessed	[1] For project sponsors/subrecipients that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors/subrecipients that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	6	N/A	<i>Support for Stable Housing</i>
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	6	N/A	<i>Access to Support</i>
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	6	N/A	<i>Access to Health Care</i>
4. Accessed and maintained medical insurance/assistance	6	N/A	<i>Access to Health Care</i>
5. Successfully accessed or maintained qualification for sources of income	6	N/A	<i>Sources of Income</i>

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

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

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

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

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

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

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

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

End of PART 4

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s)	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input checked="" type="checkbox"/> Yr 5; <input checked="" type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input checked="" type="checkbox"/> Yr 10;
Grantee Name Catholic Charities of Rockville Centre	Date Facility Began Operations (mm/dd/yy) 9/1/06


2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2	\$ 7,294.52

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Special Needs Housing – Catholic Charities Islip Terrace 1
Site Information: Project Zip Code(s)	11752
Site Information: Congressional District(s)	2 nd
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: Christopher Ferraiolo, Program Supervisor	Signature & Date (mm/dd/yy)  July 1, 2016
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Christopher Ferraiolo, Program Supervisor	Contact Phone (with area code) 631-210-0080

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input checked="" type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 7/15/2013

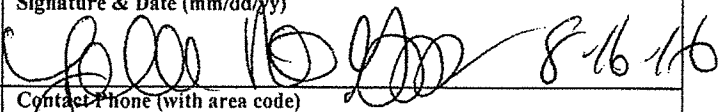
2. Number of Units and Non-HOPWA Expenditures

Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	1 unit 5 bedrooms; 6 households; 6 individuals served during the report period	\$16,986.44 (Resident rent) \$7244 Medicaid CC \$12,821 OTDA

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-XI Options – Medford 2
Site Information: Project Zip Code(s)	11763
Site Information: Congressional District(s)	District 1
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy)  8-16-16
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input checked="" type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 7/15/2013

2. Number of Units and Non-HOPWA Expenditures

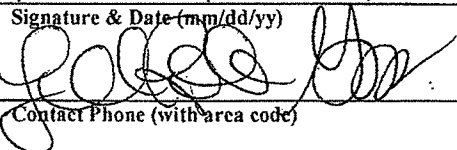
Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	1 unit 6 bedrooms; 4 individuals served during the report period	\$16,221. Rent \$15,388 OTDA \$437 HS

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-XI	Options – Hauppauge 1
Site Information: Project Zip Code(s)	11788	
Site Information: Congressional District(s)	District 1	
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public	
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A	

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy)  8-16-16
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input checked="" type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 7/15/2013

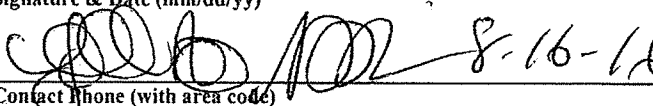
2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	1 unit	\$12,541 rent \$7244 Medicaid CC
Total Stewardship Units (subject to 3- or 10- year use periods)	5 bedrooms; 5 households; 7 individuals served during the report period	\$12,821 OTDA \$828 HS grant

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-XI Options – Medford 1
Site Information: Project Zip Code(s)	11763
Site Information: Congressional District(s)	District 1
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy)  8-16-18
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s)	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input checked="" type="checkbox"/> Yr 5; <input checked="" type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input checked="" type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; Yr 10;
Grantee Name Catholic Charities of Rockville Centre	Date Facility Began Operations (mm/dd/yy) 10/1/07


2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2	\$ 3,229.10

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Special Needs Housing – Catholic Charities Freeport 1
Site Information: Project Zip Code(s)	11520
Site Information: Congressional District(s)	4 th
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: Christopher Ferraiolo, Program Supervisor	Signature & Date (mm/dd/yy)  July 1, 2016
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Christopher Ferraiolo, Program Supervisor	Contact Phone (with area code) 631-210-0080

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input checked="" type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 4/30/2008

2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	1 unit	\$2,761.00 (Resident rent)
Total Stewardship Units (subject to 3- or 10- year use periods)	3 bedrooms; 1 household; 1 individual and 1 family member served during the report period	\$ (19,460 HUD McKinney Vento) \$ (7244. Health Home CC –Medicaid) \$ 417 Newsday

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Nassau Continuum of Care	Options – Roosevelt I
Site Information: Project Zip Code(s)	11575	
Site Information: Congressional District(s)	District 4	
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public	
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A	

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I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy) <i>Yolanda Rubano Gross</i>
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input checked="" type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 7/15/2013

2. Number of Units and Non-HOPWA Expenditures

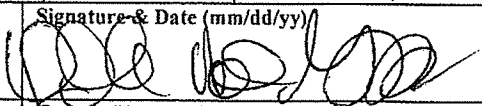
Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	1 unit 5 bedrooms; 5 households; 6 individuals served during the report period	\$11,981.33 (Resident rent) \$ 13,484. Health Home CC - Medicaid \$12,821. OTDA \$452 HSHS GRANT

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-XI Options – Central Islip 2
Site Information: Project Zip Code(s)	11722
Site Information: Congressional District(s)	District 1
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

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I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy)  8-16-16
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of *Stewardship Units*.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input checked="" type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 6/16/2010

2. Number of Units and Non-HOPWA Expenditures

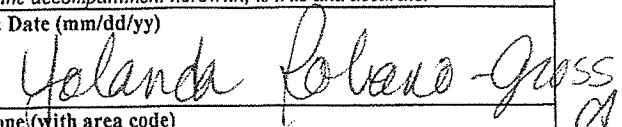
Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	2 units	\$10,306.00 (Resident rent)
Total Stewardship Units (subject to 3- or 10- year use periods)	4 bedrooms; 2 households; 2 individuals and 2 family members served during the report period	\$8641. Health Home CC - Medicaid \$1117. Newsday grant

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-V Options – Riverhead 1
Site Information: Project Zip Code(s)	11901
Site Information: Congressional District(s)	District 1
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

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Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy) 
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input checked="" type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 9/01/2010

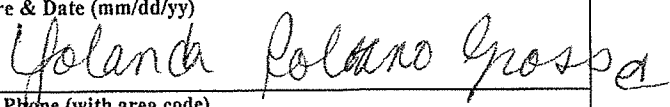
2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	2 units	\$17,499.66 (Resident rent)
Total Stewardship Units (subject to 3- or 10- year use periods)	6 bedrooms; 4 households; 4 individuals and 1 family members served during the report period	\$ (38,922 HUD McKinney Vento) \$ (7244. Health Home CC - Medicaid) \$1199 OTDA \$833 Newsday

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Nassau Continuum of Care	Options – Hempstead 5
Site Information: Project Zip Code(s)	11550	
Site Information: Congressional District(s)	District 4	
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public	
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A	

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy) 
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input checked="" type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 11/7/2011

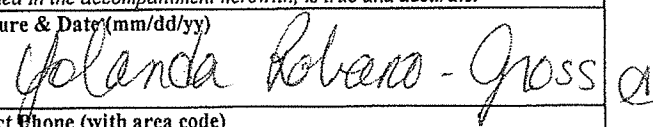
2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	1 unit	\$8,464.00 (Resident rent)
Total Stewardship Units (subject to 3- or 10- year use periods)	3 bedrooms; 1 individual and 2 family members served during the report period	\$559. Newsday Grant

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-VII Options – Farmingville 1
Site Information: Project Zip Code(s)	11738
Site Information: Congressional District(s)	District 1
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

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Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy) 
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s)	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; Yr 5; <input checked="" type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; Yr 10;
Grantee Name Catholic Charities of Rockville Centre	Date Facility Began Operations (mm/dd/yy) 7/1/11


2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2	\$ 7,287.31

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Special Needs Housing - Catholic Charities Farmingdale 2
Site Information: Project Zip Code(s)	11735
Site Information: Congressional District(s)	2nd and 3 rd
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

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<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: Christopher Ferraiolo, Program Supervisor	Signature & Date (mm/dd/yy)  July 1, 2016
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Christopher Ferraiolo, Program Supervisor	Contact Phone (with area code) 631-210-0080

End of PART 6

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input checked="" type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 7/18/2011


2. Number of Units and Non-HOPWA Expenditures

Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	1 unit 3 bedrooms; 1 individual and 2 family members served during the report period	\$15,471.00 (Resident rent) \$559. Newsday Grant \$1350 United Way

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-VII	Options – Patchogue 1
Site Information: Project Zip Code(s)	11772	
Site Information: Congressional District(s)	District 1	
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public	
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A	

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Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy) 
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input checked="" type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 1/30/2012

2. Number of Units and Non-HOPWA Expenditures

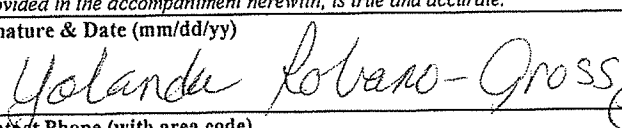
Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	2 units	\$25,864.00 (Resident rent)
Total Stewardship Units (subject to 3- or 10- year use periods)	6 bedrooms; 2 households; 2 individuals and 5 family members served during the report period	\$ (7244. Health Home CC - Medicaid) \$1117. Newsday grant \$269. United Way grant

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-VI Options – Riverhead 2
Site Information: Project Zip Code(s)	11901
Site Information: Congressional District(s)	District 1
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

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Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy) 
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s)	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; Yr 5; <input checked="" type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; Yr 10;
Grantee Name Catholic Charities of Rockville Centre	Date Facility Began Operations (mm/dd/yy) 4/12/12


2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2	\$ 11,353.90

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Special Needs Housing - Catholic Charities Long Beach 1
Site Information: Project Zip Code(s)	11735
Site Information: Congressional District(s)	4 th
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: Christopher Ferraiolo, Program Supervisor	Signature & Date (mm/dd/yy)  July 1, 2016
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Christopher Ferraiolo, Program Supervisor	Contact Phone (with area code) 631-210-0080

End of PART 6

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

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input checked="" type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 3/4/2013

2. Number of Units and Non-HOPWA Expenditures

Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	1 unit 3 bedrooms; 1 household; 1 individual and 5 family members served during the report period	\$7,612.00 (Resident rent) \$ 7244. (Health Home CC - Medicaid) \$ 558. Newsday grant

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-VIII Options – Farmingdale 1
Site Information: Project Zip Code(s)	11735
Site Information: Congressional District(s)	District 3
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy) <i>Yolanda Rubano-Gross</i>
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input checked="" type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 1/29/2014

2. Number of Units and Non-HOPWA Expenditures


Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	1 unit 2 bedrooms; 2 household; 2 individuals served during the report period	\$6,669.00 (Resident rent) \$ (9959. Health Home CC - Medicaid) \$ (6569. OTDA)

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-IX Options – Lake Ronkonkoma 1
Site Information: Project Zip Code(s)	11752
Site Information: Congressional District(s)	District 2
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

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Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Robano-Gross, Executive Director	Signature & Date (mm/dd/yy) 
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input checked="" type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 1/17/2014

2. Number of Units and Non-HOPWA Expenditures

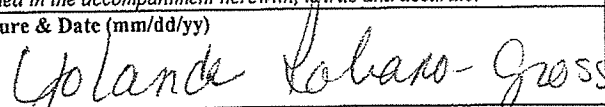
Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2 units 3 bedrooms; 2 household; 2 individuals and 1 family member served during the report period	\$10,416.00 (Resident rent) \$ 2564. (OTDA) \$745. Medicaid CC \$559. Newsday grant

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-IX Options – Lindenhurst 1
Site Information: Project Zip Code(s)	11752
Site Information: Congressional District(s)	District 2
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Rubano-Gross, Executive Director	Signature & Date (mm/dd/yy) 
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) NA	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input checked="" type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 6/13/2014

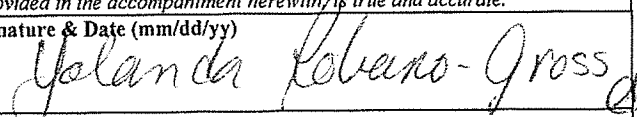
2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	2 unit	\$8,864.00 (Resident Rent)
Total Stewardship Units (subject to 3- or 10- year use periods)	4 bedrooms; 2 household; 2 individual and 3 family members served during the report period	\$7244 Health Home Medicaid CC \$2564. OTDA \$1117. Newsday

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Nassau Continuum of Care Options – Freeport 4
Site Information: Project Zip Code(s)	11520
Site Information: Congressional District(s)	District 4
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

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Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Robano-Gross, Executive Director	Signature & Date (mm/dd/yy) 
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Community Follow-Up Program	Contact Phone (with area code) 631-361-9020

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

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input checked="" type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 5/27/2014

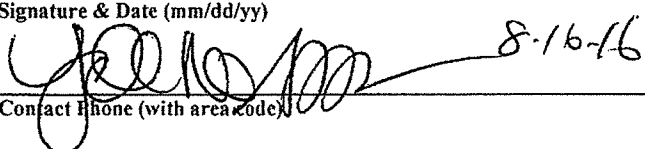
2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	1 unit	\$12,949.00 (Resident rent)
Total Stewardship Units (subject to 3- or 10- year use periods)	3 bedrooms; 1 household; 1 individual and 3 family members served during the report period	\$6640 Health Home CC Medicaid \$559 Newsday grant

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-IX	Options – Patchogue 2
Site Information: Project Zip Code(s)	11772	
Site Information: Congressional District(s)	District 1	
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public	
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A	

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<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Robano-Gross, Executive Director	Signature & Date (mm/dd/yy)  8-16-16
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

PART 6: Annual Certification of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)
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The Annual Certification of Usage for HOPWA Facility-Based Stewardship Units is to be used in place of Part 7B of the CAPER if the facility was originally acquired, rehabilitated or constructed/developed in part with HOPWA funds but no HOPWA funds were expended during the operating year. Scattered site units may be grouped together on one page.

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s)	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input checked="" type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Community Housing Innovations, Inc	Date Facility Began Operations (mm/dd/yy) 9/13/13

2. Number of Units and Non-HOPWA Expenditures

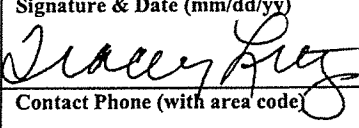
Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	5	

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	CHI- Central Islip I
Site Information: Project Zip Code(s)	11722
Site Information: Congressional District(s)	2
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	

I certify that the facility that received assistance for acquisition, rehabilitation, or new construction from the Housing Opportunities for Persons with AIDS Program has operated as a facility to assist HOPWA-eligible persons from the date shown above. I also certify that the grant is still serving the planned number of HOPWA-eligible households at this facility through leveraged resources and all other requirements of the grant agreement are being satisfied.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Name & Title of Authorized Official of the organization that continues to operate the facility: Tracey Lutz, Associate Executive Director	Signature & Date (mm/dd/yy)  8/11/16
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Tracey Lutz, Associate Executive Director Kim Livingston, Director of Supportive Housing	Contact Phone (with area code) 631-475-6390 x 225 631-475-6390 x 228

End of PART 6

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

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) NA	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input checked="" type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 7/15/2013

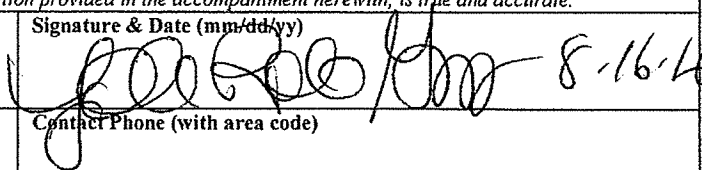
2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	1 unit	\$ 3204 client rent \$559 Newsday grant
Total Stewardship Units (subject to 3- or 10- year use periods)	5 bedrooms; 5 households; 5 individuals served during the report period	

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-IX Options – Centereach 1
Site Information: Project Zip Code(s)	11720
Site Information: Congressional District(s)	District 1
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

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<i>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.</i>	
Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Robano-Gross, Executive Director	Signature & Date (mm/dd/yy)  8-16-16
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Community Follow-Up Program	Contact Phone (with area code) 631-361-9020

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input checked="" type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 1/24/2003

2. Number of Units and Non-HOPWA Expenditures

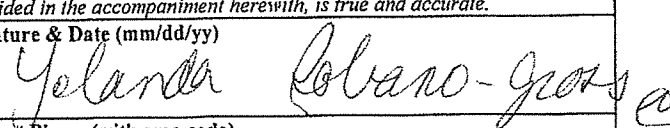
Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	2 units	\$11,296.00 (Resident rent)
Total Stewardship Units (subject to 3- or 10- year use periods)	4 bedrooms; 2 households; 2 individuals and 1 family member served during the report period	\$ (38,922 HUD McKinney Vento) \$ (7244 Health Home CC -Medicaid) \$ 599 OTDA \$ 833 Newsday

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Nassau Continuum of Care	Options – Valley Stream 1
Site Information: Project Zip Code(s)	11580	
Site Information: Congressional District(s)	District 4	
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public	
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A	

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Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Robano-Gross, Executive Director	Signature & Date (mm/dd/yy) 
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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

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

Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input checked="" type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 11/14/2003

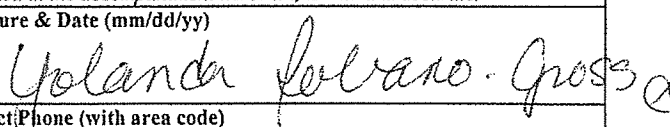
2. Number of Units and Non-HOPWA Expenditures

Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2 units 6 bedrooms; 2 households; 2 individual and 4 family members served during the report period	\$13,605.00 (Resident rent) \$ (9104 Health Home CC - Medicaid) \$ (38,922 HUD McKinney Vento) \$833 Newsday

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Nassau Continuum of Care Options – Hempstead 2
Site Information: Project Zip Code(s)	11550
Site Information: Congressional District(s)	District 4
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

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Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input checked="" type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 8/2/1999

2. Number of Units and Non-HOPWA Expenditures

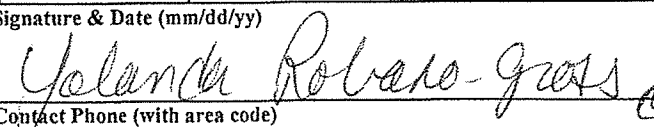
Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	2 units 4 bedrooms; 4 households; 4 individuals and 1 family member served during the report period	\$9,149.11 (Resident rent) \$ (38,922 HUD McKinney Vento) \$ 1199 OTDA \$ 218 HS Grant \$833 Newsday Grant

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Nassau Continuum of Care Options – Baldwin I
Site Information: Project Zip Code(s)	11510
Site Information: Congressional District(s)	District 4
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

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Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) N/A	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input checked="" type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 11/6/1998

2. Number of Units and Non-HOPWA Expenditures


Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	1 unit 4 bedrooms; 1 households; 1 individual and 6 family member served during the report period	\$9,864.00 (Resident rent) \$ (19,461 HUD McKinney Vento) \$ 417 Newsday

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Nassau Continuum of Care	Options -Massapequa 1
Site Information: Project Zip Code(s)	11758	
Site Information: Congressional District(s)	District 3	
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public	
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A	

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Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) NYH12F001	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input checked="" type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Haven House/Bridges, Inc.	Date Facility Began Operations (mm/dd/yy) 02/18/00

2. Number of Units and Non-HOPWA Expenditures

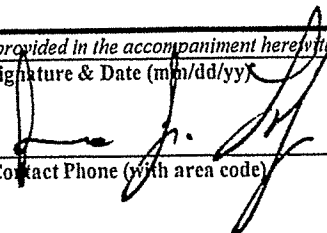
Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Huntington Station I		
Total Stewardship Units (subject to 3- or 10- year use periods)	2	\$0

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Huntington Station I
Site Information: Project Zip Code(s)	11746
Site Information: Congressional District(s)	2 nd
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	

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Name & Title of Authorized Official of the organization that continues to operate the facility: Bruno J. LaSpina, Chief Executive Officer	Signature & Date (mm/dd/yy)  7/28/16
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Jennifer Pollina, QA & Development Specialist	Contact Phone (with area code) 631-231-3619

End of PART 6

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) NYH12F001	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input checked="" type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Haven House/Bridges, Inc.	Date Facility Began Operations (mm/dd/yy) 03/02/01

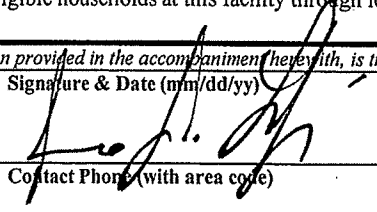
2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Central Islip I		
Total Stewardship Units (subject to 3- or 10- year use periods)	1	\$0

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	Central Islip I
Site Information: Project Zip Code(s)	11722
Site Information: Congressional District(s)	2 nd
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	

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Name & Title of Authorized Official of the organization that continues to operate the facility: Bruno J. LaSpina, Chief Executive Officer	Signature & Date (mm/dd/yy)  7/28/16
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Jennifer Pollina, QA & Development Specialist	Contact Phone (with area code) 631-231-3619

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

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Note: See definition of Stewardship Units.

1. General information

HUD Grant Number(s) NA	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input checked="" type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10;
Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 7/15/2013

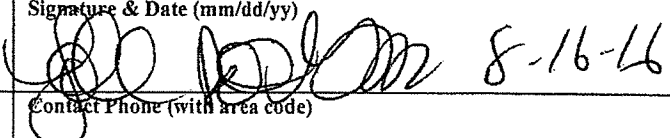
2. Number of Units and Non-HOPWA Expenditures

Facility Name: Options for Community Living, Inc.	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)	1 unit 5 bedrooms; 5 households; 5 individuals served during the report period	\$16,890 rent 13,883 Medicaid CC 12,821 OTDA 209. HSHS

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA-XI	Options – Centereach 2
Site Information: Project Zip Code(s)	11720	
Site Information: Congressional District(s)	District 1	
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public	
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A	

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Name & Title of Authorized Official of the organization that continues to operate the facility: Yolanda Robano-Gross, Executive Director	Signature & Date (mm/dd/yy)  8-16-16
Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Community Follow-Up Program	Contact Phone (with area code) 631-361-9020

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Note: See definition of Stewardship Units.

1. General information

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Grantee Name Options for Community Living, Inc.	Date Facility Began Operations (mm/dd/yy) 11/20/15

2. Number of Units and Non-HOPWA Expenditures

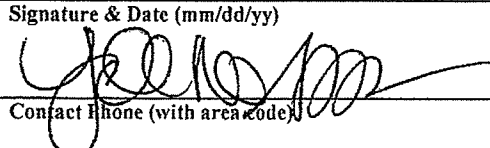
Facility Name:	Number of Stewardship Units Developed with HOPWA funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Options for Community Living, Inc.	2 units	\$ 7395 client rent
Total Stewardship Units (subject to 3- or 10- year use periods)	5 bedrooms; 2 households; 2 individuals and 4 family member served during the report period	\$5129 OTDA \$825 other grants

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	ICDA Options – Farmingdale-2
Site Information: Project Zip Code(s)	11735
Site Information: Congressional District(s)	
Is the address of the project site confidential?	<input checked="" type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential: Please provide the contact information, phone, email address/location, if business address is different from facility address	N/A

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Name & Title of Contact at Grantee Agency (person who can answer questions about the report and program) Allison Covino, Director, Access To Care Program	Contact Phone (with area code) 631-361-9020 ext. 205

End of PART 6

Part 7: Summary Overview of Grant Activities

A. Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, Facility-Based Units, Permanent Housing Placement and Master Leased Units ONLY)

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

Section 1. HOPWA-Eligible Individuals who Received HOPWA Housing Subsidy Assistance

a. Total HOPWA Eligible Individuals Living with HIV/AIDS

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

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance	31

Chart b. Prior Living Situation

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

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

Category	Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1. Continuing to receive HOPWA support from the prior operating year	21
New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year	
2. Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	
3. Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	4
4. Transitional housing for homeless persons	
5. Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	
6. Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	
7. Psychiatric hospital or other psychiatric facility	
8. Substance abuse treatment facility or detox center	1
9. Hospital (non-psychiatric facility)	
10. Foster care home or foster care group home	
11. Jail, prison or juvenile detention facility	
12. Rented room, apartment, or house	3
13. House you own	
14. Staying or living in someone else’s (family and friends) room, apartment, or house	2
15. Hotel or motel paid for without emergency shelter voucher	
16. Other	
17. Don’t Know or Refused	
18. TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	31

c. Homeless Individual Summary

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

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

Section 2. Beneficiaries

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

Note: See definition of HOPWA Eligible Individual

Note: See definition of Transgender.

Note: See definition of Beneficiaries.

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

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

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a.)	31
2. Number of ALL other persons diagnosed as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	0
3. Number of ALL other persons NOT diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefited from the HOPWA housing subsidy	4
4. TOTAL number of ALL <u>beneficiaries</u> served with Housing Subsidy Assistance (Sum of Rows 1,2, & 3)	35

b. Age and Gender

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

HOPWA Eligible Individuals (Chart a, Row 1)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18					
2.	18 to 30 years	1				1
3.	31 to 50 years	6	4			10
4.	51 years and Older	17	3			20
5.	Subtotal (Sum of Rows 1-4)	24	7			31
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A.	B.	C.	D.	E.
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	2	1			3
7.	18 to 30 years		1			1
8.	31 to 50 years					
9.	51 years and Older					
10.	Subtotal (Sum of Rows 6-9)	2	2			4
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	26	9			35

c. Race and Ethnicity*

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

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

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

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

Section 3. Households

Household Area Median Income

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

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

Note: Refer to http://www.huduser.org/portal/datasets/il/il2010/select_Geography_mfi.odn for information on area median income in your community.

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

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

United Way of LI/ Options For Community Living

2. Capital Development

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

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Hicksville 1
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
X <input type="checkbox"/> Rehabilitation	\$ 5,894.62	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy)
b.	Rehabilitation/Construction Dates:		Date started: Date Completed:
c.	Operation dates:		Date residents began to occupy: 3/1/97 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 2 Total Units = 2
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes x <input checked="" type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		X <input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired <u>with or without</u> rehab				
Rental units rehabbed		2	2	
Homeownership units constructed (if approved)				

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

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

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

United Way of LI/Options For Community Living

2. Capital Development

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

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<input type="checkbox"/> New construction	\$	\$	Name of Facility: Freeport 1 Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
X <input type="checkbox"/> Rehabilitation	\$ 6,727.34	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:		Date started: _____ Date Completed: _____
c.	Operation dates:		Date residents began to occupy: 6/15/97 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: _____ <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 2 Total Units = 2
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes x <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		x <input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed		2	2	
Homeownership units constructed (if approved)				

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

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

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

United Way of LI/Options For Community Living

2. Capital Development

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

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<input type="checkbox"/> New construction	\$	\$	Westbury 1 Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$6,632.33	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:		Date started: _____ Date Completed: _____
c.	Operation dates:		Date residents began to occupy: 6/30/2000 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: _____ <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 2 Total Units = 2
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed		2	2	
Homeownership units constructed (if approved)				

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

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

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

United Way of LI/Options For Community Living

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

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

	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Centereach 3
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check only one box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input checked="" type="checkbox"/> Rehabilitation	\$261,389.07	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy):
b.	Rehabilitation/Construction Dates:		Date started: Date Completed:
c.	Operation dates:		Date residents began to occupy: <input checked="" type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: <input checked="" type="checkbox"/> Not yet providing services
e.	Number of units in the facility: 1		HOPWA-funded units = 1 Total Units = 1
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed		1	1	
Homeownership units constructed (if approved)				

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

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

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

United Way of LI/Haven House Bridges

2. Capital Development

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

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

	Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Huntington 3
	<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check only one box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
	<input checked="" type="checkbox"/> Rehabilitation	\$3,259.00	\$	
	<input type="checkbox"/> Acquisition	\$	\$	
	<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:			Date (mm/dd/yy): 1992
b.	Rehabilitation/Construction Dates:			Date started: _____ Date Completed: _____
c.	Operation dates:			Date residents began to occupy: 1992 <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:			Date started: _____ <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility: 3			HOPWA-funded units _____ Total Units = 3
f.	Is a waiting list maintained for the facility?			X <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired <u>with or without</u> rehab				
Rental units rehabbed		3	3	
Homeownership units constructed (if approved)				

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

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

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

United Way of LI/Community Housing Innovations

2. Capital Development

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

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

	Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
	<input type="checkbox"/> New construction	\$	\$	Coram 1
	x <input checked="" type="checkbox"/> Rehabilitation	\$ 208,262.03	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
	<input type="checkbox"/> Acquisition	\$	\$	
	<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy): pending (fees listed)	
b.	Rehabilitation/Construction Dates:		Date started: _____ Date Completed: _____	
c.	Operation dates:		Date residents began to occupy: <input checked="" type="checkbox"/> Not yet occupied	
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services	
e.	Number of units in the facility:		HOPWA-funded units = 1 Total Units = 1	
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>	
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public	

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed		1	1	
Homeownership units constructed (if approved)				

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

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

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

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

United Way of LI/United Veterans Beacon House

2. Capital Development

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

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

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<input type="checkbox"/> New construction	\$	\$	Wyandanch 1
<input checked="" type="checkbox"/> Rehabilitation	\$ 250,368.17	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
			Type of Facility [Check <u>only one</u> box.]
			<input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
a.	Purchase/lease of property:		Date (mm/dd/yy): pending (fees listed)
b.	Rehabilitation/Construction Dates:		Date started: _____ Date Completed: _____
c.	Operation dates:		Date residents began to occupy: <input checked="" type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = 1 Total Units = 1
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed		1	1	
Homeownership units constructed (if approved)				

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

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

Part 7: Summary Overview of Grant Activities

B. Facility-Based Housing Assistance

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

United Way of LI/Community Housing Innovations

2. Capital Development

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

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

	Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
	<input type="checkbox"/> New construction	\$	\$	Patchogue 1
	<input checked="" type="checkbox"/> Rehabilitation	\$ 368,481.00	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
	<input type="checkbox"/> Acquisition	\$	\$	
	<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yy): pending (fees listed)	
b.	Rehabilitation/Construction Dates:		Date started:	Date Completed:
c.	Operation dates:		Date residents began to occupy: <input checked="" type="checkbox"/> Not yet occupied	
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services	
e.	Number of units in the facility:		HOPWA-funded units = 1	Total Units = 1
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>	
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?		<input checked="" type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public	

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed		1	1	
Homeownership units constructed (if approved)				

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

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

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

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

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

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

1. Project Sponsor/Subrecipient Agency Name (Required)

United Way of LI/United Veterans Beacon House

2. Capital Development

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

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

	Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility: Huntington 1
	<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input checked="" type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
	<input checked="" type="checkbox"/> Rehabilitation	\$ 191,763.09	\$	
	<input type="checkbox"/> Acquisition	\$	\$	
	<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:			Date (mm/dd/yy): pending (fees listed)
b.	Rehabilitation/Construction Dates:			Date started: _____ Date Completed: _____
c.	Operation dates:			Date residents began to occupy: <input checked="" type="checkbox"/> Not yet occupied
d.	Date supportive services began:			Date started: <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:			HOPWA-funded units = 1 Total Units = 1
f.	Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, number of participants on the list at the end of operating year</i>
g.	What is the address of the facility (if different from business address)?			
h.	Is the address of the project site confidential?			<input checked="" type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

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

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

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed		1	1	
Homeownership units constructed (if approved)				

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

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

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

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

3a. Check one only

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

3b. Type of Facility

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

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

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

4. Households and Housing Expenditures

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

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