

The State of AIDS Housing:
An Evaluation of the Housing Opportunities for Persons
with AIDS Program (HOPWA)



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*For my Mother,
Whose constant support has driven me further than I ever thought I could go.*



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Part I

Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CBO	Community Based Organization
CDC	Center for Disease Control
CDBG	Community Development Block Grants

EMSA or MSA	Eligible Metropolitan Statistical Area
HOPWA	Housing Opportunities for Persons with AIDS
HUD	Housing and Urban Development
PWA	Person With AIDS
SPNS	Special Project of National Significance
SRO	Single Room Occupancy
STAP	Short Term Assistance Program

Abstract

The AIDS epidemic in the U.S. has begun to slowly fade from public consciousness. Press coverage is rare which has led many people to believe that AIDS no longer represents a problem. Unfortunately, this could not be further from the truth, considering that close to a million Americans are affected by HIV/AIDS. AIDS in fact has gone through a transformation in the past decade. No longer is it primarily a white, gay, urban disease. Today women are affected at the same rate as men, and the prevalence rate is alarmingly high for African Americans and Latinos. Furthermore, AIDS has gone rural, affecting desolate communities that do not have the

infrastructure nor programs to treat a special needs population.

AIDS also continues to disproportionately affect low income people, and this has grave consequences when trying to secure a place to live for a person with AIDS (PWA) and their family. Rents in many cities are skyrocketing, and with the inability for many PWA to work due to medical needs and their overall health, acquiring housing is second only to quality health care as a fundamental need. Housing Opportunities for Persons with AIDS (HOPWA) is the only federal program that provides funds specifically for housing and housing services for PWA. The HOPWA program is intentionally flexible with regard to how funds can be spent to address changing needs and regional differences. As a result of this flexibility, HOPWA programs vary from city to city. Through examining the differences between various HOPWA programs, strengths and weaknesses become apparent. Thus, this report evaluates the strengths and weaknesses of the various city programs and what policies can be adopted to make those programs more effective. An overall increase in HOPWA funding and the need for funds to be set aside specifically for the development of AIDS housing is recommended. Advisory committees established by the cities should be restructured to guard against a possible conflict of interest when committee members are themselves recipients of the funding disbursed by the committee.

Introduction

Since 1996, the number of deaths caused by AIDS has steadily declined compared to the devastating statistics in the eighties and early nineties. In 1994, approximately 50,000 persons with AIDS died, and in 1999 that number had decreased to 16,000¹. Although the deaths have decreased, AIDS prevalence has steadily increased year to year, a trend that will continue as long as the number of persons with a new AIDS diagnosis exceeds the number of persons dying each year². Furthermore, the demographics of AIDS are changing³. Infection rates for African Americans and Latinos are alarmingly high, and now women are being affected at the same rate as men⁴

¹ICF Consulting, National Evaluation of the HOPWA Program; Prepared for: U.S. Department of Housing and Urban Development Office of Policy Development and Research. December 2000

²Center For Disease Control, HIV/AIDS Surveillance Report. December 30, 1999

³According to the CDCs HIV/AIDS Update, African Americans and Latinos together make up 73% of new HIV infections.

⁴Lieberman, Betsy, The Other Affordable Housing Crisis. AIDS Housing of Washington

. With the steady increase in the number of PWA, and the lengthening of many of their lives as the result of highly active anti-retroviral therapy, the need for housing assistance has been increasing⁵. As more PWA live longer, the greater the need for housing assistance. The lack of affordable and appropriate housing for persons with HIV/AIDS is a continual concern for AIDS housing providers, policy makers, and advocates across the country. Stable housing can facilitate improved health status, sobriety and a decreased use of nonprescriptive drugs, and a return for some persons with AIDS to productive work and social activities⁶.

More people are living with AIDS in the United States than ever before, and the Center for Disease Control reported 816,149 cumulative cases by December 2001. Half of those individuals, or 408,075 persons, will be in need of housing assistance during some point of their illness. That number will only rise as the life expectancy rate increases as new drugs are introduced that prolong the life of those living with the disease. The relationship of homelessness to HIV/AIDS has pushed its way to the forefront of issues surrounding the epidemic. Many studies have concluded that people with HIV/AIDS have a higher risk for homelessness. According to estimates, one-third to one-half of those with HIV/AIDS are either homeless or at risk of becoming homeless, and an alarming 50 percent of PWA are estimated to need housing assistance during the course of their illness⁷.

⁵ICF Consulting, National Evaluation of the HOPWA Program; Prepared for: U.S. Department of Housing and Urban Development Office of Policy Development and Research. December 2000

⁶U.S. Department of Housing and Urban Development, HIV/AIDS Housing. October 5,2001.

⁷Valdivia, Marlon, Eye on Ending Homelessness; Gov. Gray Davis Launches a New Initiative for California. AIDS Project Los Angeles

To address the housing needs of PWA, the U.S. Congress created the Housing Opportunities for Persons with AIDS (HOPWA) program as a part of the National Affordable Housing Act of 1990⁸. Under HOPWA, states and localities receive funding annually to develop long-term comprehensive strategies for meeting the housing needs of PWA and their families⁹. The federal government established the Office of HIV/AIDS Housing (OHH) in 1992, which primarily functions to administer the HOPWA program. In fiscal year 2002, a total of \$247,889 million was allocated, by formula, to 108 grantees. These grantees represented 74 eligible metropolitan statistical areas (EMSA), usually referring to a large city and its surrounding cities, and 34 eligible States for areas outside of EMSA's. States can apply for HOPWA funds as their own entity, in most cases, to combat the growing need for AIDS housing in rural areas. This amount has increased since 1992 when the total amount was \$42.9 million awarded to 38 grantees (27 cities and 11 States)¹⁰. There are three ways EMSA's, States and nonprofits can obtain funds; the HOPWA Formula Program, the HOPWA Competitive Program, and the HOPWA National Technical Assistance Funding awards.

The HOPWA Formula Program distributes funds using a statutory formula that relies on AIDS statistics (cumulative AIDS cases and area incidence) from the Centers for Disease Control and Prevention (CDC). The funds are allocated through a formula entitlement process to the most populous city in an EMSA and to eligible states. The qualifications set forth by the Housing and Urban Development Department (HUD) state that metropolitan areas with a population of more than 500,000 and at least 1,500 cumulative AIDS cases are eligible for HOPWA formula grants¹¹. States can apply for the formula program based on their proportionate share of cumulative AIDS

⁸ICF Consulting, National Evaluation of the HOPWA Program; Prepared for: U.S. Department of Housing and Urban Development Office of Policy Development and Research. December 2000

⁹Shelter Partnership, Inc. A Report on Housing for Persons Living with HIV/AIDS in the City of Los Angeles. January 1999.

¹⁰U.S. Department of Housing and Urban Development, HIV/AIDS Housing. October 5, 2001.

¹¹The HOPWA Formula Program, U.S. Department of Housing and Urban Development. www.hud.gov

cases. About 90 percent of funds are allocated through the HOPWA Formula Program.

The HOPWA Competitive Program is the second way funds can be administered. Ten percent of available HOPWA funds are awarded as grants during a competitive selection of projects proposed by State, city and local governments, and by nonprofit organizations¹². Furthermore, the HOPWA Competitive Program grants may be awarded to existing grants as renewals or to new projects¹³. HUD generally selects 20 to 22 HOPWA projects for the Competitive Program each year that provide housing and supportive services for low income people with AIDS and their families¹⁴. Specifically, Special Projects of National Significance (SPNS) are awarded through the Competitive Program. Due to their unprecedented nature or their potential for replication, SPNS projects are likely to serve as effective models in addressing the needs of eligible people¹⁵. The Competitive Program is an essential component to HOPWA because it allows for further funding for a specific area in conjunction with what that area might have received through the Formula Program.

The last way funds are administered is through the HOPWA National Technical Assistance (TA) grant. The goal of this specific grant is to strengthen the management, operation, and capacity of HOPWA grantees, project sponsors, and potential applicants of HOPWA funding¹⁶. TA grants are awarded to programs that focus on helping communities develop comprehensive strategies for HIV/AIDS housing, ensuring sound management of HOPWA programs, providing national HOPWA information to connect clients with assistance, and programs that use HUD

¹²The HOPWA Competitive Program, U.S. Department of Housing and Urban Development. www.hud.gov

¹³The HOPWA Competitive Program, U.S. Department of Housing and Urban Development. www.hud.gov








¹⁴U.S. Department of Housing and Urban Development. Housing Opportunities for People with AIDS. www.hud.gov:80/offices/cpd/aidshousing/programs/formula/index.cfm

¹⁵U.S. Department of Housing and Urban Development. Housing Opportunities for People with AIDS. www.hud.gov:80/offices/cpd/aidshousing/programs/formula/index.cfm

¹⁶HOPWA National Technical Assistance, U.S. Department of Housing and Urban Development. www.hud.gov .

management tools to help achieve performance at the highest levels¹⁷. TA grants are attainable by city, state, local governments or nonprofit organizations. Approximately \$2.5 million in funding was provided in 2001 for the HOPWA National Technical Assistance program, which represented exactly one percent of the available HOPWA appropriations¹⁸. The TA grant is an important component to HOPWA because the funds are completely committed to strengthening the management and operations of AIDS housing providers.

HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. The following activities may be carried out with HOPWA funds:

-  Housing information including counseling, information, and referral services to assist an eligible person to locate, acquire, finance and maintain housing. This may also include fair housing counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status or handicap;
-  Resource identification to establish, coordinate and develop housing assistance resources for eligible persons;
-  Acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services;
-  New construction (for single room occupancy (SRO) dwellings and community residences only);
-  Project or tenant based rental assistance, including assistance for shared housing arrangements;
-  Short-term rent, mortgage, and utility payments to prevent the homelessness of the tenant or owner of a dwelling (also known as STAP);
-  Supportive services including health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health service may

¹⁷U.S. Department of Housing and Urban Development. Housing Opportunities for People with AIDS. www.hud.gov:80/offices/cpd/aidshousing/programs/formula/index.cfm

¹⁸U.S. Department of Housing and Urban Development. Housing Opportunities for People with AIDS. www.hud.gov:80/offices/cpd/aidshousing/programs/formula/index.cfm

only be provided to individuals with AIDS or related diseases and not to family members of these individuals;



Operating costs for housing including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs;



Technical assistance in establishing and operating a community residence, including planning and other pre-development or pre-construction expenses, including costs associated with community outreach and educational activities regarding AIDS or related diseases for persons residing in proximity to the community residence (to combat NIMBY-ism);



Administrative expenses for a grantee that must not exceed 3 percent of the grant amount for its administrative costs relating to administering grant amounts and allocating such amounts to project sponsors¹⁹.

An important component of HOPWA is its Short Term Rent, Mortgage and Utilities Assistance Program (STAP). HOPWA regulation 24CFR Section 574.330 (a) states “...rent, mortgage, and utility payments to prevent homelessness of the tenant or mortgagor of a dwelling may not be provided to such an individual for these costs accruing over a period of more than 21 weeks in any 52 week period” (see Appendix 1 for a complete list of HOPWA regulations). Unlike Section 8 (see Appendix 6) and similar housing programs, STAP has a limited funding cycle which makes it a less desirable program for a low income PWA.

¹⁹Secretary for Community and Planning and Development, Department of Housing and Urban Development. Title 24-Housing Opportunities for Persons With AIDS. Code of Federal Regulations. Title 24, Volume 3, Parts 500 to 699. Revised as of April 1, 2000.

While all of those involved in AIDS Housing share the objective of providing housing and assistance to those with HIV/AIDS and their families, the strategies for combating the problem vary from one place to the next. The HOPWA program acknowledges the unique and changing needs and circumstances of communities across the country, and as a result, provides grantees and providers with a significant amount of flexibility in accomplishing this goal²⁰. It is important for the HOPWA program to be adaptable since the demographics of people with HIV/AIDS changes as well as their needs. In a survey conducted for a national evaluation of the HOPWA program for HUD, about half of the grantee respondents indicated that they used some type of advisory group to help determine priorities for the allocations for their HOPWA funds. Although not required, the formation of advisory groups is supposed to help the city or EMSA stay current on providing services and programs that people with HIV/AIDS need. These groups included planning councils, AIDS service organizations, clients or persons living with HIV/AIDS, and groups related to housing, including housing commissions and homeless assistance task forces²¹. One of the essential conflicts within the HOPWA program is who comprises the HOPWA advisory committees. In many cities the committee members are also employees of the nonprofits who directly benefit from the funds. This can be a conflict of interest when advising how and where funds should be spent.

Once a city qualifies for HOPWA funds, it identifies a strategy on how to best use the funds, and in the majority of cases the Metropolitan Statistical Area (MSA) contracts to housing assistance providers. Housing assistance providers are those organizations that make housing and services available to persons living with HIV/AIDS, and these organizations are on the front lines of service provision. Housing assistance can range from short-term financial support enabling a client to stay in a unit (STAP), to tenant-based rental assistance for an extended period, to the

²⁰ICF Consulting, National Evaluation of the HOPWA Program; Prepared for: U.S. Department of Housing and Urban Development Office of Policy Development and Research. December 2000

²¹ICF Consulting, National Evaluation of the HOPWA Program; Prepared for: U.S. Department of Housing and Urban Development Office of Policy Development and Research. December 2000

provision of a unit in a group home or other facility based project. These providers can be funded directly from the grantee (the most populous city in the MSA), and are either a government agency, or a private, nonprofit entity, and range in size and capacity and in the type of services they provide. About 75 percent of housing assistance providers are nonprofits, while the remaining quarter is comprised of government agencies. The primary activities generally differ between government and nonprofit organizations. Government agencies tend to report housing and public health as primary activities, while nonprofits tend to report case management and supportive services as primary activities²².

Additionally, since 1991, Ryan White CARE (Comprehensive AIDS Resource Emergency) Act funds have been available to provide housing-related services such as housing referrals, emergency financial assistance, emergency housing, transitional housing, and supportive services²³. Named for Ryan White, the HIV positive teenager from Indiana who made headlines with his brave fight against ignorance and prejudice, the CARE Act funds a variety of health and social programs across the country²⁴. The four Titles and Part F of the Ryan White CARE Act are administrated by the HIV/AIDS Bureau of Health Resources and Services Administration (see Appendix 2 for an overview of the Ryan White CARE Act). Although the majority of funding for AIDS Housing in cities around the nation comes from HOPWA, many cities qualify for Ryan White funds. It is important to include Ryan White CARE Act funds when analyzing AIDS Housing because the programs and services provided by the Act are often used in combination with HOPWA funds. HOPWA alone would not be able to provide the all the services or programs PWA need.

AIDS Housing providers are using many different sources of funds in combination with HOPWA for housing development, but most are using a very small percentage from each source²⁵. For example, HOME, a block grant program that allows State and local governments discretion to implement housing strategies, including assisting persons with special needs (Appendix 4), is used by only 32 percent of AIDS Housing providers and typically contributes to only 11 percent of total development funding²⁶. Community Development Block Grants (CDBG) are being used by only 17 percent of AIDS Housing providers and typically contribute to only two percent of total project

²²ICF Consulting, National Evaluation of the HOPWA Program; Prepared for: U.S. Department of Housing and Urban Development Office of Policy Development and Research. December 2000

²³A Report on Housing for Persons Living with HIV/AIDS in the City and County of Los Angeles, Shelter Partnership, Inc. January 1999.

²⁴The Ryan White CARE Act: Reauthorization, Dateline. January 24, 2000.

²⁵ICF Consulting, National Evaluation of the HOPWA Program; Prepared for: U.S. Department of Housing and Urban Development Office of Policy Development and Research. December 2000

²⁶ICF Consulting, National Evaluation of the HOPWA Program; Prepared for: U.S. Department of Housing and Urban Development Office of Policy Development and Research. December 2000

funding (Appendix 3)²⁷. Although AIDS housing providers use funds from several sources, the majority is subsidized through HOPWA.



Funding Sources Reported by Providers for Housing Development²⁸.

Due to the flexibility of HOPWA and differences between EMSAs, the HOPWA program varies from city to city. No EMSA does it exactly like another, and

this can be attributed to a number of factors. The demographics are different, the local governments or agencies are run differently, or possibly the capacities of nonprofits in the area vary. All of these distinctions add up to differences in how HOPWA funds are spent and administered. Although there is no model program that could be applied to every city, by examining city HOPWA programs around the nation, certain generic strengths and weaknesses can become evident.

Part II

²⁷ ICF Consulting, National Evaluation of the HOPWA Program; Prepared for: U.S. Department of Housing and Urban Development Office of Policy Development and Research. December 2000

²⁸ ICF Consulting, National Evaluation of the HOPWA Program; Prepared for: U.S. Department of Housing and Urban Development Office of Policy Development and Research. December 2000

Introduction to Case Studies

The cities analyzed in this study are Atlanta, Georgia; Boston, Massachusetts; Los Angeles, California; New York, New York; San Francisco, California; and Seattle, Washington. The cities were chosen due to their overall population numbers and their share of cumulative AIDS cases. All of these cities have at least 400,000 people, and when the whole EMSA is included, the overall population under the HOPWA program reaches at least a million. For New York and Los Angeles, the EMSA population reaches ten million and more. Likewise, each metropolitan area has at least 7,000 AIDS cases, and unquestionably qualifies for the HOPWA Formula Program base number of 1,500 AIDS cases.

General research on HOPWA was done through reports issued by HUD, Local Governments, and Nonprofits. Further research was conducted through newspapers, magazines, and other articles. The HOPWA Program Director, or equivalent position, was contacted in each city in order to obtain budget information, project information, and overall management and administration information. Nonprofits were also contacted in each city. Nonprofits were chosen if they were contracted through the city, in order to contact those organizations which are the most active and visible in the arena of AIDS housing. Surveys were sent, via email, to several people involved in key nonprofits in each city. The surveys asked a number of questions and were basically seeking the individuals perception of the HOPWA program in her or his EMSA (see Appendix 9 for a copy of the survey).

Atlanta

The Center for Disease Control reports that Atlanta has more than seventeen thousand people with AIDS. These numbers are compounded by the fact that Atlanta is growing larger every year and faces severe problems with the administration of social services, like HOPWA, as the city falls victim to urban sprawl. For fiscal year 2002, Atlanta received \$3,884,000 in HOPWA funds²⁹.

The City of Atlanta is the HUD-designated applicant for HOPWA funds for the Atlanta MSA that includes the city of Atlanta, Fulton, DeKalb, Cobb and Gwinnett Counties, as well as other jurisdictions within the 20-county EMSA³⁰. HOPWA is administered by the City of Atlanta's Office of Grant Management in the Department of Planning, Development and

²⁹Homes & Communities; U.S. Department of Housing and Urban Development. [HOPWA Programs in Georgia](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/georgia.cfm). www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/georgia.cfm



³⁰Department of Planning, Development & Neighborhood Conservation. [Budget Recommendations for the 2003 Annual Action Plan of the City of Atlanta's 2000-2004 Consolidated Plan](#), September 2002.

Neighborhood Conservation³¹. The City of Atlanta coordinates the metro-area HOPWA program in consultation with local jurisdictions and the Metro Atlanta HIV Health Services Planning Council³².

Early on in Atlanta's program the city felt that it did not have the capacity or knowledge to fully understand PWA needs. To compound this issue, the city also did not completely understand what the providers' experience was and what they were able to do. Due to this unfamiliarity the city relied heavily on the Metro Atlanta HIV Health Services Planning Council's recommendations and advice. As a consequence, in 1997 and 1998, the City, with the assistance of consultants, AIDS Housing of Washington, Inc., conducted a comprehensive housing needs assessment and developed a HIV/AIDS Housing Plan that was updated in 1999 so it would be consistent for inclusion in the City's Consolidated Plan for 2000-2004³³. Consolidated Plans can be done by Cities, Counties and States to communicate to its citizens its upcoming plans. After the City adopted its own plan, it has only used the Metro Atlanta HIV Health Services Planning Council to review and comment on new plans. Unlike other cities, Atlanta does not rely on a committee to recommend how funds are spent.

Like other cities which have HOPWA, Atlanta uses the services of nonprofit organizations to administer its programs. Among the organizations identified for major funding are AID Atlanta, Inc. that provides site-based case management for persons with AIDS living in six housing facilities plus short-term and emergency assistance with rent, mortgage and utility payments to prevent homelessness; St. Joseph's Mercy Care, Inc. which provides essential on-site support services for residents of The Edgewood, a 46-unit SRO developed with multiple funding sources; Southside Healthcare, Inc., a permanent housing sponsor for persons living with HIV; and Comprehensive Addiction Recovery Programs of Georgia, Inc. that houses men and women who are recovering from addiction in a structured environment necessary for recovery³⁴.

HOPWA funding activities in Atlanta are mainly done three ways:

-  First, the city funds projects that provide housing units, subsidy payments or create new housing resources;
-  Second, the city finances projects that offer housing related services such as on-site case management, personal care aides and delivered meals;

³¹Homes & Communities; U.S. Department of Housing and Urban Development. [HOPWA Programs in Georgia.](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/excsummary/georgia.cfm) www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/excsummary/georgia.cfm.

³²Department of Planning, Development & Neighborhood Conservation. [Budget Recommendations for the 2003 Annual Action Plan of the City of Atlanta's 2000-2004 Consolidated Plan](#), September 2002.

³³Leslie, Mary, HOPWA Coordinator for the City of Atlanta. Interviewed April 11, 2003

³⁴Homes & Communities; U.S. Department of Housing and Urban Development. [HOPWA Programs in Georgia.](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/excsummary/georgia.cfm) www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/excsummary/georgia.cfm





Lastly, the city funds support programs that provide assistance that enables clients to maintain and secure housing, including mental health support, childcare, and legal services and other services which are designed to prevent the loss of housing and independence³⁵.

³⁵Homes & Communities; U.S. Department of Housing and Urban Development. [HOPWA Programs in Georgia](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/excsummary/georgia.cfm). www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/excsummary/georgia.cfm

Atlanta's AIDS housing program supports facilities that provide a total of 200 units and supports an additional 300 PWA living in various housing projects funded by HOPWA during a one year period. Additionally, during the same period more than 900 households received case management support and short-term rent, mortgage and utility payments to prevent eviction (STAP)³⁶. These are quite low numbers considering there are over seventeen thousand PWA in the Atlanta MSA. The City recognizes these weaknesses in its HOPWA program and has made recommendations. Adopted priorities from 2000-2004

Consolidated Plan include:

-  Increasing the number of HIV/AIDS affordable housing units/beds for people living with HIV/AIDS, substance abuse and mental illness, and for persons in the outlying Atlanta EMSA counties;
-  Strengthen and build capacity of the existing HIV/AIDS housing system by maintaining, strengthening, and expanding existing HIV/AIDS housing units and long term rental assistance;

³⁶Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in Georgia. www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/exccsummary/georgia.cfm



Shift a higher percentage of funds to housing and out of support services not related to housing³⁷.

The reason to shift funding from support services, not related to housing, towards development has much to do with the flexible ways in which cities use HOPWA funding. Many cities begin to use HOPWA funds for other programs such as case management, legal services, or pet care, which all have the potential to identify and utilize other funding sources. Since HOPWA is the only federal program that specifically funds development for PWA, it is important to ensure that is where the money is spent.

³⁷Department of Planning, Development & Neighborhood Conservation. Budget Recommendations for the 2003 Annual Action Plan of the City of Atlanta's 2000-2004 Consolidated Plan, September 2002.

The fact that Atlanta published its weaknesses shows a commitment to make the program better. The housing and service providers of Atlanta generally feel confident that their City representatives will continue their effort to meet Atlanta's AIDS housing needs. The Atlanta HOPWA program is well organized due to a very strong community network and a commitment by the city to keep providers aware of financial circumstances, changes and requirements. AIDS housing providers work closely with their city counterparts, and have in depth discussions with them at monthly Housing Coalition meetings and annual audits³⁸. LaTonya M. Wilkerson from AID Atlanta, Inc. states, "We receive quality feedback and guidance [from the city], and they welcome the input of the providers...it truly feels like a partnership and I am proud to be a member of the team".

Boston

The Boston HOPWA formula grant is administered by the City of Boston's Department of Neighborhood Development (DND)³⁹. The grant supports a wide variety of housing assistance and



³⁸Wilkerson, LaTonya M., Housing Coordinator/Group Manager for AID Atlanta, Inc. Interviewed March 22, 2003

³⁹Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in Massachusetts. www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/exccsummary/massachusetts.cfm

supportive services for people living with HIV/AIDS throughout the Boston Metropolitan Statistical Area, which includes the city of Boston and its suburbs, as well as several other suburban and rural communities across the seven counties in Eastern Massachusetts and Southern New Hampshire⁴⁰. In 2002, the CDC reported that there were 14,945 cases of AIDS in Boston. With the addition of about 715 new cases of AIDS per year in the Boston MSA and the increased longevity of people with AIDS, the need for additional supportive housing beyond the current stock of approximately 683 units (455 dedicated units and 252 rental vouchers) will continue to grow⁴¹.

In fiscal year 2002, the city of Boston received \$2,416,000 in HOPWA funding⁴². Planning for the distribution of the HOPWA grant is part of the City's overall consolidated planning process and is done in conjunction with the Ryan White Title I Planning Council, as well as through close coordination with the Boston Public Health Commission (BPHC) and the Massachusetts Department of Public Health (MDPH)⁴³. Currently in Boston, fourteen agencies manage twenty-four HOPWA grants and most of the fourteen agencies have a long history of working in the area of HIV/AIDS housing services and have been important partners in shaping the investment of HOPWA dollars in programs that assist the greatest number of clients⁴⁴.

The City's HOPWA program consists of six components of assistance:

-  Emergency and short-term assistance to prevent homelessness to approximately 200 families annually;
-  Tenant-based rental assistance for approximately 90 households;





⁴⁰Homes & Communities; U.S. Department of Housing and Urban Development. [HOPWA Programs in Massachusetts](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/exccsummary/massachusetts.cfm). www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/exccsummary/massachusetts.cfm

⁴¹Department of Neighborhood Development-City of Boston. [HIV/AIDS Housing Trends; Annual Report 2002](#). 2002

⁴²The City of Boston, [Housing Opportunities for Persons with AIDS \(HOPWA\) Program Narrative for HUD Reporting](#). Federal FY 2001 (7/1/01-6/30/02)

⁴³The City of Boston, [Housing Opportunities for Persons with AIDS \(HOPWA\) Program Narrative for HUD Reporting](#). Federal FY 2001 (7/1/01-6/30/02)

⁴⁴The City of Boston, [Housing Opportunities for Persons with AIDS \(HOPWA\) Program Narrative for HUD Reporting](#). Federal FY 2001 (7/1/01-6/30/02)

-  Supportive services to approximately 150 recipients of tenant-based rental assistance (HOPWA, HOME, Section 8, Shelter Plus Care);
-  Supportive services to 100 units of transitional and permanent housing;
-  Housing information and referral services;
-  Technical Assistance⁴⁵.

⁴⁵Homes & Communities; U.S. Department of Housing and Urban Development. [HOPWA Programs in Massachusetts](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/massachusetts.cfm). www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/massachusetts.cfm

In an effort to develop units of housing for those ready for more independent living, the City, in cooperation with AIDS Housing Corp., convened a housing task force to consider the options for using a \$1.2 million HOPWA set aside specifically for housing development⁴⁶. This means that the \$1.2 million can only be used for development, but not services nor case management. As a result of these meetings, these funds will be earmarked for units of rental housing for individuals and families with HIV/AIDS who no longer require service-enriched programs⁴⁷. The City of Boston's HOPWA program has made a conscientious effort to allocate a reasonable portion of its HOPWA funds annually to ensure ongoing AIDS housing development⁴⁸.

Boston, like other areas, faces many barriers when it comes to providing housing for people with AIDS. There is a basic lack of affordable housing units, extremely low vacancy rates, and escalating rents throughout the EMSA⁴⁹

⁴⁶The City of Boston, Housing Opportunities for Persons with AIDS (HOPWA) Program Narrative for HUD Reporting, Federal FY 2001 (7/1/01-6/30/02)












⁴⁷The City of Boston, Housing Opportunities for Persons with AIDS (HOPWA) Program Narrative for HUD Reporting, Federal FY 2001 (7/1/01-6/30/02)

⁴⁸The City of Boston, Housing Opportunities for Persons with AIDS (HOPWA) Program Narrative for HUD Reporting, Federal FY 2001 (7/1/01-6/30/02)

⁴⁹The City of Boston, Housing Opportunities for Persons with AIDS (HOPWA) Program Narrative for HUD Reporting, Federal FY 2001 (7/1/01-6/30/02)

. Unfortunately, Boston has a wait list for long term assistance consisting of 280 individuals that generally wait as long as two to three years for assistance⁵⁰. This forces individuals in need to sometimes rely on STAP which has a severe drawback. STAP has a limited funding cycle unlike other programs such as Section 8 and Shelter Plus Care, and therefore it is a less desirable vehicle to obtain rental assistance than other programs⁵¹. Since a PWA can only receive assistance for 21 weeks out of every 52 weeks, as stated by HOPWA regulations, PWAs are often forced to apply for other forms of housing assistance.

Many of the agencies that receive HOPWA funding from the city of Boston also receive funds and goods/services from one or more of the following sources:

-  Massachusetts Department of Public Health AIDS Bureau
-  HOPWA SPNS grant (administered directly by HUD)
-  Ryan White CARE Title I Act
-  Massachusetts Department of Housing and Community Development
-  McKinney Supportive Housing Program funds
-  McKinney Shelter Plus Care program (Appendix 5)
-  CDBG funds
-  Federal fuel assistance funds (Appendix 7)
-  AIDS drug assistance program
-  Legal Services
-  In-kind donations and volunteer hours

⁵⁰Spivack, Allen, Project Manager for HOPWA and SHP Programs, Department of Neighborhood Development for the City of Boston. Personal correspondence on April 11, 2003

⁵¹The City of Boston, Housing Opportunities for Persons with AIDS (HOPWA) Program Narrative for HUD Reporting, Federal FY 2001 (7/1/01-6/30/02)



Corporate and private fundraising⁵²

⁵²The City of Boston, Housing Opportunities for Persons with AIDS (HOPWA) Program Narrative for HUD Reporting. Federal FY 2001 (7/1/01-6/30/02)

Unlike other cities, Boston does not have a HOPWA Advisory Committee. They do have annual “summit meetings” with providers to discuss issues. Allen Spivack, the Project Manager for HOPWA in the DND, conducts annual site visits with each program and talks on a regular basis with the providers. Mr. Spivack also meets every 6 weeks with other funders from the Department of Public Health (the state agency) and the Boston Public Health Commission to review housing related issues and funding. Furthermore, AIDS Housing Corp. meets regularly with directors and management staff to discuss housing and funding issues⁵³. The city of Boston and its providers work hard to keep communication ongoing for the benefit of its AIDS housing clients.

Los Angeles

Los Angeles County, with nine million people, is the largest county in the United States, with a population consisting of diverse ethnic and racial groups and an overall total of over nine million people⁵⁴

⁵³Spivack, Allen, Project Manager for HOPWA and SHP Programs, Department of Neighborhood Development for the City of Boston. Personal correspondence on April 11, 2003

⁵⁴AIDS Project Los Angeles. AIDS Services in Los Angeles County: Planning for the 21st Century. Spring 1998.

. This is a major issue for the administration of services for a special needs population, like PWA. The nonprofit organization Shelter Partnership, in its report *Housing for Persons living with HIV/AIDS in the City and the County of Los Angeles*, found that sixty-five percent of people with AIDS had been homeless at some point in their lives, fifty-one percent of the respondents who had been homeless were homeless between two to twelve months, and fifty percent who were not currently homeless believed that they were at risk of becoming homeless⁵⁵. Since those surveyed for the Shelter Partnership report are already the clients of one or another service agency and are already receiving help, the figures suggest that other poor people with AIDS and HIV face an even tougher housing problem⁵⁶. Los Angeles has become one of the hardest places to administer HOPWA programs due to its sheer size and its share of AIDS cases. According to CDC statistics, Los Angeles is second in the number of cumulative AIDS cases, which is not surprising given its population size.

The CDC reports that there are 43,488 cumulative AIDS cases in the Los Angeles metropolitan area⁵⁷. With such a large population of people with AIDS, the Los Angeles HOPWA program is very large. The city of Los Angeles serves as the administrator of the HOPWA program for the entire geographical area of Los Angeles County, and the Los Angeles Housing Department is the entity within the city designated to carry out the program⁵⁸. Since the city is responsible for the distribution of funds it was necessary to create the Los Angeles Countywide HOPWA Advisory Committee (LACHAC) to serve as the advisory body to the city on HOPWA program policy, designs, and operational issues⁵⁹. In this manner, people from the county have influence

⁵⁵Shelter Partnership, Inc. A Report on Housing for Persons Living With HIV/AIDS in the City and the County of Los Angeles. January 1999.

⁵⁶Sadownick, Douglas. AIDS Housing Agency Can't Spend Fast Enough, LA Weekly. October 23-29, 1998.

⁵⁷U.S. Department of Health and Human Services. HIV/AIDS Surveillance Report; U.S. HIV and AIDS cases reported through December 2001. Mid Year Edition Vol.13, No. 2.







⁵⁸City of Los Angeles, HOPWA. 2002-2003 Directory of Programs and Agencies. 6th Publication, November 2001.

⁵⁹City of Los Angeles, HOPWA. 2002-2003 Directory of Programs and Agencies. 6th Publication, November 2001.

over how the city uses the funds. In order to ensure a diverse committee, LACHAC is comprised of representatives with diverse expertise in the AIDS Housing and Services arena as well as seats dedicated to persons who are HIV infected⁶⁰.

The conflict with Advisory Committees is illuminated through LACHAC. Several members of the Committee are also members of the nonprofits that hold HOPWA contracts with the City. For instance, Kevin Pickett, the Executive Director of the Palms Residential Care Facility which provides transitional supportive housing for homeless persons with multiple diagnoses, including HIV/AIDS, sits on the committee. His organization also has multiple HOPWA contracts with the City. The Palms Residential Care Facility has four contracts for \$121,444; \$120,225; \$39,493; and \$207,500, for a total of \$488,662⁶¹. This is close to half a million dollars in funding and could prove to be a conflict of interest when decisions are made about how funds should be allocated.


HOPWA funds in Los Angeles are primarily administered through ten programs:


-  The Emergency Housing and Meal Voucher program provides emergency housing and meal vouchers to HIV infected persons and their families who are experiencing or will experience homelessness;
-  The Housing Information Services Clearinghouse provides housing information and referral services and roommate referral services to people with AIDS and their families as well as to HIV/AIDS housing and service providers;
-  The Scattered Site Master Leasing Program provides for permanent housing which is made available and affordable to people with AIDS and their families, subtenants who rent from nonprofit housing organizations also qualify for the program;
-  The Short Term Rent, Mortgage and Utility Assistance Program (STAP) provides short term rent, mortgage and utility payment assistance to people with HIV/AIDS in order to prevent homelessness;
-  The Lease and Supportive Services in Emergency and Transitional Housing Program which provides free or affordable short term and transitional housing and supportive services to homeless persons living with HIV/AIDS and their families;
-  The Housing Specialist Program assists persons living with HIV/AIDS and their families in locating , acquiring, financing and maintaining


⁶⁰City of Los Angeles, HOPWA. 2002-2003 Directory of Programs and Agencies. 6th Publication, November 2001.

⁶¹City of Los Angeles Housing Department. Housing Opportunities for Persons with AIDS (HOPWA) 2002-03 Financial Report. January 21, 2003

appropriate housing. The housing services include, but are not limited to: intake and assessment; formulating housing plans with clients; making referrals to appropriate residential facility in the housing continuum of care; assisting clients in applying for housing and benefits assistance; moving assistance, linking clients to stabilizing supportive services, and follow up services to ensure linkages to appropriate housing and services;

 Supportive Services in Permanent Housing provides services for persons living with HIV/AIDS and their families in permanent housing (e.g. congregate, scattered sites, and subsidized units) to assist them in adjusting to their new living arrangements, successfully maintain independent living and coordinate their overall housing and services needs;

 The Tuberculosis and Hepatitis B And C Risk Mitigation program provides education and training to emergency shelter staff in efforts to decrease the risk of TB, and hepatitis B and C transmission within housing facilities. The program recommends physical improvements and communicable disease prevention procedures and brings together diverse resources to accomplish the recommended measures;

 The Tenant Based Rental Assistance Program provides rental assistance (up to 80% of the total unit rent) to very low income households of persons living with HIV/AIDS and their families. The HOPWA tenant based program is similar to the Section 8 Housing Assistance Program and also provides supportive services to program participants. The program is administered by the Housing Authorities of the City of Los Angeles through nonprofit organizations who provide services including but not limited to client intake, referrals to appropriate services and case management follow-up.

 There are also seven existing HOPWA development projects, but no current development projects⁶².

The fact that Los Angeles is not working on current development projects makes the future of AIDS housing in the area look dismal. With such high incidence numbers and the current affordable housing crisis, it is necessary that the City focus on development. The seven existing projects will unlikely be able to contend with growing numbers of PWA and the affordable housing shortage.

⁶² City of Los Angeles, HOPWA. 2002-2003 Directory of Programs and Agencies. 6th Publication, November 2001.

HOPWA funds are not the only funds that go into these programs, and usually other funding sources are leveraged. HOPWA dollars are leveraged with funding sources including but not limited to CDBG, HOME, non-profit organizations' private funding sources, City of Industry funds (Appendix 8) and tax credits, as well as other private development funding sources⁶³. As with other cities, Los Angeles is forced to use HOPWA in conjunction with other funding sources because it is just simply not enough.

Los Angeles' HOPWA program came under enormous criticism from the AIDS Healthcare Foundation in 1998, when it was discovered that million of dollars were going unspent while there were people with AIDS and HIV in need of housing and supportive services. Some organizations cite different amounts, but the range has been estimated to be from \$5 million to as much as \$17 million. In 1998, Los Angeles City officials publicly admitted to amassing \$17 million in unspent federal AIDS funds, and then later estimated that only between \$5.5 million and 6.8 million in AIDS housing funds went unspent⁶⁴. Many organizations named overall mismanagement as the problem. The city sought to counter that criticism, arguing that a number of factors played a role, including problems within HUD and the HOPWA Advisory Committee. However, City officials did acknowledge that funds were not put into operation fast enough⁶⁵.

There have been lasting effects due to the HOPWA mismanagement. There is a general feeling of mistrust from nonprofits and those involved in the AIDS community towards the city. Those involved feel that the city was not moving quick enough to ensure that funds were spent, and this shows that the city does not see AIDS issues as a priority. This mistrust is only fueled by the fact that funds still go unspent. The following table identifies the type of supportive service provided, award amounts, expenditures, and most significantly, funds unspent:

Supportive Service	Contract Award	Expenditures	Unspent Funds	% Expended
Emergency Housing & Meal Vouchers	\$1,346,700	\$854,830	\$491,870	63.5%
Housing Information & Referral Services	\$267,500	\$201,108	\$66,392	75%
Lease, Operating & Supportive Services in Emergency & Transitional Housing	\$1,494,004	\$870,824.71	\$623,179.29	58.3%
Supportive Services in Permanent Housing	\$1,556,247	\$922,998.45	\$633,248.55	59.3%
Housing Specialist	\$1,113,267	\$649,829.06	\$463,437.94	58.4%
Tenant Based Rental Assistance	\$6,500,081	\$5,369,907	\$1,130,174.11	83%

Source: City of Los Angeles Housing Department. Housing Opportunities for Persons with AIDS (HOPWA) 2002-03 Financial Report. January 21, 2003

⁶³City of Los Angeles-Community Development Department. Consolidated Annual Performance and Evaluation Report, 2000-2000.

⁶⁴Boland, Tom. AIDS Homeless Crisis Rages in LA as HOPWA \$17 Millions Go, AIDS Healthcare Foundation.

⁶⁵Sadownick, Douglas. AIDS Housing Agency Can't Spend Fast Enough, LA Weekly. October 23-29, 1998.

The combination of the controversial Advisory Committee and the continuing problem of unspent funds creates a dismal atmosphere for AIDS housing in Los Angeles. The conflict of interest that is representative of LACHAC is detrimental for the AIDS housing community and does not ensure that the contracts are awarded to the best or most capable nonprofit or agency. Furthermore, the endless cycle of unspent funding leaves many PWA without services and further perpetuates the AIDS homeless epidemic in Los Angeles.

New York

AIDS Housing has become an important issue in the city due to staggering statistics and the unavailability of affordable and decent housing. The Department of Health estimates that approximately 150,000 New Yorkers are HIV positive, about one in every 50 residents. In the year 2000 alone 6,202 new AIDS cases were reported⁶⁶. Furthermore, communities of color are disproportionately affected. By late 2000, African Americans and Latinos together represented 73% of all reported AIDS cases, and the proportion of whites has decreased steadily, from 54% in 1981 to 19% in 2000⁶⁷. Since the numbers of PWA are so high, New York City encompasses the nation's largest HOPWA effort and received over \$52 million in HOPWA funds in 2001⁶⁸.

The Mayor's Office for AIDS Policy Coordination (MOAPC) serves as the coordinator and administrator for the HOPWA program for the entire New York City EMSA⁶⁹. The EMSA comprises the five boroughs of the City of New York together with Westchester, Putnam and

⁶⁶City of New York. New York City Consolidated Plan and Annual Performances Report, 2002.

⁶⁷City of New York. New York City Consolidated Plan and Annual Performances Report, 2002.

⁶⁸Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in New York. www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/newyork.cfm.

⁶⁹City of New York. New York City Consolidated Plan and Annual Performances Report, 2002.

Rockland Counties⁷⁰. There are three government agencies that receive HOPWA funding; Housing Preservation and Development (HPD), the HIV/AIDS Service Administration (HASA), and the Department of Mental Health (DMH). MOAPC meets each month to review the agencies' current uses of HOPWA funds and to consider future uses. Currently, there is much debate over how MOAPC has decided to use HOPWA funds. The controversy lies in the fact that a significant amount of HOPWA funds have been redirected from HPD to HASA. Basically, funds have been redirected from development to services. Funds are usually shared by many agencies in cities, but New York City has consistently taken money that was earmarked for building and given it to case management.

HPD is responsible for developing and arranging funding for the acquisition and renovation of buildings that will be owned and operated by nonprofit, community-based organizations that specialize in providing housing and supportive services to PWA and other special needs populations⁷¹. Like other cities, development for these types of units comes from a combination of HOPWA, federal HOME funding and city capital investment. HPD provides permanent housing for PWA, which is extremely important with a special needs population that requires stable housing with proper facilities like a kitchen. This is in contrast to the kind of emergency and temporary housing, and rental assistance that HASA provides. HASA is responsible for emergency housing placement, transitional supportive congregate housing, permanent supportive congregate housing, scatter site supportive housing and placement services and rental assistance⁷². Housing in this manner is equally important, but mistrust about funding appropriations must be addressed. The services that HASA provides are not the problem. The concern is about how the city prioritizes which services are funded and at what level. The need for permanent housing is extremely high, while funding appropriations do not recognize that necessity.

⁷⁰City of New York. New York City Consolidated Plan and Annual Performances Report, 2002.

⁷¹City of New York. New York City Consolidated Plan and Annual Performances Report, 2002.

⁷²City of New York. New York City Consolidated Plan and Annual Performances Report, 2002.

In the proposed Consolidated Plan for FY2004 the city plans to continue redirection of \$25,529,347 of the HOPWA budget to the case management component of HASA, which leaves only \$150,000 to be allocated to HPD⁷³. Originally, the City promised to swap HOPWA funding with City Tax Levy funding in order to garnish increased revenues through a state match. This infamous shell game, known as the “HOPWA swap,” has been very detrimental for PWA in need of housing⁷⁴. The increased revenues received by the city were never reinvested into the housing needs of the HIV community and the promise was not upheld⁷⁵. Furthermore, the services that the case management component of HASA provides are mandated by Local Law 49 and should be paid for with city taxes and not with HOPWA funds. Local Law 49 was passed in 1997 and mandated that the city’s Division of AIDS Services & Income Support (DASIS) clients who seek emergency housing must be placed the same day⁷⁶. Local Law 49 has created a huge case management component that is currently funded by HOPWA, not by local tax revenues.

The existence of Local Law 49 provides for another severe AIDS Housing problem; the placement of individuals into single room occupancy hotels (SRO’s). Because of the increased danger of homelessness for people with AIDS and HIV, and the long waiting list for housing assistance, the city temporarily houses people in hotels. This costs millions of dollars a year, and often still does not provide adequate resources because the rooms have no kitchens and, in some cases, the bathrooms are down the hall⁷⁷. As a result the city is constantly behind; they have to spend millions on SROs, which is taken away from housing acquisition and development, limits the availability of units, and forces the city to use SRO’s. It is an endless, cyclical problem that

⁷³Ng, Darryl. NYC’s Inability to Meet the Housing Needs of New Yorkers living with HIV/AIDS, Testimony Presented to the New York City Consolidated Plan. November 7, 2002.

⁷⁴Ng, Darryl. NYC’s Inability to Meet the Housing Needs of New Yorkers living with HIV/AIDS, Testimony Presented to the New York City Consolidated Plan. November 7, 2002.

⁷⁵Ng, Darryl. NYC’s Inability to Meet the Housing Needs of New Yorkers living with HIV/AIDS, Testimony Presented to the New York City Consolidated Plan. November 7, 2002.

⁷⁶Golub, Michael. A Look at AIDS Housing, Supportive Housing of New York. April 2001.

⁷⁷For AIDS Sufferers, a Housing Challenge; Groups Struggle to Find More Permanent Living Space. NPR Stories. September 13, 2002.

could be alleviated if the city redirected those HOPWA funds back to HPD from HASA, and funded HASA through local taxes. With the development of permanent housing, funds could be redirected from the financially draining SROs.

Community-based organizations (CBOs), like in other cities, play a huge role in AIDS Housing, and the programs provided by the CBOs are meant to supplement and support HASA's, HPD's, and DMH's services. Many are contracted through the city government to operate facilities, and some CBOs apply directly to the federal government for HOPWA competitive grants for specific projects. The Hudson Planning Group (HPG) received a HOPWA competitive grant of \$451,700 in 2001. The HPG created a resource identification program of shared financial management services for a New York City network of AIDS Housing agencies and other service providers⁷⁸. The goal of the project is to help CBOs financially manage themselves more efficiently.

Under a 1996 Special Project of National Significance (SPNS) grant for \$750,000, the Actor's Fund of America used HOPWA and other funds to support the "Aurora" project, which provided 60 units of permanent, supportive housing for low-income PWA on the West Side of Manhattan⁷⁹. The Aurora project provides shared housing for approximately 190 people from three populations: PWA, the elderly, and low-income working people⁸⁰. This cooperative living environment is favorable and provides for a diverse environment where PWA do not feel like they are being quarantined.

New York City is a mixture of good and bad AIDS Housing conditions. The CBOs are successful in applying for HOPWA grants and implement projects that seek to not only help other nonprofits manage themselves better, but increase the availability of housing for PWA. However,

⁷⁸Homes & Communities; U.S. Department of Housing and Urban Development. [HOPWA Programs in New York](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/newyork.cfm). www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/newyork.cfm.

⁷⁹Homes & Communities; U.S. Department of Housing and Urban Development. [HOPWA Programs in New York](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/newyork.cfm). www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/newyork.cfm.

⁸⁰Homes & Communities; U.S. Department of Housing and Urban Development. [HOPWA Programs in New York](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/newyork.cfm). www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/newyork.cfm.

the CBOs cannot alleviate the AIDS Housing problem themselves, they need the support from an efficient city government committed to helping PWA who need housing. Unfortunately the city has devoted HOPWA funds in the direction that does not increase the development or stock of AIDS Housing. This has left the HPD with practically no budget for new development and necessitated the spending of millions towards SROs that are only temporary and unfit for a special needs population. Of the approximately 26,000 people living with HIV/AIDS who requested permanent housing in 2002, only 2% had their need met⁸¹. The New York City government, needs to reevaluate its appropriations and work in conjunction with the available and successful nonprofits in the city in order to provide housing for PWA who need it.

San Francisco

The San Francisco HOPWA formula grant serves PWA and their families in the San Francisco MSA which consists of Marin, San Mateo, and the San Francisco Counties⁸²

⁸¹Darryl Ng. NYC's Inability to Meet the Housing Needs of New Yorkers living with HIV/AIDS, Testimony Presented to the New York City Consolidated Plan. November 7, 2002.

⁸²Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in California. [www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop /execsummary /California.cfm](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/California.cfm)

. As of December 2001, the CDC reported 28,438 PWA in these counties. Currently there are over 3,000 individuals on the San Francisco HIV/AIDS Housing Wait list (HWL) in need of housing assistance and this is more than three times the total number of beds accepting referrals from the HWL⁸³. To date, HOPWA Program appropriations for San Francisco have totaled \$58,525,762⁸⁴. Excluding staff and administrative costs, the average dollar amount of HOPWA funds spent per client on an annual basis is \$7,003⁸⁵. A combination of HOPWA funds, McKinney (Shelter Plus Care), Section 8 Funds, Ryan White CARE, and general funds are used to provide housing and services for people living in the San Francisco EMSA.

The City and County of San Francisco designated the San Francisco Redevelopment Agency (commonly referred to as “The Agency”) as the lead agency to administer the HOPWA funds. The Agency’s objectives in administering the HOPWA Program are to increase the size of the permanently affordable housing stock, expand housing opportunities to meet the needs of the city’s HIV/AIDS residents, provide appropriate housing-linked supportive services and assist nonprofit housing developers and service providers in increasing their skills and ability to create HIV/AIDS housing and related supportive services⁸⁶. Funding priorities are established by the 5-Year HIV/AIDS Housing Plan, created by the City’s AIDS Office; the Redevelopment Agency; community-based organizations; and HIV/AIDS-affected individuals⁸⁷.

The Redevelopment Agency distributes HOPWA funding for three primary activities:



New Construction, Acquisition and Rehabilitation of HIV/AIDS

Housing: To date the Agency has committed \$22,681,290 of HOPWA

⁸³Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in California. [www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop /execsummary /California.cfm](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/California.cfm)

⁸⁴City & County of San Francisco, San Francisco Redevelopment Agency. http://www.ci.sf.ca.us/site/sfra_index.asp?id=5098. 2003

⁸⁵Formula HOPWA Grantee Questionnaire

⁸⁶City & County of San Francisco, San Francisco Redevelopment Agency. http://www.ci.sf.ca.us/site/sfra_index.asp?id=5098. 2003

⁸⁷City & County of San Francisco, San Francisco Redevelopment Agency. http://www.ci.sf.ca.us/site/sfra_index.asp?id=5098. 2003

funds for 20 capital projects, totaling 278 beds or housing units. These projects include fully licensed hospice care, independent living flats, and group homes for individuals with HIV/AIDS in recovery from substance abuse. Both individuals and families are served through these projects;



Supportive Services: The Agency has funded HOPWA supportive services contracts totaling \$11,600,353 for services related to HOPWA-funded housing projects and services to households receiving rental assistance funded by HOPWA and the Ryan White CARE Program. The participating CARE-funded agencies provide approximately 140 rent subsidies to very low income persons disabled by HIV/AIDS. The scope of services range from general case management services to more intensive medical services directed to clients needing licensed care;



Rental Assistance Programs: The Agency has contracted with the San Francisco Housing Authority to administer a tenant-based rental assistance program for persons with HIV/AIDS for a three-year period. In addition, the Agency has contracted with Catholic Charities to provide initial intake screening of rental subsidy applicants, housing search assistance, and tenant advocacy. When fully implemented, the program will provide housing for 400 households. To date, approximately 300 households are in a lease as part of the HOPWA rental subsidy program. The Agency has funded \$7,199,482 in rental contracts to date. The Agency has recently implemented a new \$1.2 million partial rent subsidy program in an effort to provide additional rental assistance to persons living with HIV/AIDS⁸⁸.

Just like other cities using HOPWA funds, San Francisco contracts out much of its housing and services to local nonprofits. There are many problems that the service providers run into in San Francisco, but none are as detrimental as the high cost of living in the Bay Area. The funds that are allocated by the HOPWA Formula Program do not take into account the high cost of living in a city like San Francisco versus a smaller city. As a result, funds are spread out lightly and have less of an effect on the state of AIDS housing. Despite this severe problem, those involved with AIDS

⁸⁸City & County of San Francisco, San Francisco Redevelopment Agency.
http://www.ci.sf.ca.us/site/sfra_index.asp?id=5098. 2003

housing feel that overall the city does a good job with the funds that are provided but would like to see more development of units.

Seattle

Like other cities, Seattle deals with increasing rents and decreased availability. This trend has significant effects on the subset of Seattle's population that has HIV/AIDS and does not have enough money to secure a decent place to live. As a result, the Seattle-Bellevue-Everett EMSA, which includes King, Island, and Snohomish Counties, began receiving HOPWA funds in 1993, and the City of Seattle Human Services Department administers HOPWA funds on behalf of the EMSA⁸⁹. The HOPWA funds are allocated through a competitive process which prioritizes funding to those projects which are consistent with the AIDS Housing Plan for King County⁹⁰.

In 2002, the city received \$1.6 million in HOPWA funds to provide for an array of housing programs, including rent assistance, set-aside units in affordable housing developments, assisted

⁸⁹AIDS Housing of Washington. Snohomish County HIV/AIDS Housing Plan, November 2001.

⁹⁰AIDS Housing of Washington. 2001 Report on HIV/AIDS Housing in Seattle-King County. April 2001.

living, independent and services-enriched housing, and adult day health⁹¹. Currently, Seattle provides 85 transitional/short-term units, 321 permanent units, 18 assisted care units, and 35 skilled nursing units⁹². Furthermore, Seattle-King County's inventory of housing dedicated to people living with AIDS is increasing. The number of transitional/short-term independent housing units has increased from 68 to 85, and the number of permanent, independent units has increased from 318 to 321⁹³. Seattle's AIDS Housing waiting list varies by program, from 6 people waiting for the Transitional to Permanent to 53 people waiting for the Seattle Terminally Ill Voucher Program⁹⁴. Overall, there are about 100 people waiting for housing assistance.

The Seattle EMSA , like other EMSA's, has been able to attract other non-HOPWA resources for supportive services to our HIV/AIDS population through several non-HUD agencies including; Medicaid, State DSHS Adult Family Home and Skilled Nursing Reimbursement, private fundraising, resident participation, the Ryan White CARE Act, and the City of Seattle Human Services Program⁹⁵. In addition to these other funding sources the Seattle HOPWA program is complimented by several HUD programs; Section 8 set-asides, CDBG, the McKinney Homeless Program and the HOME Investment Partnership Program⁹⁶. This diverse use of HUD and non-HUD funding sources creates a Consortium of Care concept to eligible Seattle clients⁹⁷.

⁹¹Office of the Mayor. Mayor Nickels Announces \$1.6 Million in AIDS Housing Programs, New Release. November 6, 2002.

⁹²AIDS Housing of Washington. 2001 Report on HIV/AIDS Housing in Seattle-King County. April 2001.

⁹³AIDS Housing of Washington. 2001 Report on HIV/AIDS Housing in Seattle-King County. April 2001.

⁹⁴AIDS Housing of Washington. 2001 Report on HIV/AIDS Housing in Seattle-King County. April 2001.

⁹⁵Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in Washington. [www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop /execsummary /washington.cfm](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/washington.cfm)

⁹⁶Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in Washington. [www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop /execsummary /washington.cfm](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/washington.cfm)

⁹⁷Homes & Communities; U.S. Department of Housing and Urban Development. HOPWA Programs in Washington. [www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop /execsummary /washington.cfm](http://www.hud.gov:80/offices/cpd/aidshousing/allocaandapprop/execsummary/washington.cfm)

Those involved in AIDS housing in Seattle feel that overall the City does a good job. Many providers express feelings that the program could be better, but the agencies and providers involved do a favorable job with the resources they are allocated. When asked about the future of Seattle's AIDS Housing, Jude Jackson from Rosehedge felt that the best way to address the increasing AIDS population is to work with other organizations and agencies to provide units within other projects (referred to as set asides), a practice which is already underway in Seattle⁹⁸. Furthermore, Anson Laytner, a ten year veteran with Multifaith Works stated, " My longevity helps me see that HOPWA has gone from being Ryan White's step-sister, to being a full fledged, smoothly operating partner in providing housing for PWA in our city"⁹⁹.

⁹⁸Jackson, Jude. Executive Director of Rosehedge. Personal Correspondence March 4, 2003

⁹⁹Laytner, Anson. Executive Director, Multifaith Works. Personal Correspondence March 5, 2003

Part III

Conclusion and Recommendations

The CDC reported in its June 2001 surveillance report that 331,518 persons were known to be living with a diagnosis of AIDS and estimated that 800,000 to 900,000 persons nationwide were

HIV-infected¹⁰⁰. If those estimates are correct, half of these people will need housing assistance during some point of their illness. For this reason alone it is necessary that there be an increase of HOPWA funding at the federal level so programs are not so reliant on other funding sources; that more funds be spent on development of units rather than services like case management; that HOPWA Committees are not comprised of persons who benefit from the allocations they recommend; and that there is more cooperation among city officials and service providers to ensure sound management on both sides.

The HOPWA Program is an essential program for providing housing and services for PWA and their families. Unfortunately, HOPWA funds cannot currently cover all costs incurred while implementing housing and services. Cities have to constantly use HOPWA funds in conjunction with other sources and raise private funds to finance projects and programs. Current funds are inadequate to permit localities to adequately address the growing need. The FY2002 HOPWA appropriation of \$277 million must support the housing and related services in 108 jurisdictions eligible for HOPWA formula allocations (34 states and 74 cities for their metropolitan areas) and about 25 competitive grants to aid approximately 61,700 PWA and their families with some form of housing assistance¹⁰¹. Federal policies must guarantee that low-income PWA access to affordable and decent housing for themselves and their families. The National AIDS Housing Coalition insists that the Administration and Congress funds the HOPWA program at \$325 million in FY2003, a level that will sustain existing programs, permit small program expansions at the local level, and support newly added jurisdictions¹⁰². There are many valid arguments to increase funding. First, HOPWA eligible jurisdictions are on the rise, meaning that they will reach 1,500

¹⁰⁰AIDS Housing; 2002 Advocates Guide to Housing and Community Development Policy, National Low Income Housing Coalition. 2002.

¹⁰¹AIDS Housing; 2002 Advocates Guide to Housing and Community Development Policy, National Low Income Housing Coalition. 2002.

¹⁰²AIDS Housing; 2002 Advocates Guide to Housing and Community Development Policy, National Low Income Housing Coalition. 2002.

cumulative cases of AIDS. Furthermore, the health of AIDS patients declines as the price of housing and services increase. When these patients get sick they turn to other costlier form of healthcare, like emergency room visits. In addition, as rising housing costs continue to outpace HOPWA funding allocations, it becomes increasingly important that localities maximize their use of HOPWA funds for housing assistance and development¹⁰³. If the government wishes to combat this trend it must increase the funding for housing and supportive services.

Furthermore, the HOPWA Formula Program needs to address regional differences between EMSAs. The high cost of living in Los Angeles, New York and Los Angeles has severe consequences for the administration of its HOPWA Program. The average rents in these areas is far higher than thier HOPWA counterparts and they also share a larger proportion of the AIDS cases. If HOPWA has any hopes of becoming an effective housing program it must address this issue.

In conjunction with increased funding, there must be an effort from the cities to specifically develop housing units for PWA and their families. Neither Los Angeles nor New York use HOPWA funds for new development, only in support of existing projects. This policy has, and will continue to have, grave effects due to the fact that the AIDS population is growing and living longer. The effects from not developing are the worst in New York City, where no funds are spent on development. In this case the City must spend millions for placing people in SRO hotels which further drains the city financially and create a cyclical problem where funding is taken from development to pay for the costs associated with SRO management. There would not be such a demand for SRO's if the city developed enough units for PWA. Cities like San Francisco, Atlanta, Seattle, and Boston specifically use HOPWA funds for development, acquisition or rehabilitation and generally providers in those cities are more content with their programs. The need for HOPWA funds to be spent on development for new units becomes even more important since the

¹⁰³ AIDS Housing: 2002 Advocates Guide to Housing and Community Development Policy, National Low Income Housing Coalition. 2002.

STAP program, which provides rental assistance, is only short-term, and will not help PWA and their families for long periods of time. PWA are only allowed to receive assistance for 21 weeks out of a 52 week period, which forces people to apply for other sources of assistance, like Section 8. This puts a strain on the Section 8 program since PWA should be able to get housing through HOPWA but cannot because there is simply not enough units to support them and, in some cases, the wait list is too long.

The HOPWA Advisory Committees that exist in many cities, such as Los Angeles, should not have committee members that directly benefit from the HOPWA allocations that they endorse. This creates a conflict of interest where a committee member, that needs the HOPWA allocations to support its budget, insists on funding his or her organization. Regardless of whether the services that their organization provides are good or bad, it does not allow for an objective decision. This policy is alarming considering that one member of the Los Angeles Advisory Committee receives almost half a million dollars in HOPWA contracts for the organization that he leads. It is necessary that HUD take an instrumental role in dealing with this conflict. As an outside entity it can act most objectively. Furthermore, HUD issues the HOPWA funds, and it should have an interest in ensuring that funds are spent correctly. A monitoring system should be set up by HUD, and this new body could be either within HUD or it can contract out to an organization, like AIDS Housing of Washington. This way it can be assured that funds can be allocated towards the most effective program.

There are obvious differences among the cities that are not directly related to the actions of the local governments or the service providers. Issues like a growing population, the high cost of living, lack of stable employment and healthcare, all have adverse affects when trying to institute an effective housing program. This is partly why New York and Los Angeles have such unfavorable AIDS housing programs. Each city faces enormous barriers due to its sheer size. It then becomes obvious why smaller cities, like Atlanta and Seattle, have some of the better programs in the nation; their cities are simply smaller. Nonetheless, large cities must learn to adopt the policies of these smaller metropolises because AIDS will continue to affect their cities.

The policies set forth by some of the smaller cities, like Atlanta or Boston, are very straightforward and concise. Their HOPWA allocations go for specific programming, like towards the development of units, and are not extended throughout a wide variety of programs (like pet care, which is the case in Los Angeles). Furthermore, government officials and service providers in both Atlanta and Boston stress fluid communication between both entities to ensure that everyone is caught up to date. This feeling of partnership and community is lacking in New York and Los Angeles', rather, a sense of animosity exists between the service providers and government agencies. In Los Angeles this is due in part to the continual mismanagement of funds, and in New York it partly arises out of the fact that no funds are going towards development. The service providers feel that their voice is not being heard by their city counterparts. Therefore, it is evident that one aspect of having an effective AIDS housing program is ensuring cooperation among government officials and service providers. In this manner everyone is caught up on current issues and everyone feels as if they are working together, not against one another.

Part IV

Appendix 1

TITLE 24--HOUSING AND URBAN DEVELOPMENT
SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF
HOUSING AND URBAN DEVELOPMENT

PART 574—HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Subpart A—General

Subpart A—General

Sec. 574.3 Definitions.

The terms Grantee and Secretary are defined in 24 CFR part 5.

Acquired immunodeficiency syndrome (AIDS) or related diseases means the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Administrative costs mean costs for general management, oversight, coordination, evaluation, and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities.

Applicant means a State or city applying for a formula allocation as described under Sec. 574.100 or a State, unit of general local government, or a nonprofit organization applying for a competitive grant as described under Sec. 574.210.

City has the meaning given it in section 102(a) of the Housing and Community Development Act of 1974 (42 U.S.C. 5302).

Eligible Metropolitan Statistical Area (EMSA) means a metropolitan statistical area that has a population of more than 500,000 and has more than 1,500 cumulative cases of AIDS.

Eligible person means a person with acquired immunodeficiency syndrome or related diseases who is a low-income individual, as defined in this section, and the person's family. A person with AIDS or related diseases or a family member regardless of income is eligible to receive housing information services, as described in Sec. 574.300(b)(1). Any person living in proximity to a community residence is eligible to participate in that residence's community outreach and educational activities regarding AIDS or related diseases, as provided in Sec. 574.300(b)(9).

Eligible State means a State that has:

- (1) More than 1,500 cumulative cases of AIDS in those areas of the State outside of eligible metropolitan statistical areas that are eligible to be funded through a qualifying city; and
- (2) A consolidated plan prepared, submitted, and approved in accordance with 24 CFR part 91 that covers the assistance to be provided under this part. (A State may carry out activities anywhere in the State, including within an EMSA.)

Family means a household composed of two or more related persons. The term family also includes one or more eligible persons living with another person or persons who are determined to be important to their care or well being, and the surviving member or members of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death.

Low-income individual has the meaning given it in section 853(3) of the AIDS Housing Opportunity Act (42 U.S.C. 12902).

Metropolitan statistical area has the meaning given it in section 853(5) of the AIDS Housing Opportunity Act (42 U.S.C. 12902).

Nonprofit organization means any nonprofit organization (including a State or locally chartered, nonprofit organization) that:

- (1) Is organized under State or local laws;
- (2) Has no part of its net earnings inuring to the benefit of any member, founder, contributor, or individual;
- (3) Has a functioning accounting system that is operated in accordance with generally accepted accounting principles, or has designated an entity that will maintain such an accounting system; and
- (4) Has among its purposes significant activities related to providing services or housing to persons with acquired immunodeficiency syndrome or related diseases.

Non-substantial rehabilitation means rehabilitation that involves costs that are less than or equal to 75 percent of the value of the building after rehabilitation.

Population means total resident population based on data compiled by the U.S. Census and

referable to the same point in time.

Project sponsor means any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to carry out eligible activities under this part. The selection of project sponsors is not subject to the procurement requirements of 24 CFR 85.36.

Qualifying city means a city that is the most populous unit of general local government in an eligible metropolitan statistical area (EMSA) and that has a consolidated plan prepared, submitted, and approved in accordance with 24 CFR part 91 that covers the assistance to be provided under this part.

Rehabilitation means the improvement or repair of an existing structure, or an addition to an existing structure that does not increase the floor area by more than 100 percent.

State has the meaning given it in section 853(9) of the AIDS Housing Opportunity Act (42 U.S.C. 2902).

Substantial rehabilitation means rehabilitation that involves costs in excess of 75 percent of the value of the building after rehabilitation.

Unit of general local government means any city, town, township, parish, county, village, or other general purpose political subdivision of a State; Guam, the Northern Mariana Islands, the Virgin Islands, American Samoa, the Federated States of Micronesia and Palau, the Marshall Islands, or a general purpose political subdivision thereof; and any agency or instrumentality thereof that is established pursuant to legislation and designated by the chief executive to act on behalf of the jurisdiction with regard to provisions of the National Affordable Housing Act.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17199, Apr. 11, 1994; 60 FR 1917, Jan. 5, 1995; 61 FR 5209, Feb. 9, 1996; 61 FR 7963, Feb. 29, 1996]

TITLE 24--HOUSING AND URBAN DEVELOPMENT

SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PART 574—HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Subpart B—Formula Entitlements

574.100 Eligible applicants

574.110 Overview of formula allocations.

574.120 Responsibility of applicant to serve EMSA.

574.130 Formula allocations.

Reallocations of grant amounts. **Subpart B— Formula Entitlements**

Sec. 574. 100 Eligible applicants.

(a) Eligible States and qualifying cities, as defined in Sec. 574.3, qualify for formula allocations under HOPWA.

(b) HUD will notify eligible States and qualifying cities of their formula eligibility and allocation amounts and EMSA service areas annually.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17199, Apr. 11, 1994; 60 FR 1917, Jan. 5, 1995]

Sec. 574. 110 Overview of formula allocations.

The formula grants are awarded upon submission and approval of a consolidated plan, pursuant to 24 CFR part 91, that covers the assistance to be provided under this part. Certain states and cities that are the most populous unit of general local government in eligible metropolitan statistical areas will receive formula allocations based on their State or metropolitan population and proportionate number of cases of persons with AIDS. They will receive funds under this part (providing they comply with 24 CFR part 91) for eligible activities that address the housing needs of persons with AIDS or related diseases and their families (see Sec. 574.130(b)).

[61 FR 7963, Feb. 29, 1996]

Sec. 574.120 Responsibility of applicant to serve EMSA.

The EMSA's applicant shall serve eligible persons who live anywhere within the EMSA, except that housing assistance shall be provided only in localities within the EMSA that have a consolidated plan prepared, submitted, and approved in accordance with 24 CFR part 91 that covers the assistance to be provided under this part. In allocating grant amounts among eligible activities, the EMSA's applicant shall address needs of eligible persons who reside within the metropolitan statistical area, including those not within the jurisdiction of the applicant.

[60 FR 1917, Jan. 5, 1995]

Sec. 574. 130 Formula allocations.

(a) *Data sources.* HUD will allocate funds based on the number of cases of acquired immunodeficiency syndrome reported to and confirmed by the Director of the Centers for Disease Control, and on population data provided by the U.S. Census. The number of cases of acquired immunodeficiency syndrome used for this purpose shall be the number reported as of March 31 of the fiscal year immediately preceding the fiscal year for which the amounts are appropriated and allocated.

(b) *Distribution of appropriated funds for entitlement awards.*

(1) Seventy-five percent of the funds allocated under the formula is distributed to qualifying cities and eligible States, as described in Sec. 574.100, based on each metropolitan statistical area's or State's proportionate share of the cumulative number of AIDS cases in all eligible metropolitan statistical areas and eligible States.

(2) The remaining twenty-five percent is allocated among qualifying cities, but not States, where the per capita incidence of AIDS for the year, April 1 through March 31, preceding the fiscal year of the appropriation is higher than the average for all metropolitan statistical areas with more than 500,000 population. Each qualifying city's allocation reflects its EMSA's proportionate share of the high incidence factor among EMSA's with higher than average per capita incidence of AIDS. The high incidence factor is computed by multiplying the population of the metropolitan statistical area by the difference between its twelve-month-per-capita-incidence rate and the average rate for all metropolitan statistical areas with more than 500,000 population. The EMSA's proportionate share is determined by dividing its high incidence factor by the sum of the high incidence factors for all EMSA's with higher than average per capita incidence of AIDS.

(c) *Minimum grant.* No grant awarded under paragraph (b) of this section shall be less than \$200,000. Therefore, if the calculations under paragraph (b) of this section would result in any eligible metropolitan statistical area or eligible State receiving less than \$200,000, the amount allocated to that entity is increased to \$200,000 and allocations to entities in excess of \$200,000 are proportionately reduced by the amount of the increase.

Sec. 574. 190 Reallocation of grant amounts.

If an eligible State or qualifying city does not submit a consolidated plan in a timely fashion, in accordance with 24 CFR part 91, that provides for use of its allocation of funding under this part, the funds allocated to that jurisdiction will be added to the funds available for formula allocations to other jurisdictions in the current fiscal year. Any formula funds that become available as a result of deobligations or the imposition of sanctions as provided for in Sec. 574.540 will be added to the funds available for formula allocations in the next fiscal year.

[57 FR 61740, Dec. 28, 1992, as amended at 60 FR 1918, Jan. 5, 1995]

TITLE 24--HOUSING AND URBAN DEVELOPMENT

SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PART 574—HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Subpart C—Competitive Grant Funds

574.200 Amounts available for competitive grants.

574.210 Eligible applicants.

574.240 Application requirements.

574.260 Amendments.

Subpart C - Competitive Grants

Sec. 574. 200 Amounts available for competitive grants.

(a) The Department will set aside 10 percent of the amounts appropriated under this program to fund on a competitive basis:

(1) Special projects of national significance; and

(2) Other projects submitted by States and localities that do not qualify for formula grants.

(b) Any competitively awarded funds that become available as a result of deobligations or the imposition of sanctions, as provided in Sec. 574.540, will be added to the funds available for competitive grants in the next fiscal year.

(c) The competitive grants are awarded based on applications, as described in subpart C of this part,

submitted in response to a Notice of Funding Availability published in the Federal Register. All States and units of general local government and nonprofit organizations are eligible to apply for competitive grants to fund projects of national significance. Only those States and units of general local government that do not qualify for formula allocations are eligible to apply for competitive grants to fund other projects.

(d) If HUD makes a procedural error in a funding competition that, when corrected, would warrant funding of an otherwise eligible application, HUD will select that application for potential funding when sufficient funds become available.

[57 FR 61740, Dec. 28, 1992, as amended at 61 FR 7963, Feb. 29, 1996]

Sec. 574.210 Eligible applicants.

(a) All States, units of general local government, and nonprofit organizations, may apply for grants for projects of national significance.

(b) Only those States and units of general local government that do not qualify for formula grants, as described in Sec. 574.100; may apply for grants for other projects as described in Sec. 574.200(a)(2).

(c) Except for grants for projects of national significance, nonprofit organizations are not eligible to apply directly to HUD for a grant but may receive funding as a project sponsor under contract with a grantee.

Sec. 574.240 Application requirements.

Applications must comply with the provisions of the Department's Notice of Funding Availability (NOFA) for the fiscal year published in the Federal Register in accordance with 24 CFR part 12. The rating criteria, including the point value for each, are described in the NOFA, including criteria determined by the Secretary.

[61 FR 7963, Feb. 29, 1996]

Sec. 574.260 Amendments.

(a) After an application has been selected for funding, any change that will significantly alter the scope, location, service area, or objectives of an activity or the number of eligible persons served must be justified to HUD and approved by HUD. Whenever any other amendment to the application is made, the grantee must provide a copy to HUD.

(b) Each amendment request must contain a description of the revised proposed use of funds. Funds may not be expended for the revised proposed use of funds until:

(1) HUD accepts the revised proposed use; and

(2) For amendments to acquire, rehabilitate, convert, lease, repair or construct properties to provide housing, an environmental review of the revised proposed use of funds has been completed in accordance with Sec. 574.510.

(Approved by the Office of Management and Budget under control number 2506-0133)

TITLE 24--HOUSING AND URBAN DEVELOPMENT

SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PART 574—HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Subpart D—Uses of Grant Funds

574.300 Eligible activities.

574.310 General standards for eligible housing activities.

574.320 Additional standards for rental assistance.

574.330 Additional standards for short-term supported housing.

574.340 Additional standards for community residences

Subpart D—Uses of Grant Funds

Sec. 574.300 Eligible activities.

(a) *General.* Subject to applicable requirements described in Secs. 574.310, 574.320, 574.330, and 574.340, HOPWA funds may be used to assist all forms of housing designed to prevent homelessness including emergency housing, shared housing arrangements, apartments, single room occupancy (SRO) dwellings, and community residences. Appropriate supportive services, as required by Sec. 574.310(a), must be provided as part of any HOPWA assisted housing, but HOPWA funds may also be used to provide services independently of any housing activity.

(b) *Activities.* The following activities may be carried out with HOPWA funds:

- (1) Housing information services including, but not limited to, counseling, information, and referral services to assist an eligible person to locate, acquire, finance and maintain housing. This may also include fair housing counseling for eligible persons who may encounter discrimination on the basis of race, color, religion, sex, age, national origin, familial status, or handicap;
 - (2) Resource identification to establish, coordinate and develop housing assistance resources for eligible persons (including conducting preliminary research and making expenditures necessary to determine the feasibility of specific housing-related initiatives);
 - (3) Acquisition, rehabilitation, conversion, lease, and repair of facilities to provide housing and services;
 - (4) New construction (for single room occupancy (SRO) dwellings and community residences only).
 - (5) Project- or tenant-based rental assistance, including assistance for shared housing arrangements;
 - (6) Short-term rent, mortgage, and utility payments to prevent the homelessness of the tenant or mortgagor of a dwelling;
 - (7) Supportive services including, but not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals;
 - (8) Operating costs for housing including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs;
 - (9) Technical assistance in establishing and operating a community residence, including planning and other pre-development or pre-construction expenses and including, but not limited to, costs relating to community outreach and educational activities regarding AIDS or related diseases for persons residing in proximity to the community residence;
 - (10) Administrative expenses:
 - (i) Each grantee may use not more than 3 percent of the grant amount for its own administrative costs relating to administering grant amounts and allocating such amounts to project sponsors; and
 - (ii) Each project sponsor receiving amounts from grants made under this program may use not more than 7 percent of the amounts received for administrative costs.
 - (11) For competitive grants only, any other activity proposed by the applicant and approved by HUD.
- (C) *Limitations of assistance to primarily religious organizations—*
- (1) *Provision of assistance.* (i) Assistance may be provided under this part by a grantee to a project sponsor that is a primarily religious organization if the primarily religious organization agrees to provide all eligible activities under this program in a manner that is free from religious influences and in accordance with the following principles:
 - (A) It will not discriminate against any employee or applicant for employment on the basis of religion and will not limit employment or give preference in employment to persons on the basis of religion.
 - (B) It will not discriminate against any person applying for any of the eligible activities under this part on the basis of religion and will not limit such housing or other eligible activities or give preference to persons on the basis of religion.
 - (C) It will provide no religious instruction or counseling, conduct no religious services or worship, engage in no religious proselytizing, and exert no other religious influence in the provision of eligible activities under this part.
 - (ii) Assistance will not be provided to a project sponsor that is a primarily religious organization to construct or acquire a structure. Assistance may be provided to a project sponsor that is a primarily religious organization to rehabilitate or convert a structure owned by the organization, only as described in paragraph (c)(2) of this section.
- (2) *Rehabilitation or conversion of structures owned by primarily religious organizations.* Grant amounts may be used to rehabilitate or convert a structure that is owned by a primarily religious organization, only if:
 - (i) The structure (or portion thereof) that is to be rehabilitated or converted with HUD assistance has been leased to an existing or newly established wholly secular organization (which may be established by the religious organization under the provisions of paragraph (c)(3) of this section).
 - (ii) The HUD assistance is provided to the secular organization (and not the religious organization) to

make the improvements.

(iii) The leased structure will be used exclusively for secular purposes available to all persons regardless of religion.

(iv) The lease payments paid to the primarily religious organization do not exceed the fair market rent for the structure before the rehabilitation or conversion was done.

(v) The portion of the cost of any improvements that benefit any unleased portion of the structure will be allocated to, and paid for by, the religious organization.

(vi) The primarily religious organization agrees that if the secular organization does not retain the use of the leased premises for wholly secular purposes for the useful life of the improvements, the primarily religious organization will pay an amount equal to the residual value of the improvements to the original grantee from which the amounts used to rehabilitate or convert the building were derived. While the original grantee is expected to use this amount for eligible HOPWA activities, there is no requirement that funds received after the close of the grant period be used in accordance with the requirements of this part.

(3) *Assistance to a wholly secular private nonprofit organization established by a primarily religious organization.* (i) A primarily religious organization may establish a wholly secular private nonprofit organization to serve as a project sponsor. The secular organization may be eligible to receive all forms of assistance available under this part.

(ii) The secular organization must agree to provide eligible activities under this part in a manner that is free from religious influences and in accordance with the principles set forth in paragraph (c)(1)(i) of this section.

(iii) The secular organization may enter into a contract with the religious organization to operate the housing assistance, supportive services and other eligible activities for the project. In such a case, the religious organization must agree in the contract to carry out its contractual responsibilities in a manner free from religious influences and in accordance with the principles set forth in paragraph (c)(1)(i) of this section.

(iv) The rehabilitation or conversion of structures are subject to the requirements of paragraph (c)(2) of this section.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994]

574.310 General standards for eligible housing activities.

All grantees using grant funds to provide housing must adhere to the following standards:

(a)(1) *General.* The grantee shall ensure that qualified service providers in the area make available appropriate supportive services to the individuals assisted with housing under this subpart. Supportive services are described in Sec. 574.300(b)(7). For any individual with acquired immunodeficiency syndrome or a related disease who requires more intensive care than can be provided in housing assisted under this subpart, the grantee shall provide for locating a care provider who can appropriately care for the individual and for referring the individual to the care provider.

(2) *Payments.* The grantee shall ensure that grant funds will not be used to make payments for health services for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service:

(i) Under any State compensation program, under an insurance policy, or under any Federal or State health benefits program; or

(ii) By an entity that provides health services on a prepaid basis.

(b) *Housing quality standards.* All housing assisted under Sec. 574.300(b) (3), (4), (5), and (8) must meet the applicable housing quality standards outlined below.

(1) *State and local requirements.* Each recipient of assistance under this part must provide safe and sanitary housing that is in compliance with all applicable State and local housing codes, licensing requirements, and any other requirements in the jurisdiction in which the housing is located regarding the condition of the structure and the operation of the housing.

(2) *Habitability standards.* Except for such variations as are proposed by the locality and approved by HUD, recipients must meet the following requirements:

(i) *Structure and materials.* The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.

(ii) *Access.* The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.

- (iii) *Space and security.* Each resident must be afforded adequate space and security for themselves and their belongings. An acceptable place to sleep must be provided for each resident.
 - (iv) *Interior air quality.* Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
 - (v) *Water supply.* The water supply must be free from contamination at levels that threaten the health of individuals.
 - (vi) *Thermal environment.* The housing must have adequate heating and/or cooling facilities in proper operating condition.
 - (vii) *Illumination and electricity.* The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliance while assuring safety from fire.
 - (viii) *Food preparation and refuse disposal.* All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
 - (ix) *Sanitary condition.* The housing and any equipment must be maintained in sanitary condition.
- (c) *Minimum use period for structures.*
- (1) Any building or structure assisted with amounts under this part must be maintained as a facility to provide housing or assistance for individuals with acquired immunodeficiency syndrome or related diseases:
 - (i) For a period of not less than 10 years, in the case of assistance provided under an activity eligible under Sec. 574.300(b) (3) and (4) involving new construction, substantial rehabilitation or acquisition of a building or structure; or
 - (ii) For a period of not less than 3 years in the cases involving non-substantial rehabilitation or repair of a building or structure.
 - (2) Waiver of minimum use period. HUD may waive the minimum use period of a building or structure as stipulated in paragraph (c)(1) of this section if the grantee can demonstrate, to the satisfaction of HUD, that:
 - (i) The assisted structure is no longer needed to provide supported housing or assistance, or the continued operation of the structure for such purposes is no longer feasible; and
 - (ii) The structure will be used to benefit individuals or families whose incomes do not exceed 80 percent of the median income for the area, as determined by HUD with adjustments for smaller and larger families, if the Secretary finds that such variations are necessary because of construction costs or unusually high or low family incomes.
- (d) *Resident rent payment.* Except for persons in short-term supported housing, each person receiving rental assistance under this program or residing in any rental housing assisted under this program must pay as rent, including utilities, an amount which is the higher of:
- (1) 30 percent of the family's monthly adjusted income (adjustment factors include the age of the individual, medical expenses, size of family and child care expenses and are described in detail in 24 CFR 813.102);
 - (2) 10 percent of the family's monthly gross income; or
 - (3) If the family is receiving payments for welfare assistance from a public agency and a part of the payments, adjusted in accordance with the family's actual housing costs, is specifically designated by the agency to meet the family's housing costs, the portion of the payments that is designated.
- (e) *Termination of assistance--(1) Surviving family members.* With respect to the surviving member or members of a family who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death, housing assistance and supportive services under the HOPWA program shall continue for a grace period following the death of the person with AIDS. The grantee or project sponsor shall establish a reasonable grace period for continued participation by a surviving family member, but that period may not exceed one year from the death of the family member with AIDS. The grantee or project sponsor shall notify the family of the duration of their grace period and may assist the family with information on other available housing programs and with moving expenses.
- (2) *Violation of requirements--(i) Basis.* Assistance to participants who reside in housing programs assisted under this part may be terminated if the participant violates program requirements or conditions of occupancy. Grantees must ensure that supportive services are provided, so that a participant's assistance is terminated only in the most severe cases.

(iii) *Procedure*. In terminating assistance to any program participant for violation of requirements, grantees must provide a formal process that recognizes the rights of individuals receiving assistance to due process of law. This process at minimum, must consist of:

(A) Serving the participant with a written notice containing a clear statement of the reasons for termination;

(B) Permitting the participant to have a review of the decision, in which the participant is given the opportunity to confront opposing witnesses, present written objections, and be represented by their own counsel, before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and

(C) Providing prompt written notification of the final decision to the participant.

(Paragraph (c) approved by the Office of Management and Budget under control number 2506-0133)

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994; 61 FR 7963, Feb. 29, 1996]

Sec. 574.320 Additional standards for rental assistance.

(a) If grant funds are used to provide rental assistance, the following additional standards apply:

(1) *Maximum subsidy*. The amount of grant funds used to pay monthly assistance for an eligible person may not exceed the difference between:

(i) The lower of the rent standard or reasonable rent for the unit; and

(ii) The resident's rent payment calculated under Sec. 574.310(d).

(2) *Rent standard*. The rent standard shall be established by the grantee and shall be no more than the published section 8 fair market rent (FMR) or the HUD-approved community-wide exception rent for the unit size. However, on a unit by unit basis, the grantee may increase that amount by up to 10 percent for up to 20 percent of the units assisted.

(3) *Rent reasonableness*. The rent charged for a unit must be reasonable in relation to rents currently being charged for comparable units in the private unassisted market and must not be in excess of rents currently being charged by the owner for comparable unassisted units.

(b) With respect to shared housing arrangements, the rent charged for an assisted family or individual shall be in relation to the size of the private space for that assisted family or individual in comparison to other private space in the shared unit, excluding common space. An assisted family or individual may be assigned a pro rata portion based on the ratio derived by dividing the number of bedrooms in their private space by the number of bedrooms in the unit. Participation in shared housing arrangements shall be voluntary.

[57 FR 61740, Dec. 28, 1992, as amended at 61 FR 7963, Feb. 29, 1996]

Sec. 574.330 Additional standards for short-term supported housing.

Short-term supported housing includes facilities to provide temporary shelter to eligible individuals as well as rent, mortgage, and utilities payments to enable eligible individuals to remain in their own dwellings. If grant funds are used to provide such short-term supported housing assistance, the following additional standards apply:

(a) *Time limits*. (1) A short-term supported housing facility may not provide residence to any individual for more than 60 days during any six month period. Rent, mortgage, and utilities payments to prevent the homelessness of the tenant or mortgagor of a dwelling may not be provided to such an individual for these costs accruing over a period of more than 21 weeks in any 52 week period. These limitations do not apply to rental assistance provided under Sec. 574.300(b)(5).

(2) *Waiver of time limitations*. HUD may waive, as it determines appropriate, the limitations of paragraph (a)(1) and will favorably consider a waiver based on the good faith effort of a project sponsor to provide permanent housing under subsection (c).

(b) *Residency limitations*--(1) *Residency*. A short-term supported facility may not provide shelter or housing at any single time for more than 50 families or individuals;

(2) *Waiver of residency limitations*. HUD may waive, as it determines appropriate, the limitations of paragraph (b)(1) of this section.

(c) *Placement*. A short-term supported housing facility assisted under this part must, to the maximum extent practicable, provide each individual living in such housing the opportunity for placement in permanent housing or in a living environment appropriate to his or her health and social needs.

(d) *Assistance to continue independent living*. In addition to the supportive services provided when an

individual is relocated to a short-term supported housing facility, supportive services may be provided to individuals when they remain in their residence because the residence is appropriate to the needs of the individual. In the latter case, a rent, mortgage and utilities payments program assisted under this part shall provide, when reasonable, supportive services specifically designed to maintain the individual in such residence.

(e) *Case management services.* A program assisted under this section shall provide each assisted individual with an opportunity, if eligible, to receive case management services from the appropriate social service agencies.

(Paragraph (b) approved by the Office of Management and Budget under control number 2506-0133)
[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994]

Sec. 574. 340 Additional standards for community residences.

(a) A community residence is a multiunit residence designed for eligible persons to provide a lower cost residential alternative to institutional care; to prevent or delay the need for such care; to provide a permanent or transitional residential setting with appropriate services to enhance the quality of life for those who are unable to live independently; and to enable such persons to participate as fully as possible in community life.

(b) If grant funds are used to provide a community residence, except for planning and other expenses preliminary to construction or other physical improvement for a community residence, the grantee must, prior to the expenditure of such funds, obtain and keep on file the following certifications:

(1) *A services agreement.* (i) A certification that the grantee will itself provide services as required by Sec. 574.310(a) to eligible persons assisted by the community residence; or

(ii) A certification that the grantee has entered into a written agreement with a project sponsor or contracted service provider to provide services as required by Sec. 574.310(a) to eligible persons assisted by the community residence;

(2) *The adequacy of funding.* (i) A certification that the grantee has acquired sufficient funding for these services; or

(ii) A certification that the grantee has on file an analysis of the service level needed for each community residence, a statement of which grantee agency, project sponsor, or service provider will provide the needed services, and a statement of how the services will be funded; and

(3) *Capability.* (i) A certification that the grantee is qualified to provide the services; or

(ii) A certification that the project sponsor or the service provider is qualified to provide the services.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 17200, Apr. 11, 1994]

TITLE 24--HOUSING AND URBAN DEVELOPMENT

SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PART 574--HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Subpart E--Special Responsibilities of Grantees and Project Sponsors

574.400 Prohibition of substitution of funds.

574.410 Capacity

574.420 Cooperation.

574.430 Fee prohibitions.

574.440 Confidentiality.

Subpart E--Special Responsibilities of Grantees and Project Sponsors

Sec. 574. 400 Prohibition of substitution of funds.

Amounts received from grants under this part may not be used to replace other amounts made available or designated by State or local governments through appropriations for use for the purposes of this part.

Sec. 574. 410 Capacity.

The grantee shall ensure that any project sponsor with which the grantee contracts to carry out an activity under this part has the capacity and capability to effectively administer the activity.

Sec. 574. 420 Cooperation.

(a) The grantee shall agree, and shall ensure that each project sponsor agrees, to cooperate and coordinate in providing assistance under this part with the agencies of the relevant State and local governments responsible for services in the area served by the grantee for eligible persons and other public and private organizations and agencies providing services for such eligible persons.

(b) A grantee that is a State shall obtain the approval of the unit of general local government in which a project is to be located before entering into a contract with a project sponsor to carry out an activity authorized under this part.

(c) A grantee that is a city receiving a formula allocation for an EMSA shall coordinate with other units of general local government located within the metropolitan statistical area to address needs within that area.

Sec. 574. 430 Fee prohibitions.

The grantee shall agree, and shall ensure that each project sponsor agrees, that no fee, except rent, will be charged of any eligible person for any housing or services provided with amounts from a grant under this part.

Sec. 574. 440 Confidentiality.

The grantee shall agree, and shall ensure that each project sponsor agrees, to ensure the confidentiality of the name of any individual assisted under this part and any other information regarding individuals receiving assistance.

TITLE 24--HOUSING AND URBAN DEVELOPMENT

SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PART 574—HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

Subpart F—Grant Administration

574.500 Responsibility for grant administration.

574.510 Environmental procedures and standards.

574.520 Performance reports.

574.530 Recordkeeping.

Deobligation of funds.

Subpart F--Grant Administration

Sec. 574. 500 Responsibility for grant administration.

(a) *General.* Grantees are responsible for ensuring that grants are administered in accordance with the requirements of this part and other applicable laws. Grantees are responsible for ensuring that their respective project sponsors carry out activities in compliance with all applicable requirements.

(b) *Grant agreement.* The grant agreement will provide that the grantee agrees, and will ensure that each project sponsor agrees, to:

(1) Operate the program in accordance with the provisions of these regulations and other applicable HUD regulations;

(2) Conduct an ongoing assessment of the housing assistance and supportive services required by the participants in the program;

(3) Assure the adequate provision of supportive services to the participants in the program; and

(4) Comply with such other terms and conditions, including recordkeeping and reports (which must include racial and ethnic data on participants) for program monitoring and evaluation purposes, as HUD may establish for purposes of carrying out the program in an effective and efficient manner.

(c) *Enforcement.* HUD will enforce the obligations in the grant agreement in accordance with the provisions of 24 CFR 85.43. A grantee will be provided an opportunity for informal consultation before HUD will exercise any remedies authorized in paragraph (a) of that section.

Sec. 574. 510 Environmental procedures and standards.

Before any amounts under this program are used to acquire, rehabilitate, convert, lease, repair or construct properties to provide housing, HUD shall perform a review in accord with 24 CFR part 50, which implements the National Environmental Policy Act and the related Federal environmental laws and authorities listed under 24 CFR 50.4. In performing its environmental review, HUD may use previously issued environmental reviews prepared by other local, State, or federal agencies for the proposed property. The grantee will cooperate in providing these documents. HUD must, however, conduct the environmental analysis and prepare the environmental review and be responsible for the required environmental findings. An environmental assurance shall be provided by an applicant for formula allocations or competitive awards in accordance with 24 CFR 50.3(i).

[61 FR 7963, Feb. 29, 1996]

Sec. 574. 520 Performance reports.

(a) *Formula grants*. For a formula grant recipient, the performance reporting requirements are specified in 24 CFR part 91.

(b) *Competitive grants*. A grantee shall submit to HUD annually a report describing the use of the amounts received, including the number of individuals assisted, the types of assistance provided, and any other information that HUD may require. Annual reports are required until all grant funds are expended.

[60 FR 1918, Jan. 5, 1995]

Sec. 574. 530 Recordkeeping.

Each grantee must ensure that records are maintained for a four-year period to document compliance with the provisions of this part. Grantees must maintain current and accurate data on the race and ethnicity of program participants.

[57 FR 61740, Dec. 28, 1992, as amended at 60 FR 1918, Jan. 5, 1995]

TITLE 24--HOUSING AND URBAN DEVELOPMENT

SECRETARY FOR COMMUNITY PLANNING AND DEVELOPMENT, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PART 574—HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

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574.600 Cross-reference.

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Subpart G--Other Federal Requirements

Sec. 574. 600 Cross-reference.

The Federal requirements set forth in 24 CFR part 5 apply to this program as specified in this subpart.

[61 FR 5209, Feb. 9, 1996]

Sec. 574. 603 Nondiscrimination and equal opportunity.

Within the population eligible for this program, the nondiscrimination and equal opportunity requirements set forth in 24 CFR part 5 and the following requirements apply:

(a) *Fair housing requirements*. (1) Grantees and project sponsors shall comply with the applicable provisions of the Americans with Disabilities Act (42 U.S.C. 12101-12213) and implementing regulations at 28 CFR part 35 (States and local government grantees) and part 36 (public accommodations and requirements for certain types of short-term housing assistance).

(2) Executive Order 11246, as amended by Executive Orders 11375, 11478, 12086, and 12107 (3 CFR, 1964-1965 Comp., p. 339; 3 CFR, 1966-1970 Comp., p. 684; 3 CFR, 1966-1970 Comp., p. 803; 3 CFR 1978 Comp., p. 230; and 3 CFR, 1978 Comp., p. 264) (Equal Employment Opportunity) does not apply to this program.

(b) *Affirmative outreach*. A grantee or project sponsor must adopt procedures to ensure that all persons who qualify for the assistance, regardless of their race, color, religion, sex, age, national origin, familial status, or handicap, know of the availability of the HOPWA program, including facilities and services accessible to persons with a handicap, and maintain evidence of implementation of the procedures.

[57 FR 61740, Dec. 28, 1992, as amended at 59 FR 33894, June 30, 1994.

Redesignated and amended at 61 FR 5209, Feb. 9, 1996; 61 FR 7964, Feb. 29, 1996]

Sec. 574. 605 Applicability of OMB circulars.

The policies, guidelines, and requirements of 24 CFR part 85 (codified pursuant to OMB Circular No. A-102) and OMB Circular No. A-87 apply with respect to the acceptance and use of funds under the program by States and units of general local government, including public agencies, and Circulars Nos. A-110 and A-122 apply with respect to the acceptance and use of funds under the program by private non-profit entities. (Copies of OMB Circulars may be obtained from E.O.P. Publications, room 2200, New Executive Office Building, Washington, DC 20503, telephone (202) 395-7332. (This is not a toll-free number.) There

is a limit of two free copies.

Sec. 574. 625 Conflict of interest.

(a) In addition to the conflict of interest requirements in OMB Circular A-102 and 24 CFR 85.36(b)(3), no person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee or project sponsor and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision making process or gain inside information with regard to such activities, may obtain a financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter.

(b) *Exceptions: Threshold requirements.* Upon the written request of the recipient, HUD may grant an exception to the provisions of paragraph (a) of this section when it determines that the exception will serve to further the purposes of the HOPWA program and the effective and efficient administration of the recipient's program or project. An exception may be considered only after the recipient has provided the following:

(1) A disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made; and

(2) An opinion of the recipient's attorney that the interest for which the exception is sought would not violate State or local law.

(c) *Factors to be considered for exceptions.* In determining whether to grant a requested exception after the recipient has satisfactorily met the requirements of paragraph (b) of this section, HUD will consider the cumulative effect of the following factors, where applicable:

(1) Whether the exception would provide a significant cost benefit or an essential degree of expertise to the program or project that would otherwise not be available;

(2) Whether the person affected is a member of a group or class of eligible persons and the exception will permit such person to receive generally the same interests or benefits as are being made available or provided to the group or class;

(3) Whether the affected person has withdrawn from his or her functions or responsibilities, or the decision making process with respect to the specific assisted activity in question;

(4) Whether the interest or benefit was present before the affected person was in a position as described in paragraph (a) of this section;

(5) Whether undue hardship will result either to the recipient or the person affected when weighed against the public interest served by avoiding the prohibited conflict; and

(6) Any other relevant considerations.

Sec. 574. 630 Displacement, relocation and real property acquisition.

(a) *Minimizing displacement.* Consistent with the other goals and objectives of this part, grantees and project sponsors must assure that they have taken all reasonable steps to minimize the displacement of persons (families, individuals, businesses, nonprofit organizations, and farms) as a result of a project assisted under this part.

(b) *Relocation assistance for displaced persons.* A displaced person (defined in paragraph (f) of this section) must be provided relocation assistance at the levels described in, and in accordance with the requirements of, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA) (42 U.S.C. 4601-4655) and implementing regulations at 49 CFR part 24.

(c) *Real property acquisition requirements.* The acquisition of real property for a project is subject to the URA and the requirements described in 49 CFR part 24, subpart B.

(d) *Appeals.* A person who disagrees with the grantee's or project sponsor's determination concerning whether the person qualifies as a "displaced person," or the amount of relocation assistance for which the person is eligible, may file a written appeal of that determination with the grantee. A low-income person who is dissatisfied with the grantee's determination on his or her appeal may submit a written request for review of that determination to the HUD Field Office.

(e) *Responsibility of grantee.* (1) Each grantee shall certify (i.e., provide assurance of compliance as required by 49 CFR part 24) that it will comply with the URA, the regulations at 49 CFR part 24, and the requirements of this section, and shall ensure such compliance notwithstanding any third party's contractual obligation to the grantee to comply with these provisions.

(2) The cost of required relocation assistance is an eligible project cost in the same manner and to the same extent as other project costs. Such costs also may be paid for with funds available from other sources.

(3) The grantee shall maintain records in sufficient detail to demonstrate compliance with these provisions.

(f) *Definition of displaced person.* (1) For purposes of this section, the term "displaced person" means a person (family, individual, business, nonprofit organization, or farm) that moves from real property, or moves personal property from real property, permanently, as a direct result of acquisition, rehabilitation, or demolition for a project assisted under this part. This includes any permanent, involuntary move for an assisted project including any permanent move for an assisted project, including any permanent move from the real property that is made:

(i) After notice by the grantee, project sponsor, or property owner to move permanently from the property, if the move occurs on or after the date that the grantee submits to HUD an application for assistance that is later approved and funded;

(ii) Before the submission of the application to HUD, if the grantee, project sponsor, or HUD determines that the displacement resulted directly from acquisition, rehabilitation, or demolition for the assisted project; or

(iii) By a tenant-occupant of a dwelling unit, if any one of the following three situations occurs:

(A) The tenant moves after the "initiation of negotiations" and the move occurs before the tenant has been provided written notice offering him or her the opportunity to lease and occupy a suitable, decent, safe and sanitary dwelling in the same building/complex, under reasonable terms and conditions, upon completion of the project. Such reasonable terms and conditions include a monthly rent and estimated average monthly utility costs that do not exceed the greater of:

(1) The tenant's monthly rent before the initiation of negotiations and estimated average utility costs, or

(2) 30 percent of gross household income; or

(B) The tenant is required to relocate temporarily, does not return to the building/complex and either:

(1) The tenant is not offered payment for all reasonable out-of-pocket expenses incurred in connection with the temporary relocation, or

(2) Other conditions of the temporary relocation are not reasonable; or

(C) The tenant is required to move to another unit in the same building/complex but is not offered reimbursement for all reasonable out-of-pocket expenses incurred in connection with the move, or other conditions of the move are not reasonable.

(2) Notwithstanding the provisions of paragraph (f)(1) of this section, a person does not qualify as a "displaced person" (and is not eligible for relocation assistance under the URA or this section), if:

(i) The person has been evicted for serious or repeated violation of the terms and conditions of the lease or occupancy agreement, violation or applicable Federal, State or local law, or other good cause, and HUD determines that the eviction was not undertaken for the purposes of evading the obligation to provide relocation assistance;

(ii) The person moved into the property after the submission of the application and, before signing a lease and commencing occupancy, was provided written notice of the project, its possible impact on the person (e.g., the person may be displaced, temporarily relocated, or suffer a rent increase) and the fact that the person would not qualify as a "displaced person" (or for any assistance provided under this section), if the project is approved;

(iii) The person is ineligible under 49 CFR 24.2(g)(2); or

(iv) HUD determines that the person was not displaced as a direct result of acquisition, rehabilitation, or demolition for the project.

(3) The grantee or project sponsor may request, at any time, HUD's determination of whether a displacement is or would be covered under this section.

(g) *Definition of initiation of negotiations.* For purposes of determining the formula for computing the replacement housing assistance to be provided to a residential tenant displaced as a direct result of privately undertaken rehabilitation, demolition, or acquisition of the real property, the term "initiation of negotiations" means the execution of the agreement between the grantee and the project sponsor.

Sec. 574. 635 Lead-based paint.

The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations at part 35,

subparts A, B, H, J, K, M, and R of this part apply to activities under this program.

[64 FR 50226, Sept. 15, 1999]

Effective Date Note: At 64 FR 50226, Sept. 15, 1999, Sec. 574. 635 was revised, effective Sept. 15, 2000. For the convenience of the user, the superseded text is set forth as follows:

Sec. 574. 635 Lead-based paint.

The grantee and project sponsor must comply with the requirements of the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846) and implementing regulations at 24 CFR part 35, as applicable. In addition, the grantee and project sponsor must also meet the following requirements relating to inspection and abatement of defective lead-based paint surfaces;

- (a) Treatment of defective paint surfaces must be performed before final inspection and approval of the renovation, rehabilitation or conversion activity under this part; and
- (b) Appropriate action must be taken to protect facility occupants from the hazards associated with leadbased paint abatement procedures.

(Approved by the Office of Management and Budget under control number 2506-0133)

Sec. 574. 640 Flood insurance protection.

No property to be assisted under this part may be located in an area that has been identified by the Federal Emergency Management Agency (FEMA) as having special flood hazards, unless:

- (a)(1) The community in which the area is situated is participating in the National Flood Insurance Program and the regulations thereunder (44 CFR parts 59 through 79); or
- (2) Less than a year has passed since FEMA notification regarding such hazards; and
- (b) The grantee will ensure that flood insurance on the structure is obtained in compliance with section 102(a) of the Flood Disaster Protection Act of 1973 (42 U.S.C. 4001 et seq.).

Sec. 574. 645 Coastal barriers.

In accordance with the Coastal Barrier Resources Act, 16 U.S.C. 3501, no financial assistance under this part may be made available within the Coastal Barrier Resources System.

Sec. 574. 650 Audit.

The financial management system used by a State or unit of general local government that is a grantee must provide for audits in accordance with 24 CFR part 44. A nonprofit organization that is a grantee or a project sponsor is subject to the audit requirements set forth in 24 CFR part 45.

Sec. 574. 655 Wage rates.

The provisions of the Davis-Bacon Act (40 U.S.C. 276a-276a-5) do not apply to this program, except where funds received under this part are combined with funds from other Federal programs that are subject to the Act.

[59 FR 17201, Apr. 11, 1

Appendix 2

The Ryan White Care Act: Reauthorization

Dateline: 01/24/00

In August 1990, Congress signed the Ryan White CARE Act and in doing so created a system of services that has greatly improved the quality and availability of health care services for people living with and affected by HIV and AIDS. Named for Ryan White, the HIV positive teenager from Indiana who made headlines with his brave fight against ignorance and prejudice, the CARE Act funds a variety of health and social programs across the country. Now the time has come for Congress to reauthorize the Act so thousands of people living with HIV and AIDS can continue to receive the quality care that was lacking before the Act was signed ten years ago. To understand the importance of the Ryan White Care Act, one must look at the essential services it provides.

Title I

Title I provides grants in metropolitan areas where the epidemic has hit hardest. Metropolitan areas such as Detroit, Philadelphia and New York all receive these monies to provide care for the disproportional numbers of HIV infected persons in their cities. Services made available by Title I include outpatient health care, case management, home health and hospice care, housing, nutrition services and transportation.

Title II

Title II provides funding to states and is used for such services as testing, education, and prevention, home and community based health care, medications through the AIDS Drug Assistance Program (ADAP), local consortia that assess the needs of the HIV population and assist in implementation of services to meet those needs, and direct health support services.

Title III

Title III provides for early intervention out-patient care for all persons living with HIV. Monies distributed to individual medical facilities and agencies provide primary medical care, health education, and psychosocial services designed to facilitate easy access to services, which in turn helps people live healthier, more productive lives.

Title IV

Programs funded by Title IV, provide family centered care for children, women and families. The majority of people serviced by Title IV are poor, minorities, and have limited access to housing and transportation.

Special Projects of National Significance

These funds are targeted at innovative projects that address the needs of special and hard to reach populations. Rural populations, adolescents, and the homeless are just a few of the people

benefiting from these funds.

AIDS Education and Training Center Program

This national network conducts multidisciplinary education for health care providers across the United States.

HIV/AIDS Dental Reimbursement

These funds are provided to assist dental schools in providing dental care to HIV infected persons who are uninsured or are unable to afford dental care.

AIDS Drug Assistance Program (ADAP)

This program provides essential medications to those infected persons who are uninsured or are unable to afford the enormous cost of HIV related medicines. In 1997, the ADAP budget alone was approximately \$167 million, and continues to increase as more people are living longer with HIV.

Appendix 3

Community Development Block Grant (CDBG)

___□□□The Community Development Block Grant (CDBG) program works largely without fanfare or recognition to ensure decent affordable housing for all, and to provide services to the most vulnerable in our communities, to create jobs and expand business opportunities. CDBG is an important tool in helping local governments tackle the most serious challenges facing their communities. The CDBG program has made a difference in the lives of millions of people living in communities all across this Nation. The CDBG program is broken down into several smaller parts, Entitlement Communities, Non-Entitlement Communities, (which includes both the State Administered CDBG Program and the HUD Small Cities Program) and Insular Areas.

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The annual appropriation for CDBG is split between states and local jurisdictions called "entitlement communities". Entitlement communities are central cities of Metropolitan Statistical Areas (MSAs); other metropolitan cities with populations of at least 50,000; and qualified urban counties with populations of at least 200,000 (excluding the population of entitled cities). States distribute the funds to localities who do not qualify as entitlement communities.

HUD determines the amount of each grant by a formula which uses several objective measures of community needs, including the extent of poverty, population, housing overcrowding, age of housing and population growth lag in relationship to other metropolitan areas.

Citizen Participation

A grantee must develop and follow a detailed plan which provides for, and encourages, citizen participation and which emphasizes participation by persons of low- or moderate-income, particularly residents of predominantly low- and moderate-income neighborhoods, slum or blighted areas, and areas in which the grantee proposes to use CDBG funds. The plan must provide citizens with reasonable and timely access to local meetings, an opportunity to review proposed activities and to review program performance; provide for timely written answers to written complaints and grievances; and identify how the needs of non-English speaking residents will be met in the case of public hearings where a significant number of non-English speaking residents can be reasonably expected to participate.

Eligible Activities

Over a 1, 2, or 3 year period selected by the grantee not less than 70% of the CDBG funds must be used for activities that benefit low- and moderate-income persons. All activities must meet one of the following national objectives for the program: benefit low- and moderate-income persons, prevention or elimination of slums or blight, community development needs having a particular urgency because existing conditions pose a serious and immediate threat to the health or welfare of the community.

Appendix 4

HOME Investment Partnerships Program

The HOME Program was signed into law as Title II of the Cranston Gonzalez National Affordable Housing Act (statute - PDF) in 1990. First funded in 1992, almost 400,000 affordable housing units have been acquired, constructed or rehabilitated, and nearly 72,000 tenants have received direct rental assistance. The HOME Program helps to expand the supply of decent, affordable housing for low and very low-income families by providing grants to States and local governments referred to as participating jurisdictions or "PJs." PJs use their HOME grants to fund housing programs that meet local needs and priorities. PJs have great flexibility in designing their local HOME programs within the guidelines established by the Final rule - PDF. PJs may use HOME funds to help renters, new homebuyers or existing homeowners. The HOME Program establishes HOME Limits for rents, income, purchase price, and per unit subsidy limits. HUD created this web site in order to provide program guidance on ways that HOME funds can be used, as well as the requirements pertaining to the use of HOME funds.

For over ten years HOME has reinforced several important principles of community development:

HOME's flexibility empowers communities to design and implement strategies tailored to their own needs and priorities;

HOME's emphasis on locally identified needs and strategies expands and strengthens partnerships among all levels of government and the private sector in the development of affordable housing;

HOME's technical assistance resources and set-aside for qualified community-based nonprofit housing groups build the capacity of these partners; and

HOME's requirement that PJs match 25 cents of every dollar in program funds expended mobilizes community resources in support of affordable housing.

Appendix 5

McKinney-Shelter Plus Care

□ □ □ Summary:

Shelter Plus Care provides rental assistance that, when combined with social services, provides supportive housing for homeless people with disabilities and their families.

Summary:

Shelter Plus Care provides rental assistance that, when combined with social services, provides supportive housing for homeless people with disabilities and their families.

Purpose:

Homeless people with disabilities often need more than shelter to live independently: they often need medical care or other social services. Shelter Plus Care provides them with rental assistance in connection with support services from other providers. The program allows for a variety of housing choices such as group homes or individual units, coupled with a range of supportive services (funded by other sources). Grantees must match the rental assistance with supportive services that are at least equal in value to the amount of HUD's rental assistance.

Type of Assistance:

HUD awards S+C funds as annual competitive grants. It announces the competition each year in the Continuum of Care NOFA, which also solicits applications for the Supportive Housing Program and Section 8 Moderate Rehabilitation for SROs.

Eligible Grantees:

States, local governments, and public housing agencies may apply for Shelter Plus Care.

Eligible Customers:

Homeless persons with disabilities (primarily people with serious mental illness, AIDS and related diseases, or chronic problems with alcohol or drugs) and their families are eligible for S+C. Families are not eligible for the Single Room Occupancy component of the program.

Eligible Activities:

Shelter Plus Care provides funds for four types of rental assistance: (1) Tenant-Based Rental Assistance (contracted directly with the low-income tenant); (2) Project-Based Rental Assistance (contracted with a building owner); (3) Sponsor-Based Rental Assistance (contracted with a nonprofit organization); and (4) SRO-based Rental Assistance (Single-room occupancy contracted with a public housing authority). The program provides tenant and sponsor-based rental assistance for up to 5 years, or SRO rental assistance for up to 10 years. It also funds up to 10 years of project-based rental assistance if the units will be rehabilitated, or up to 5 years if the units will not be rehabilitated. Providers may apply for one or more of these types of assistance grants; they may also apply to renew existing S+C rental assistance. Allowable administrative costs include processing rental payments to landlords, examining participant income, inspecting units for compliance with housing quality standards, and receiving participants into the program. S+C funds cannot be used for the costs of administering supportive services or the grant itself.

Application:

After HUD publishes an annual Notice of Funding Availability (NOFA) for Continuum of Care Homeless Assistance in the Federal Register, applicants must submit specific information about a proposed project, along with their Continuum of Care application. They must also certify that the project is consistent with the Consolidated Plan of the jurisdiction where each proposed project is found.

The application packet for Continuum of Care programs is available online or by calling Community Connections (1-800-998-9999) for the Homeless Assistance Program Application Package Upgrade for Fiscal Year 1997 (SN0097) and the Homeless Application Instructional Video for FY 1997 (SN0085, \$12).

Funding Status:

Congress allocates funds to a Homeless Assistance Grants category that includes: Shelter Plus Care; the Emergency Shelter Grant; the Supportive Housing Program; and Section 8 Moderate Rehabilitation Single Room Occupancy Program for Homeless Individuals. The amount awarded under each program varies each year: in FY 1996, \$89 million of the \$823 million allocated to Homeless Assistance Grants were awarded for Shelter Plus Care projects. While the overall appropriation for Homeless Assistance Grants has remained stable at \$823 million in FY 1997 and FY 1998, total awards made under Shelter Plus Care are not yet known.

Technical Guidance:

Shelter Plus Care is authorized under Subtitle F of title IV of the McKinney Act (42 U.S.C. 11403 et seq.). Program

regulations are at 24 CFR 582. These regulations, program notices, and other relevant technical information on Shelter Plus Care are available electronically through HUDCLIPS. The Office of Special Needs Assistance Programs at the HUD Office of Community Planning and Development (CPD) administers the program. Contact: Allison Manning, 451 7th Street, SW, Washington, DC 20410, (202) 708-0614 ext. 4497. Hearing impaired users may call the Federal Information Relay Service at 1-800-877-8339.

For More Information:

More information can be obtained from the HUD's Office of Policy Development and Research published a National Evaluation of the Shelter Plus Care Program, available by calling HUD USER (1-800-245-2691) or visiting its website at <http://www.huduser.org>. In addition, CPD publishes Understanding the Shelter Plus Care Program (1997, SN0090), available free from Community Connections (1-800-998-9999).

Other related publications available from Community Connections include:

Building Continuum of Care System (1996, SN0053);

Continuum of Care (1994, SN0004);

Continuum of Care: A Report on the New Federal Policy to Address Homelessness (Columbia University, 1996, SN0099);

Annual Progress Report (APR) for Competitive Homeless Program (1996, SN0076)

For general information on HUD policies, programs, and initiatives for the homeless, see News for the Homeless at the HUD website. Or call HUD's new toll-free National Homeless Assistance Hotline (1-800-HUD-1010), which provides callers from across the country with the names and phone numbers of local homeless assistance providers, as well as tips on what individuals can do help the homeless.

HUD VET, HUD's Veteran Resource Center, offers information and referrals on homelessness and affordable housing for veterans and their families.

Appendix 6

Section 8

\d 4Unlike public housing which allows low income families and individuals to rent directly from a local housing agency (HA) which sets rent at an affordable level, Section 8 (often referred to as the "Housing Choice Voucher Program") was created to allow very low income (defined as 50% or less of the local median income) families and individuals to rent on the private market using vouchers which cover a portion of the monthly rent. Current FY 2001 income limits (effective April 6, 2001) are available online in PDF, MS Word or MS Excel format from HUD. Once you have downloaded the file, find your state and county or metropolitan area; here you will find the eligible income levels based on the number of people in the household.

The application process for housing vouchers is similar to the process for public housing. Start by contacting your local HA. They will require the following information on your application:

- name, sex, date of birth and relationship to the head of household of all persons who will be living in the housing;
- address and phone number;
- any family characteristics (disability, veteran status, substandard current housing, etc.) which might further qualify you for a voucher;
- an estimate of your income for the next 12 months and the sources of that income; and
- contact information for employers, banks and other sources of information to verify your financial situation;

Once your family has been determined to be eligible for a housing voucher, you will likely be placed on a waiting list. Remember, it is possible to be on the waiting list of multiple agencies at the same time, so if you are able to live in different areas, apply everywhere you can to increase your chances of getting a voucher soon. Very often, too, HAs will have such long waiting lists that they will close them (not accept any more families) until they have worked through some.

Local HAs have the authority to give preference to families in certain situations (e.g. currently living in substandard housing, paying more than 50% of income for rent or displaced) so make sure to let your counselor know of any special circumstances you may have.

Once you have received your housing voucher, you are responsible for finding your own housing on the private market, though the HA can help by providing a list of rental housing in your area which has already passed inspection. You are not limited to previously authorized housing, however. You can find private housing that has not yet been inspected and passed, and if the landlord is willing to accept the voucher, the HA will inspect the unit to see if it meets health and safety standards.

Usually, you will be responsible for paying 30% of your monthly income in rent and utilities; the local HA will pay the difference (up to an allowable level) directly to the landlord each month. If the difference between the total rent and 30% of your income exceeds the local standard payment, you may be required to pay the difference as well.

While you are living in rental housing and receiving housing assistance, your relationship with the landlord will be the same as that of any tenant in private rental housing. The landlord is responsible for repairs and maintenance, and you are responsible for maintaining your apartment, paying rent on time and complying with all rules and regulations of your lease. In addition, the local HA will inspect the unit annually to verify that it still meets health and safety standards and will reevaluate your family's income situation to determine continuing eligibility.

Because they are renting private housing, tenants receiving housing vouchers may move to other qualified housing at the end of their lease if their needs change. As long as you are moving within the same HA's service area, you do not need to reapply for your voucher, though the unit you choose may have to go through inspection prior to your lease signing. If you are moving to the service area of another HA, you will have to contact your current HA for information on transfer.

Appendix 7

Boston-Federal Fuel Assistance funds

Gas prices that doubled and soaring home heating oil prices that reached almost \$2 per gallon last winter created a crisis for fuel assistance clients, who, as in the previous winter, saw their entire season's allocation exhausted by one oil delivery. The ABCD (Action for Boston Community Development) leadership and federal and state officials responded quickly in a series of moves that enabled the fuel assistance program to continue to meet needs in low-income neighborhoods despite the dramatically high costs of natural gas and heating oil. In 2000-2001, the ABCD Fuel Assistance Program served 14,000 low-income families in Boston, Brookline and Newton, including a high proportion of elderly and disabled persons.

With strong advocacy from the Massachusetts Congressional delegation, President Clinton immediately released federal oil emergency funds, raising the overall Massachusetts allocation from to \$98 million (up from \$44 million in 1999). Guidelines for the additional funds enabled ABCD program managers to target assistance where it was needed most. In some cases, clients received up to \$1,100 in benefits; in earlier years, benefits had been capped at \$420. In case additional help was needed, the state again passed a resolution for \$12 million in emergency funds.

In February, NSTAR electric (formerly Boston Edison) donated \$80,000 to ABCD to help fuel assistance clients and gas company KeySpan contributed \$180,000, giving a much-needed boost to ABCD's efforts to help low-income residents of Boston, Brookline and Newton stay warm during bitter winter weather.

As the 2001-2002 Fuel Assistance Program begins, ABCD officials anticipate another rough year for low-income residents. High energy costs are extremely hard on poor and elderly people with fixed incomes, who spend a very high proportion of their meager incomes on fuel. Program managers are putting the pieces in place to facilitate release of emergency funds in a timely manner.

ABCD officials continue to stress the need for state aid for fuel assistance to offset federal cuts in the program.

Appendix 8

LOS ANGELES, CALIFORNIA - September 30, 2002. Today, the Los Angeles County Community Development Commission (CDC) - which functions as the County's Housing Authority -- released a request for proposals (RFP) for a sixth round "City of Industry Funds" program allocation of over \$10 million, which will help fund affordable multi-family rental, senior rental, affordable for-sale, and special needs housing developments. The Industry Funds program is the County's largest funding source for new affordable housing. Housing developers are encouraged to submit proposals and apply for these funds.

This RFP is part of the County's ongoing efforts to increase the supply of affordable housing. The City of Industry Funds program originates from "tax increment revenue" generated from that city's redevelopment areas and which can be used within a 15-mile radius of the City of Industry. Revitalization leads to an increase in property tax revenue because land within the redevelopment areas incrementally increase in assessed value from a base-year assessed value. The incremental increase in assessed value produces an incremental increase in property tax revenue (tax increment revenue), a portion of which is allocated for the City of Industry Funds.

An agreement to distribute the revenue outside the City of Industry was reached because the overwhelmingly industrial city is home to few residents, which made increasing the affordable housing stock within its boundaries less beneficial than expanding the target area for affordable housing projects out to 15 miles.

The County Board of Supervisors adopted the Industry Funds distribution plan four years ago in 1998, with the County CDC administering the program. The Industry Funds program is scheduled to extend out through the year 2017. Five funding rounds have allocated \$85 million in Industry Funds, which will result in a cumulative 103 projects, \$480 million in external funds, and \$565 million in total investment, which will add 4,200 units to the County's affordable housing stock.

For its effective management of the Industry Funds Program, the County CDC has received several notable awards, including recognition from the National Association of Housing and Redevelopment Officials (NAHRO), the California State Association of Counties (CSAC), and the Los Angeles County Quality and Productivity Commission.

Carlos Jackson, Executive Director of the County CDC, said, "We are committed to a fair and open

process. We seek a diversity of proposals and applicants. We encourage all parties to apply for the sixth round funds. The County has a dire need for more affordable housing, and we are looking for qualified developers to join our team in building better lives and better neighborhoods."

Appendix 9

Survey sent out to nonprofits

Dear:

2003

I'm writing to ask for your participation in a research project that I am conducting for the Urban and Environmental Policy Institute (UEPI) at Occidental College. The study will evaluate and compare the HOPWA Programs in various cities and states around the country. This survey is being sent to organizations that have played leadership roles in AIDS Housing and Services in their communities. It would be very helpful if you could fill out the survey below and return it via email to wrightf@oxy.edu. The results will be used to identify how each city is doing from a non-government or city agency perspective. The Report will be completed in May 2003 and will be available through UEPI. Please note that your organization does not have to take part in the survey, can remain anonymous, or can keep certain information of the record. Please let me know if you will be participating.

If you have any questions regarding the project or the survey please do not hesitate to contact me by email or by phone at 323-344-9556. Thanks for your time. I'm looking forward to hearing about how your organization perceives your cities HOPWA Program.

Sincerely,

Flaherty Wright

Survey Questions

- 1) Name and occupation/job title:
- 2) How long have you worked for your NGO?
- 3) Do you feel that the city creates enough housing units for people with AIDS?
- 4) Do you feel that the city properly balances its uses of HOPWA funds? Does the city provide enough for production? Enough for services?
- 5) Do you think the city uses all of the HOPWA funds correctly? When the funds come in are they quickly spent, budgeted out, or do they sit and wait to be claimed for projects or vouchers?
- 6) Does your city have housing developments specifically for people with AIDS, and if so, how many?
- 7) When the city does produce housing projects are the units beneficial to those living in them? Meaning, are they near transportation lines, employment opportunities, in safe areas? Do the projects incorporate any kind of hospice care?

- 8) How does the city deal with the issues of people with AIDS that have a multi-diagnosis? Like drug addiction or mental illness.
- 9) When a person with AIDS decides they need housing assistance, is it easy for them to obtain it? Or is the system too complicating and is the paperwork not readily available?
- 10) Do you foresee the city having problems meeting the housing needs for people with AIDS in the future?
- 11) Do you feel the need for AIDS Housing will increase in the future? If so, what will be the best way to address that increase?
- 12) What are your overall perceptions of the HOPWA program in your city?

Regarding the mural on the cover of this report:

Students from New Haven's Jackie Robinson and Roberto Clemente Schools along with Hartford's Carmen Arace and Quirk Middle Schools collaborated on this powerful mural — painted under the direction of artist Robert Ruff. Health educators from the Hill Health Center, Connecticut's oldest community health facility, worked with the school's art teachers to choose the children who would participate in this AIDS awareness mural.