Initial Setup Screen (C 0 4 M A 0 1)
CPS Project Number:____ Program Year: ____ Grantee Activity Number: _____
Activity Name: _____ HUD Activity Number: _____
Location: _____ Description: _____
_____ _____
_____ _____

Matrix Code Screen (C 0 4 M A 0 3)
Matrix Code(Check One): __ Grantee Activity-31A __ Grantee Administration-31B
__ Sponsor Activity-31C __ Sponsor Administration-31D

Is the Primary Purpose of the activity to ...
Help Prevent Homelessness? (Yes/No) Help the Homeless? (Yes/No)
Help Those with HIV/AIDS? (Yes/No) Help Persons with Disabilities? (Yes/No)

Environmental Assessment Code:
Admin., T.A., Information Services, Resource ID = A Exempt
Supportive Services, TBRA, Operating Costs = B Category Excluded
Acquisition, Lease, Rehab, New Construction = C Completed or D Underway

Generate Program Income: _Always No___ Will Another Entity..(Y/N): _Always No__

Accomplishments Screen (C 0 4 M A 0 4)
Type (Proposed and Actual): ___ 01 People ____ 10 Housing Units
(Check One) ___ 11 Facilities ____ blank for Administration

Proposed Units: _____ Accomplishments Narrative: _____
Actual Units: _____ _____

Money Screen (C 0 4 M A 0 8) Total Estimated Amount: _____

HOPWA Path: Activity Type (C 0 4 M P 0 1)
___ Facility Based Housing ___ Facility Based Housing plus Supportive Services

___ Scattered Site Housing ___ Scattered Site Housing Plus Supportive Services

HOPWA Path : Facility Based (C 0 4 M P 0 2)
Facility Type (circle one): Barracks Group/Large House Scattered Site Apts.
Single Family Detached House SRO Mobile Home/Trailer Hotel/Motel Other

Number of Units

SRO	0 Bdrm	1 Bdrm	2 Bdrm	3 Bdrm	4 Bdrm	5+ Bdrm
_____	_____	_____	_____	_____	_____	_____

Dates
Closing/Lease Execution ___/___/___ Operations Staff Hired ___/___/___
Tenant Occupation ___/___/___ Construction/Rehab Start ___/___/___
Construction/Rehab Completion ___/___/___

HOPWA Path: Facility Based Expenditures (C 0 4 M P 0 3)
Acquisition: _____ Rehab/Conversion/Repair: _____
Lease: _____ New Construction: _____
Operating Costs: _____ Technical Assistance: _____
Rental Assistance: _____
Other(Specify: _____): _____

HOPWA Path : Scattered Site (C 0 4 M P 0 4)
Date Payments Began ____ / ____ / _____
Expenditure on Tenant Based Rent: _____
Expenditures on Rent, Mortgage, Utilities: _____

	SRO	0 Bdrm	1 Bdrm	2Bdrm	3 Bdrm	4 Bdrm	5+ Bdrm
Tenant Based Rent	_____	_____	_____	_____	_____	_____	_____
Rent, Mortgage, Util.	_____	_____	_____	_____	_____	_____	_____

HOPWA Path: Housing Assistance (C 0 4 M P 0 5)
Persons with HIV/AIDS receiving ...
Housing assistance: _____ Supportive Services Only: _____
Other persons in family unit receiving ...
Housing assistance: _____ Supportive Services Only: _____
Total Family Units Receiving Housing Assistance: _____
Estimated number of persons receiving housing information: _____

HOPWA Path: Demographics (C 0 4 M P 0 6)

AGE	< 18	18-30	31-50	over 50
Male	_____	_____	_____	_____
Female	_____	_____	_____	_____

Monthly Income of Individuals or Families

Under $250:	$251-$500:	$501-$1000:	$1001-$2000:	Over $2000:
_____	_____	_____	_____	_____

HOPWA Path: Departure Counts (C 0 4 M P 0 7)

Length of Stay(Months)	< 3	3 - 6	7 - 12	> 12
Voluntary:	_____	_____	_____	_____
Nonpayment of rent:	_____	_____	_____	_____
S Svcs. noncompliance:	_____	_____	_____	_____
Unknown:	_____	_____	_____	_____
Criminal:	_____	_____	_____	_____
Death:	_____	_____	_____	_____
Other: (specify:_____)	_____	_____	_____	_____

HOPWA Path: Recent Living Info (C 0 4 M P 0 8)
Residents who were living...
Homeless/Streets _____ Transitional Housing _____
Emergency Shelter _____ Psychiatric Facility _____
Jail / Prison _____ Substance Abuse Treatment _____
Hospital / Medical _____ Living w/relatives/friends _____
Domestic Violence _____ Participant owned housing _____
Rental housing _____
Other (specify: _____) _____

HOPWA Path: Supportive Services (C 0 4 M P 0 9)
Supportive Services began on: ____ / ____ / _____
Provide the dollar amount spent on each service:
Outreach: _____ Nutritional Services/Meals: _____
Education: _____ Employment Assistance: _____
Child Care/Services: _____ Permanent Housing Placement: _____
Alcohol/Drug Abuse: _____ Mental Health Services: _____
Health/Medical/Intensive Care Services _____
Case Management/Client Advocacy/Access to Benefits & Services: _____
Life Management (Outside of Case Management): _____
Adult Day Care/Personal Assistance: _____
Other: (please specify: _____) _____

HOPWA Path: Funds (C 0 4 M P 1 0)
Unexpended / Previous Year: _____ Program Income: _____

HOPWA Path: Expenditures (C 0 4 M P 1 1)
Housing Info Services: _____ Total Administrative Costs: _____
Technical Assistance: _____ Grantee Administrative Costs: _____
Housing Assistance: _____ Sponsor Administrative Costs: _____
Supportive Services: _____

HOPWA Path: Race / Ethnicity (C 0 4 M P 1 2)

White, Non-Hispanic	Black, Non-Hispanic	Hispanic	Asian/ Pacific Islander	American Indian/ Alaskan Native
_____	_____	_____	_____	_____