

**COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
2018 Summary Statement and Initiatives
(Dollars in Thousands)**

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS	Enacted/ Request	Carryover	Supplemental/ Rescission	Total Resources	Obligations	Outlays
2016 Appropriation	\$335,000	\$106,080 ^a	...	\$441,080	\$341,758	\$347,620
2017 Annualized CR	335,000	99,295	-\$637 ^b	433,658	345,331	350,908
2018 Request	<u>330,000</u>	<u>88,326</u>	<u>...</u>	<u>418,326</u>	<u>326,549</u>	<u>330,777</u>
Change from 2017	-5,000	-10,969	+637	-15,332	-18,782	-20,131

a/ Fiscal year 2016 carryover includes a Department of Justice Interagency Agreement transfer in the amount of \$1.490 million, as well as \$17.3 thousand of recaptured grant funds.

b/ The 2017 Continuing Resolution, Public Law 114-254, required a reduction from the fiscal year 2016 enacted budget authority of 0.1901 percent.

1. Program Purpose and Fiscal Year 2018 Budget Overview

The Department requests \$330 million for the Housing Opportunities for Persons With AIDS (HOPWA) program to enable communities to continue their efforts to prevent homelessness and sustain housing stability for approximately 51,700 economically vulnerable households living with Human Immunodeficiency Virus (HIV)/AIDS infection. The requested level is \$4.4 million less than the fiscal year 2017 annualized Continuing Resolution. Since 1992, HUD's HOPWA program has provided resources to support the development and operation of high quality, supportive housing programs for low-income People Living with HIV/AIDS (PLWHA) and their families. The assistance provided by the HOPWA program helps PLWHA become stably housed and maintain housing during times of medical crises. In addition, HOPWA-assisted households gain access to and remain in medical care, and better adhere to complex treatment regimens which leads to improved health outcomes and decreased HIV viral loads.

Key HOPWA Program Outcomes:

- 24,164 Permanent Supportive Housing households: Continual support and sustaining of these households with tenant-based rental assistance and facility-based housing for those who face significant health and life challenges that impede their ability to live independently.

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- 26,005 Transitional/Short-Term Housing households: Continual support and sustaining of these households with homeless prevention efforts through the provision of short-term rent, mortgage, and utility (STRMU) assistance and transitional/short-term housing facilities in coordination with local homeless Continuum of Care efforts to prevent and end homelessness.
- Supportive Services and Case Management: Continual provision of critical supportive services (e.g., housing case management, mental health, substance abuse, employment training) that sustain housing stability, promote better health outcomes, and increase quality of life, which promotes self-sufficiency efforts for those able to transition to the private housing market.
- Greater housing stability: Ninety-five percent of households receiving long-term assistance in fiscal year 2016 achieved housing stability, and 68 percent of client households receiving transitional housing support maintained their housing stability or had reduced risks of homelessness.

2. Request

Program Description and Key Functions

The AIDS Housing Opportunity Act, 42 U.S.C.12901-12912, authorizes HOPWA ([HIV/AIDS Housing HUD web link](#)) to provide housing assistance and supportive services to low-income persons living with HIV/AIDS. HIV is a chronic and communicable disease that can be manageable, but for those living in poverty and without access to suitable housing the management of this complex disease is difficult. The assistance provided by HOPWA helps ensure that the most vulnerable PLWHA gain and maintain housing along with access to medical and other supports required to manage HIV. HOPWA resources provide communities with rental assistance; operating costs for housing facilities; short-term rent, mortgage, and utility payments; permanent housing placement and housing information services; and supportive services and case management.

HOPWA funding is awarded annually through formula allocations and competitive awards to plan, develop, and fund supportive housing options that address community needs and priorities. Recipients of HOPWA funds include units of local government, states, and local non-profit organizations. The delivery of supportive housing requires a partnership between HOPWA grantees and project sponsors who consist of local networks of non-profit, faith-based, and housing and homeless organizations that link beneficiaries to medical services and other related services.

Formula funds. Ninety percent of funding is allocated to qualifying States and metropolitan areas under a statutory formula based on living HIV and living AIDS cases and poverty and local housing cost factors. Public Law 114-201, enacted in 2016, modernized the HOPWA formula to better reflect current trends in the HIV epidemic by basing the formula on persons living with HIV/AIDS instead of “cumulative AIDS cases,” and incorporated local housing costs and poverty rates into the formula. The law provides that HOPWA modernization begins in fiscal year 2017 and is phased in over five years with annual “stop-loss” caps of no more than a 5 percent loss or 10 percent gain each year to avoid highly volatile shifts in either direction for any one jurisdiction. HUD has requested a technical correction to define the “stop-loss” caps as based on prior year share of HOPWA formula funding, and not prior year actual jurisdictional award. Fiscal year 2018 is the second year of the stop-loss provision. All prior awarded grantees remain eligible for formula allocations, and new allocations may be awarded to States and metropolitan areas that become eligible based on a population of at least 500,000 and with at least 2,000 cases of persons living with HIV/AIDS. The formula provides that 75 percent

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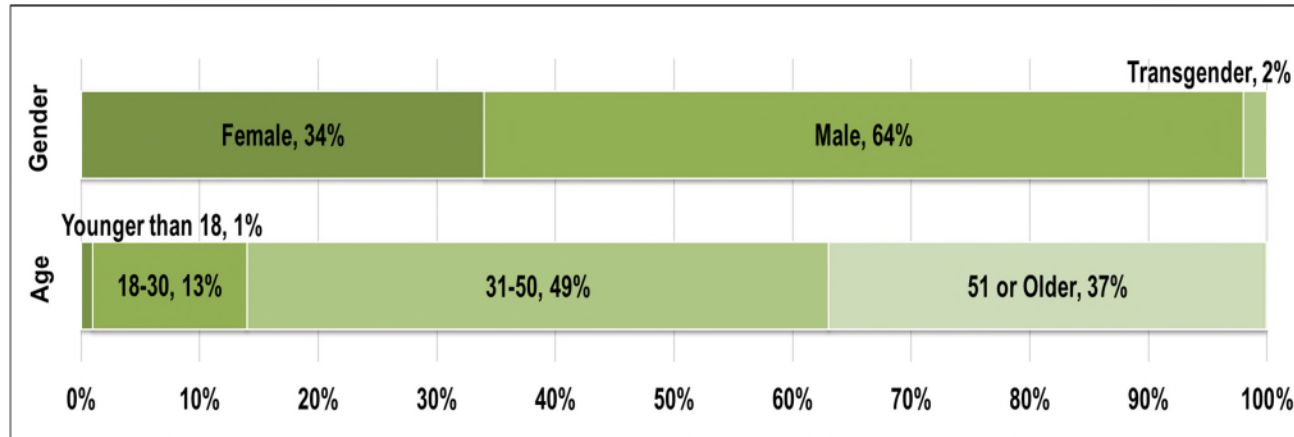
of funds given to an area is based on the area's share of the total number of people living with HIV and AIDS in the USA. The remaining 25 percent is awarded based on factors of poverty and local housing costs. The new formula is reflective of the nation's current HIV epidemic; the epidemic has shifted to rural, Southern states with fewer new infections occurring in the large urban centers most affected by HIV/AIDS in the 1990's. Most rural and southern states and communities are experiencing gains because of the modernized HOPWA formula as the funding becomes more equitably based on living HIV cases.

Competitive funds. Ten percent of funds is awarded as competitive grants to support innovative model projects that address special issues or populations through the award of Special Projects of National Significance. The current portfolio consists of 82 competitive renewal grants, which operate on a three-year grant cycle. HOPWA's appropriations account language requires HUD to prioritize funding of expiring permanent supportive housing grants. An estimated 25 permanent supportive housing grants expiring in fiscal year 2018 will be eligible and prioritized for renewed funding.

Who We Serve

The HOPWA program is targeted to serve a subpopulation of individuals and families living with a chronic health condition who live in poverty and confront challenging life circumstances that inhibit and restrict their ability to obtain affordable housing. HOPWA – assisted households are primarily extremely-low to very-low income. Of the approximately 51,700 households assisted by HOPWA, 76 percent are extremely low-income, meaning household income is less than 30 percent of area medium income (AMI); 15 percent are in the very low-income range, meaning the household income is 30-50 percent of AMI; and 9 percent are low-income, with household income at 50-80 percent of AMI. The following charts indicate demographic information for the qualifying member of the HOPWA-assisted households.

Age and Gender of HOPWA-Assisted Individuals



Race and Ethnicity of HOPWA –Assisted Individuals

American Indian/Alaskan Native	0.82
Asian	0.71
Black/African American	53.73
Native Hawaiian / Other Pacific Islander	0.43
White	36.36
American Indian / Alaskan Native & White	0.18
Asian & White	0.10
Black/African American & White	0.73
American Indian / Alaskan Native & Black / African American	0.08
Other Multi - Racial	6.84
Percentage of HOPWA-Assisted Individuals Identified as Hispanic / Latino: 16%	

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Key Partnerships and Stakeholders

The Office of HIV/AIDS Housing is engaged in multi-year collaboration projects with the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau with an investment of resources from HRSA's Minority AIDS Initiative Fund (SMAIF). These projects include improving housing coordination and health outcomes for persons living with HIV/AIDS via integrated data systems between Ryan White HIV/AIDS program recipients and HOPWA providers; and improving employment outcomes by supporting the design, implementation, and evaluation of innovative interventions in the *Getting to Work* employment training curriculum. In addition, HUD continues to provide funding, via its demonstration project with the Department of Justice, for transitional and other temporary rental housing assistance and supportive services for low-income persons living with HIV who are victims of sexual assault, domestic violence, or stalking.

3. Justification

Persons living with HIV/AIDS are highly vulnerable to homelessness; studies have shown that approximately half of all persons diagnosed with HIV will face homelessness or experience an unstable housing situation at some point over the course of their illness.¹ Moreover, housing status is among the strongest predictors of maintaining continuous HIV primary care, receiving care that meets clinical practice standards, and returning to HIV care after periods of disengagement. Those living with HIV/AIDS who are homeless or unstably housed are more prone to frequent and prolonged use of high-cost hospital-based emergency or inpatient services, as compared to persons living with HIV/AIDS who are stably housed.²

The HOPWA statute provides a unique authority to target housing interventions to a special needs population and to serve as a bridge in coordinating access to other mainstream care and support, such as HIV services provided under Ryan White CARE Act. Research conducted by the AIDS Foundation of Chicago has shown that formerly homeless persons living with AIDS had significantly improved medication adherence, health outcomes, and viral loads when provided with HOPWA housing assistance, compared to persons who remained homeless or unstably housed.³ In addition, HOPWA program evaluation results show high levels of participant connection to care, with 91 percent of households served during the 2015-2016 program year engaged in ongoing primary health care, compared to 89 percent during the fiscal year 2014-2015 program year.

Housing interventions not only improve stability and connection to care, but also provide the essential foundation for participating in antiretroviral (ARV) treatment and achieving an undetectable viral load which prevents the spread of HIV. Multiple studies have found lack of stable housing to be one of the most significant factors limiting the use of ARVs, regardless of insurance.⁴ In addition, people with HIV who have access to stable housing are more likely to receive and adhere to antiretroviral medications, which lower viral load and reduce the risk of HIV transmission.⁵ With 97 percent of persons in HOPWA supportive housing programs reporting a stable housing outcome, the HOPWA program helps participants achieve the housing stability needed to effectively manage the illness and participate in ARV treatment.

Homelessness is also known to increase the probability that a person will engage in sexual and drug-related risk behaviors that put themselves and others at heightened risk for HIV. Stable housing reduces an individual's risk of contracting HIV and of transmitting

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the virus to others. One study showed, for example, that among persons living with HIV, an improved housing situation led to reduced drug-related and sexual risk behaviors by as much as 50 percent, while those whose housing status worsened increased their risk behaviors.⁶

The HUD-CDC joint *Housing and Health* study was a multi-site randomized trial undertaken to examine the health, housing, and economic impacts of providing HOPWA assistance to homeless and unstably housed persons living with HIV/AIDS. As published in peer-reviewed journals in recent years, findings from the study demonstrated that HOPWA housing assistance serves as an efficient and effective platform for improving the health outcomes of persons living with HIV/AIDS and their families.⁷ The Housing and Health study of HOPWA and other supportive housing programs for PLWHA found that housing was associated with 41 percent fewer visits to emergency departments, a 23 percent reduction in detectable viral loads, and a 19 percent reduction in unprotected sex with partners whose HIV status was negative or unknown.⁸

Stable Housing Equals Cost-Benefit Savings

The number of persons living with HIV in the United States continues to grow annually with 37,600 new HIV diagnoses in 2014 compared to 12,333 HIV/AIDS related deaths in the same time period. Treatment costs for people living with HIV and AIDS are high. Recent estimates put the annual direct costs of HIV medications at between \$17,000 and \$41,000 per person per year,⁹ depending on the severity of an individual's infection;¹⁰ and lifetime treatment costs per person are estimated to be \$415,000.¹¹ In addition, people living with HIV who are homeless or unstably housed are shown to be more likely to demonstrate frequent and prolonged use of high-cost hospital-based emergency or inpatient services, as compared to those persons living with HIV who are stably housed.¹²

Stable housing is one of the most cost-effective strategies for driving down national HIV/AIDS costs. By investing in the provision of affordable supportive housing, HOPWA assistance is a simple way to safeguard the national investment in HIV care. HOPWA grantees demonstrate that 97 percent of those receiving housing support are stably housed, and research conducted by the AIDS Foundation of Chicago shows substantial cost savings were achieved by reducing emergency care and nursing services for HOPWA

Figure 1: Evidence-Based Findings on HIV and Housing

1. **Need:** Persons with HIV are significantly more vulnerable to becoming homeless during their lifetime.
2. **HIV Prevention:** Housing stabilization is linked to reduced risk behaviors and reduced risk of spreading the virus.
3. **Improved treatment adherence and health:** Homeless persons with AIDS provided HOPWA housing support demonstrated improved medication adherence and health outcomes.
4. **Reduction in HIV transmission:** Stably housed persons demonstrated reduced viral loads resulting in significant reduction in HIV.
5. **Cost savings:** Homeless or unstably housed people living with HIV (PLWH) are more frequent users of high-cost hospital-based emergency or inpatient service, shelters and criminal justice system.
6. **Discrimination and stigma:** AIDS-related stigma and discrimination add to barriers and disparities in access to appropriate housing and care along with adherence to HIV treatment.

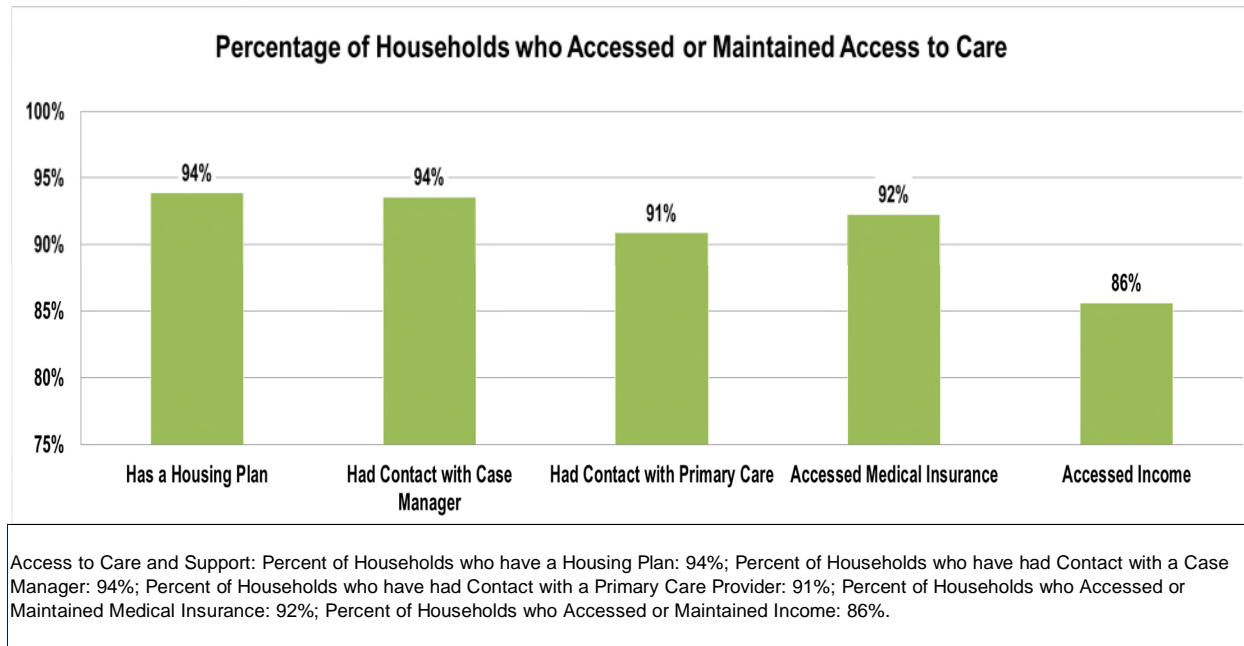
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individuals.¹³ It is estimated that preventing approximately 40,000 new HIV infections in the United States each year would avoid expending \$12.1 billion annually in future HIV-related medical costs, assuming the current standard of care.¹⁴

HOPWA also serves as a supportive housing intervention, and adds to the stock of available permanent supportive housing to address the needs of homeless and at-risk households. The program demonstrates results that are similar to activities undertaken by HUD's homeless assistance programs. Research shows this population uses \$40,051 in public services before placement; after placement, the savings are estimated at \$12,146 per placement in housing.¹⁵ HOPWA-funded supportive housing continues to demonstrate that housing stability equates to better health outcomes for those living with HIV. Positive client health outcomes include entry into and retention in care and continuing adherence to complex HIV treatment regimens, which results in reduced HIV transmission and healthier individuals.

Program Outcomes

On a national level, the HOPWA program demonstrates improved program beneficiary outcomes with respect to access to care and support resulting in a foundation for increased housing stability and better health outcomes. Ninety-five percent of clients receiving tenant-based rental assistance and 95 percent placed in a permanent housing facility achieved housing stability in fiscal year 2016. Sixty-eight percent of clients receiving transitional or short-term housing facilities assistance and 46 percent receiving short-term rent, mortgage, and utility assistance achieved housing stability in fiscal year 2016.



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The charts below reflect estimated distribution of Funds to Grantees. The modernization of the HOPWA formula by the Housing Opportunity Through Modernization Act (HOTMA) of 2016, Public Law 114-201, advances the program's ability to target funding to the areas of highest need. The rural south has experienced an increase in new cases of persons living with HIV. The prior formula gave funding to each jurisdiction based on cumulative AIDS cases, and did not account for how many persons living with HIV currently live in the jurisdiction. According to the Centers for Disease Control and Prevention, about 55 percent of the people counted in the cumulative AIDS calculations were deceased individuals. The allocation of funding based on cumulative cases reported since the beginning of the epidemic resulted in disproportionately less funding for areas with more recent caseload increases, as compared to the urban epicenters with the longest histories combating the disease and the most deaths. Using the number of persons currently living with HIV (including persons living with AIDS) better targets the distribution of HOPWA funding to those rural Southern states and communities based on a more relevant data set reflecting present need.

The 2017 estimate is based on the Continuing Resolution and reflects the first year of the 5-year stop loss/gain provision of no more than a 5 percent loss or 10 percent gain each year to avoid highly volatile shifts in either direction for any one jurisdiction. Note that HUD has requested a technical correction to further define the "stop-loss" caps as based on prior year **share** of HOPWA formula funding, and not prior year **actual** jurisdictional award.

State	Eligible	2016 Formula (Original) Actual	2017 Formula (HOTMA) Estimate	2018 Formula (HOTMA) Estimate
AL	Birmingham	\$963,865	\$1,029,047	\$1,061,571
AL	Alabama	\$1,530,814	\$1,634,336	\$1,704,506
AR	Little Rock	\$339,773	\$362,750	\$378,325
AR	Arkansas	\$559,011	\$596,814	\$622,438
AZ	Phoenix	\$1,842,885	\$1,967,511	\$2,051,986
AZ	Tucson	\$456,639	\$487,519	\$508,451
AZ	Arizona	\$239,786	\$256,002	\$266,993
CA	Anaheim	\$1,540,538	\$1,644,718	\$1,715,334
CA	Bakersfield	\$384,538	\$410,543	\$428,170
CA	Fresno	\$387,290	\$413,481	\$431,234
CA	Los Angeles	\$13,700,201	\$14,626,684	\$15,050,497
CA	Oakland	\$2,196,785	\$2,345,344	\$2,446,041
CA	Riverside	\$2,004,516	\$2,140,072	\$2,231,956
CA	Sacramento	\$912,361	\$974,060	\$1,015,881
CA	San Diego	\$2,855,967	\$3,049,103	\$3,180,016

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State	Eligible	2016 Formula (Original) Actual	2017 Formula (HOTMA) Estimate	2018 Formula (HOTMA) Estimate
CA	San Francisco	\$7,089,501	\$6,735,026	\$6,398,275
CA	San Jose	\$876,953	\$936,257	\$976,455
CA	Santa Rosa	\$396,830	\$388,055	\$382,561
CA	California	\$2,599,853	\$2,775,669	\$2,894,843
CO	Denver	\$1,562,737	\$1,668,418	\$1,740,052
CO	Colorado	\$439,944	\$469,695	\$489,861
CT	Bridgeport	\$801,916	\$848,864	\$847,561
CT	Hartford	\$1,090,687	\$1,058,775	\$1,042,493
CT	New Haven	\$965,015	\$969,675	\$960,253
CT	Connecticut	\$218,321	\$220,838	\$218,928
DC	District Of Columbia	\$11,107,054	\$10,551,701	\$10,024,116
DE	Wilmington	\$636,800	\$679,864	\$682,959
DE	Delaware	\$209,515	\$223,684	\$233,288
FL	Cape Coral	\$416,644	\$444,820	\$463,918
FL	Deltona	\$383,437	\$409,367	\$426,943
FL	Ft Lauderdale	\$7,136,480	\$6,779,656	\$6,440,673
FL	Lakeland	\$545,561	\$575,378	\$574,169
FL	Miami	\$11,561,671	\$10,983,587	\$10,434,408
FL	Orlando	\$3,701,885	\$3,516,791	\$3,365,605
FL	Palm Bay	\$338,306	\$361,184	\$375,899
FL	Port St Lucie	\$0	\$618,558	\$606,792
FL	Sarasota	\$454,621	\$485,365	\$506,204
FL	Tampa	\$3,819,145	\$3,628,188	\$3,458,778
FL	West Palm Beach	\$3,224,498	\$3,063,273	\$2,910,109
FL	Jacksonville	\$2,619,116	\$2,488,160	\$2,363,752
FL	Florida	\$3,415,896	\$3,609,914	\$3,603,458
GA	Atlanta	\$22,867,304	\$21,723,939	\$20,637,742
GA	Augusta-Richmond County	\$1,048,948	\$996,501	\$946,676
GA	Georgia	\$2,355,297	\$2,514,575	\$2,622,538

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State	Eligible	2016 Formula (Original) Actual	2017 Formula (HOTMA) Estimate	2018 Formula (HOTMA) Estimate
HI	Honolulu	\$439,761	\$469,500	\$489,658
HI	Hawaii	\$208,047	\$222,116	\$226,645
IA	Iowa	\$435,357	\$464,798	\$484,754
IL	Chicago	\$6,980,042	\$7,452,071	\$7,772,026
IL	Illinois	\$1,189,573	\$1,270,018	\$1,324,546
IN	Indianapolis	\$971,436	\$1,037,130	\$1,081,659
IN	Indiana	\$968,868	\$1,034,388	\$1,078,800
KS	Kansas	\$397,381	\$424,254	\$442,469
KY	Louisville	\$587,081	\$626,783	\$653,694
KY	Kentucky	\$542,867	\$579,579	\$604,463
LA	Baton Rouge	\$2,550,866	\$2,423,323	\$2,302,157
LA	New Orleans	\$3,852,045	\$3,659,443	\$3,476,471
LA	Louisiana	\$1,350,470	\$1,441,796	\$1,503,700
MA	Boston	\$2,005,609	\$2,141,239	\$2,233,173
MA	Lowell	\$1,097,475	\$1,171,692	\$1,221,999
MA	Springfield	\$453,520	\$484,190	\$504,979
MA	Worcester	\$454,988	\$485,757	\$506,613
MA	Massachusetts	\$213,000	\$227,404	\$237,168
MD	Baltimore	\$8,331,845	\$7,915,253	\$7,519,490
MD	Frederick	\$1,314,681	\$1,284,945	\$1,266,642
MD	Maryland	\$404,536	\$431,893	\$450,436
MI	Detroit	\$2,695,671	\$2,560,887	\$2,432,843
MI	Warren	\$529,841	\$565,672	\$589,959
MI	Michigan	\$1,091,421	\$1,165,229	\$1,215,258
MN	Minneapolis	\$1,055,095	\$1,126,446	\$1,174,810
MN	Minnesota	\$153,742	\$164,139	\$171,186
MO	Kansas City	\$1,100,044	\$1,174,435	\$1,224,859
MO	St Louis	\$1,413,582	\$1,509,176	\$1,573,973
MO	Missouri	\$543,784	\$580,558	\$605,484
MS	Jackson	\$1,438,529	\$1,366,603	\$1,298,273

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State	Eligible	2016 Formula (Original) Actual	2017 Formula (HOTMA) Estimate	2018 Formula (HOTMA) Estimate
MS	Mississippi	\$1,017,669	\$1,086,489	\$1,133,137
NC	Charlotte	\$2,165,860	\$2,213,299	\$2,197,755
NC	Durham	\$294,274	\$314,174	\$327,663
NC	Greensboro	\$325,096	\$347,081	\$361,983
NC	Wake County	\$554,975	\$592,505	\$617,944
NC	North Carolina	\$2,197,886	\$2,346,519	\$2,447,267
NE	Nebraska	\$370,412	\$395,461	\$412,440
NJ	Camden	\$717,340	\$765,850	\$798,732
NJ	Jersey City	\$2,397,584	\$2,277,705	\$2,163,820
NJ	Newark	\$5,807,583	\$5,517,204	\$5,241,344
NJ	Paterson	\$1,363,496	\$1,415,509	\$1,409,079
NJ	New Jersey	\$1,199,113	\$1,280,204	\$1,334,071
NM	Albuquerque	\$335,921	\$358,638	\$374,036
NM	New Mexico	\$290,238	\$309,865	\$323,169
NV	Las Vegas	\$1,174,713	\$1,254,154	\$1,308,001
NV	Nevada	\$253,362	\$270,496	\$282,110
NY	Albany	\$493,882	\$527,281	\$549,920
NY	Buffalo	\$557,911	\$595,640	\$621,214
NY	Islip Town	\$1,749,869	\$1,845,411	\$1,841,520
NY	New York	\$43,778,924	\$41,589,978	\$39,510,482
NY	Rochester	\$689,637	\$736,274	\$767,886
NY	Syracuse	\$292,990	\$312,804	\$326,234
NY	New York	\$2,178,805	\$2,326,148	\$2,374,502
OH	Cincinnati	\$694,774	\$741,758	\$773,605
OH	Cleveland	\$961,896	\$1,026,945	\$1,071,037
OH	Columbus	\$859,524	\$917,650	\$957,049
OH	Dayton	\$293,908	\$313,784	\$327,256
OH	Ohio	\$997,488	\$1,064,944	\$1,110,667
OK	Oklahoma City	\$544,334	\$581,145	\$606,096

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State	Eligible	2016 Formula (Original) Actual	2017 Formula (HOTMA) Estimate	2018 Formula (HOTMA) Estimate
OK	Tulsa	\$361,422	\$385,863	\$402,430
OK	Oklahoma	\$253,729	\$270,888	\$282,519
OR	Portland	\$1,091,788	\$1,165,621	\$1,215,667
OR	Oregon	\$387,474	\$413,677	\$431,438
PA	Allentown	\$296,476	\$316,525	\$330,115
PA	Bensalem Township	\$524,154	\$559,600	\$583,626
PA	Harrisburg	\$296,293	\$316,330	\$329,912
PA	Philadelphia	\$7,300,870	\$6,935,827	\$6,589,036
PA	Pittsburgh	\$735,136	\$784,850	\$818,548
PA	Pennsylvania	\$1,315,796	\$1,404,777	\$1,465,091
PR	San Juan Municipio	\$6,171,501	\$5,862,926	\$5,569,780
PR	Puerto Rico	\$1,821,603	\$1,854,674	\$1,840,566
RI	Providence	\$878,237	\$937,628	\$967,614
SC	Charleston	\$497,368	\$531,003	\$553,802
SC	Columbia	\$1,154,666	\$1,232,751	\$1,234,960
SC	Greenville	\$368,760	\$393,698	\$410,601
SC	South Carolina	\$1,413,582	\$1,509,176	\$1,573,973
TN	Memphis	\$3,511,669	\$3,336,086	\$3,169,282
TN	Nashville-Davidson	\$942,082	\$1,005,791	\$1,048,975
TN	Tennessee	\$963,180	\$1,028,316	\$1,072,467
TX	Austin	\$1,138,204	\$1,215,176	\$1,267,350
TX	Dallas	\$6,409,124	\$6,088,668	\$5,820,388
TX	El Paso	\$381,786	\$407,604	\$425,105
TX	Fort Worth	\$1,032,529	\$1,102,354	\$1,149,684
TX	Houston	\$9,639,531	\$9,157,554	\$8,699,676
TX	San Antonio	\$1,244,429	\$1,328,584	\$1,385,627
TX	Texas	\$3,032,825	\$3,237,921	\$3,376,941
UT	Salt Lake City	\$365,825	\$390,564	\$407,333
UT	Utah	\$153,375	\$163,747	\$170,777

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State	Eligible	2016 Formula (Original) Actual	2017 Formula (HOTMA) Estimate	2018 Formula (HOTMA) Estimate
VA	Richmond	\$813,475	\$868,487	\$905,776
VA	Virginia Beach	\$1,180,789	\$1,260,640	\$1,314,766
VA	Virginia	\$745,593	\$796,014	\$830,191
WA	Seattle	\$1,783,626	\$1,904,245	\$1,986,004
WA	Washington	\$740,640	\$790,726	\$824,676
WI	Milwaukee	\$595,704	\$635,989	\$663,295
WI	Wisconsin	\$475,719	\$507,890	\$529,696
WV	West Virginia	\$351,515	\$375,286	\$391,399
Total Formula Grants		\$301,500,000	\$300,926,849	\$297,000,000
Total Competitive Grants		\$33,500,000	\$33,436,316	\$33,000,000
Total HOPWA		\$350,000,000	\$334,363,165	\$330,000,000

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COMMUNITY PLANNING AND DEVELOPMENT HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS Summary of Resources by Program (Dollars in Thousands)

<u>Budget Activity</u>	<u>2016 Budget Authority</u>	<u>2015 Carryover Into 2016</u>	<u>2016 Total Resources</u>	<u>2016 Obligations</u>	<u>2017 Annualized CR</u>	<u>2016 Carryover Into 2017</u>	<u>2017 Total Resources</u>	<u>2018 Request</u>
Formula Grants	\$301,500	\$96,755	\$398,255	\$308,529	\$300,927	\$89,699	\$390,626	\$297,000
Competitive Grants	33,500	7,831	41,331	31,735	33,436	9,596	43,032	33,000
Technical Assistance ..	...	4	4	4	...	...	...	...
DOJ HOPWA IAA .....	...	<u>1,490</u>	<u>1,490</u>	<u>1,490</u>	<u>...</u>	<u>...</u>	<u>...</u>	<u>...</u>
Total	335,000	106,080	441,080	341,758	334,363	99,295	433,658	330,000

NOTE: The 2016 Carryover into 2017 column excludes \$27.5 thousand of expired 2015/2016 formula funds.

**COMMUNITY PLANNING AND DEVELOPMENT
HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
Appropriations Language**

The fiscal year 2018 President's Budget includes the appropriation language listed below.

For carrying out the Housing Opportunities for Persons with AIDS program, as authorized by the AIDS Housing Opportunity Act (42 U.S.C. 12901 et seq.), \$330,000,000, to remain available until September 30, 2019, except that amounts allocated pursuant to section 854(c)(5) of such Act shall remain available until September 30, 2020: Provided, That the Secretary shall renew all expiring contracts for permanent supportive housing that initially were funded under section 854(c)(3) of such Act (before paragraph (3) was redesignated as paragraph (5) by section 701(a)(1) of the Housing Opportunity Through Modernization Act of 2016 (Public Law 114-201)) from funds made available under this heading in fiscal year 2010 and prior fiscal years that meet all program requirements before awarding funds for new contracts under section 854(c)(5) of such Act.

Note.—A full-year 2017 Annualized CR for this account was not enacted at the time the budget was prepared; therefore, the budget assumes this account is operating under the Further Continuing Appropriations Act, 2017 (P.L. 114-254). The amounts included for 2017 reflect the annualized level provided by the continuing resolution.

Housing Opportunities for Persons With AIDS

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