

**Texas Department of State Health Services**

**Housing Opportunities for Persons with AIDS**

**Program Progress Report for Administrative Agencies**

**Coversheet**

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| **Administrative Agency and Report Information** | |
| Administrative Agency | Choose an Administrative Agency. |
| Administrative Agency Contract Number |  |
| Preparer |  |
| Title |  |
| Phone |  |
| Email |  |
| Date submitted to DSHS | Choose a date. |

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| --- | --- |
| **Administrative Agency Submission Instructions** | |
| Reports must be submitted to: | hivstdreport.tech@dshs.texas.gov |
| CC the HOPWA Coordinator at: | blade.berkman@dshs.texas.gov |

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| **Reporting Periods and Due Dates (click to check one)** | | | | |
|  | (P1) Semi-Annual | 09/01/22 – 02/28/23 | Due to DSHS: | 03/31/23 (or closest business day) |
|  | (P2) Annual | 09/01/22 – 08/31/23 (Cumulative) | Due to DSHS: | 10/15/23 (or closest business day) |

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| **Part** | | **1** | **Administrative Agency Narrative Assessment** | |
| Use the Administrative Agency Narrative Assessment (items 1 through 8) to create a three- to five-page narrative report. Administrative Agencies may attach tables, charts, bullets, etc. to supplement each response. DSHS considers each response as ongoing consultation with HOPWA stakeholders. The narrative data below may be used for public information, including posting on HUD’s web page. Additionally, DSHS may use the narrative data below to develop the State of Texas Assessment of Fair Housing, Consolidated Plan, and Consolidated Annual Performance and Evaluation Report. Attach Exhibit A with your submission and provide each Project Sponsor’s Program Progress Report. The expenditure information entered in each Project Sponsor Program Progress Report must match the expenditure information entered in Exhibit A. | | | |
|  | **1** | **Administrative Agency Staffing** | |
|  |  | Discuss any concerns related to staffing at the administrative agency level. | |
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|  | **2** | **Project Sponsor Staffing** | |
|  |  | Discuss any concerns and/or significant changes related to staffing at the Project Sponsor level (e.g. staff positions vacant longer than 90 days). | |
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|  | **3** | **Needs Assessments and Community Input** | |
|  |  | Describe any needs assessments or other activities to solicit community input that occurred during the reporting period. Include public meetings/forums, advisory group meetings; ad hoc group meetings, web-based activities, and any major material distribution activities (if appropriate, please attach copies of minutes and agendas to this report). If Project Sponsors established STRMU or STSH financial assistance caps, please note the respective limits they established. | |
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|  | **4** | **Monitoring and Meeting Facilitation Performed** | |
|  |  | List and describe all monitoring, meeting facilitation, (such as QI meetings), etc. provided to Project Sponsors by the Administrative Agency during this reporting period. | |
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|  | **5** | **Coordination Activities** | |
|  |  | Describe coordination activity that occurred during the reporting period between the Administrative Agency and other service providers, including but not limited to: Other housing programs, TB elimination programs, immunization programs, STD clinics, Federally Qualified Health Centers (FQHCs), health care delivery systems, and Ryan White Parts A, C, and D. | |
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|  | **6** | **Affirmative Outreach** | |
|  |  | Describe collaboration between the Administrative Agency and Project Sponsors to address affirmative outreach to the community, including current or prior housing needs assessment(s), results of the needs assessments, and steps and/or plans to meet those identified needs. Address how your agency Affirmatively Furthered Fair Housing. | |
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|  | **7** | **Technical Assistance Provided** | |
|  |  | List and describe technical assistance and training provided by the Administrative Agency to Project Sponsors during this reporting period. | |
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|  | **8** | **Training and/or Technical Assistance Needed** | |
|  |  | Describe training and/or technical assistance needs expressed by Administrative Agency or Project Sponsor staff. Describe the steps taken to secure training/TA. If further assistance is required in securing training/TA, please provide details. | |
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|  | **9** | **Grantee Administration and Resource Identification Activities** | |
|  |  | If the Administrative Agency allocated HOPWA funds for its own Resource Identification or Grantee Administration costs, describe the activities for which these funds were used. | |
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|  | **10** | **Other Discussion Items** | |
|  |  | If the Administrative Agency has other discussion items as they relate to the DSHS HOPWA Program (i.e., feedback, ideas, recommendations, etc.), enter them here. | |
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