



# CAPER Checklist: Enhancing Data Accuracy

## Consolidated Annual Performance and Evaluation Report (CAPER) Self-Help Checklist for HOPWA Formula Grantees

The checklist below serves as an optional tool to assist grantees in completing and assessing the accuracy of their CAPER. Based on experience reviewing the CAPER, the notes below provide succinct guidance on key sections and pointers for parts of the CAPER that may pose challenges to new grantees. Please note this tool is not to be submitted to HUD. Checklist for form: HUD 40110-D (exp. 12.31-2010)

Check Once Reviewed	Data Quality Check	Unit of Measurement
	<p><b>Part 1 Grantee Executive Summary</b></p> <p><input type="checkbox"/> <b>Chart 1. Grantee Information</b>            Include grant number, operating year, grantee number, type of grant, and address of grantee.</p> <p>Complete new required information including EIN/TIN, DUN and Bradstreet numbers, and congressional districts, zip codes, cities, and counties of service areas. <b>Note: this is a new data element required by all agencies reported in Part 1, as required by the Federal Funding and Accountability Transparency Act 2006.</b></p> <p>Include website of grantee agency and whether the organization maintains a waiting list.</p> <p><input type="checkbox"/> <b>Chart 2. Project Sponsor Information</b>            Include sponsor agency name, name and title of contact, address, phone and fax numbers.</p> <p>Complete new required information including EIN/TIN, DUN and Bradstreet numbers, and congressional districts, zip codes, cities, and counties of service areas</p> <p>Specify if the organization maintains a waiting list.</p> <p><input type="checkbox"/> <b>Chart 3. Sub recipient Information</b>            Complete information for each organization with a contract of \$25,000 or above that has an agreement in the form of a grant, sub grant, cooperative agreement, contract, subcontract, purchase order, and delivery order. These sub recipient organizations do not implement HOPWA activities. Those that do implement should be reported in Charts 1 and 2.</p> <p>Include name, contact information, address, EIN/TIN, DUN &amp; Bradstreet numbers, NAICS code, congressional districts, zip codes, cities, counties of service areas, and contract amount. If there are multiple organizations, please add additional charts to the CAPER to complete information required.</p>	

Check Once Reviewed

Data Quality Check

Unit of Measurement

**Part 1 Grantee Narrative and Performance Assessment, A - C**

**A. Grantee and Community Overview**

Discussion of the accomplishments for the program year, range of activities, service areas, and organizations implementing services is requested.

**B. Annual Performance under the Action Plan**

**1. Outputs Reported**

Provide a complete description of outputs, outcomes, barriers, technical assistance and logic model. The description on outputs includes a comparison between the proposed and actual accomplishments and implementation challenges and successes.

**2. Outcomes Assessed**

Assess progress made toward achieving HOPWA's performance goal of 80% of HOPWA clients maintaining housing stability, avoiding homelessness, and accessing care each year. If the grantee is not meeting the target, describe steps being taken to achieve this goal.

**3. Coordination**

Discuss coordination with other resources, such as use of leveraged funds, and sources that assisted in addressing need, as identified in the Consolidated Plan.

**4. Technical Assistance**

Describe any technical assistance needs required to meet program goals and requirements.

**C. Barriers and Recommendations**

Barriers outline issues encountered that challenged achievement of output and outcome goals. These barriers must be specific; the grantee can also include discussion on trends in the community that affect how program activities are being implemented and needs being met

**Part 1 Grantee Narrative and Performance Assessment, D**

**Section F. Unmet Need**

First, indicate if the program operates in the same or in different service areas as HOPWA formula funds.

Indicate the data sources used to assess the unmet need. This can be a combination of waiting lists, data from the Consolidated Plan, HMIS, independent information provided by project sponsors, etc. if known. A complete list of potential data sources is included in the CAPER in this section.

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<input type="checkbox"/>	<p><b>Part 2: Grant Sources for Project Leveraging</b></p> <p><b>Chart 2. Sources of Leveraged Funds and Amount Used for Housing Assistance and Supportive Services</b> Specify the sources of leveraged funds and the amount used for either housing assistance or supportive services and other non-direct housing costs. Ensure all sources of leveraging have information on the type of use of the leveraged funds.</p> <p>Ensure that if leveraged funds for housing are reported in this section, the number of households reported in the next section (Part 3, Chart 1 lines 1 –4), includes the number of household supported by these leveraged funds.</p>	Leveraged Dollars
<input type="checkbox"/>	<p><b>Part 3: Chart 1, Accomplishments Data – Planned Goal and Actual Outputs</b></p> <p><b>Housing Subsidy Assistance:</b></p> <p><b>Provide the goal and actual households and budget and actual funds expended for all categories in Part 3.</b></p> <p>The housing assistance section includes TBRA, Permanent Housing Facilities, Transitional/Short-term Housing Facilities; Permanent housing facilities developed with capital funds and placed into service, Transitional/short-term housing facilities developed with capital funds and placed into service, STRMU.</p> <p><b>Note: Only the housing assistance section requires that the number of households supported with leveraged funds be reported.</b></p> <p>In line 5, adjust for duplication. This signifies that if any households received multiple types of housing assistance, that number of households would be inserted in line 5. The total of all columns for the section is inserted in line 6.</p>	Household, HOPWA Funds Expended
<input type="checkbox"/>	<p><b>Housing Development:</b></p> <p>Input the number of facility-based units and expenditures. For stewardship units (line 8), no expenditures are to be reported. Project Certification form must be completed. The total is in line 9.</p>	Units, Funds Expended
<input type="checkbox"/>	<p><b>Supportive Services:</b></p> <p>Supportive services are divided into 2 categories:</p> <ol style="list-style-type: none"> <li>1. Services provided by project sponsors also delivering HOPWA housing assistance.</li> <li>2. Services provided by project sponsors serving households who have other housing arrangements.</li> </ol> <p>If one household received both types of supportive service assistance, adjust for duplication to ensure these households are only counted once.</p>	Household, HOPWA Funds Expended

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<input type="checkbox"/>	<p><b>Housing Placement Assistance Activities:</b> All households reported as receiving housing information services and permanent housing placement services should be reported in line 13 (housing information services) and line 14 (permanent housing placement services). Line 15 is to adjust for duplication, and line 16 shows the total housing placement assistance.</p>	Household, HOPWA Funds Expended
<input type="checkbox"/>	<p><b>Administration and Management Services:</b> Lines 17 through 21 require expenditure information. Funds for grantee administration cannot exceed 3% and for sponsor information cannot exceed 7% of the award amount.</p>	Funds Expended
<input type="checkbox"/>	<p><b>Total Expenditures:</b> Sum total for each section (lines 6, 9, 12, &amp; 16) and input into the row directly below line 20.</p>	Funds Expended
<input type="checkbox"/>	<p><b>Chart 2. Supportive Services Provided by Project Sponsor Agency</b></p> <p>Complete lines 1 through 14, indicating the number of households served and funds expended by type of supportive service. <u>Every line that has a number of households reported must have the amount expended on those households, and vice versa.</u></p> <p>Then, input the number of households receiving multiple types of supportive services in line 15 to adjust for duplication. Input the total number of households and funds expended in line 16.</p>	Household and Funds Expended

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<input type="checkbox"/>	<p><b>Part 4 HOPWA Performance Outcomes</b>  <i>HOPWA Long-term Performance Objective: 80% of HOPWA clients will maintain housing stability, avoid homelessness, and access care each year through 2011.</i></p> <p><b>Section 1. Housing Stability: Tenant-based Rental Assistance, Permanent Supportive Housing Facilities/Units, Transitional/Short-term Support Facilities/Units</b>            The summation of the number of exited households (column 3) and the number of continuing households (column 2) <u>must equal</u> the total number of households (column 1). All exited households must have a destination reported. The status of all households receiving short-term assistance at the end of the operating year (column 3) must sum to equal the total number of households reported as receiving HOPWA assistance (column 1).  <u>Ensure the number of households reported in column 1 for each type of housing assistance is the same number of households reported as receiving each type of housing assistance in Part 3 in lines 1, 2a, 2b, 3a, 3b.</u></p>	Household
<input type="checkbox"/>	<p><b>Section 2. Prevention of Homelessness: STRMU</b>            Column 1 indicates the number of households receiving STRMU. Column 2 must contain outcome data on all the households receiving STRMU. <u>Note, the outcome categories differ slightly from the outcome categories in Section 1.</u>  <u>Ensure the number of households reported in column 1 and the sum of column 2 is equal to the total number of households receiving STRMU reported in Part 3 line 4.</u></p>	Household
<input type="checkbox"/>	<p><b>Section 3. Access to Care and Support:</b></p> <p>In Chart 1a (Status of Households Accessing Care and Support by Project Sponsors delivering HOPWA Housing Assistance), specify the number of households accessing each service category within the operating year. In Chart 1b, specify the number of households obtaining employment. <u>The number of households in this outcome section can not exceed the number of households reported as receiving these services in Part 3, line 10a.</u> Ensure that is households were reported in this section, households were reported in the housing assistance section of the CAPER.</p> <p>In Chart 1a (Status of Households Accessing Care and Support through HOPWA-funded Services receiving Housing Assistance from Other Sources), specify the number of households accessing each service category within the operating year. In Chart 1b, specify the number of households obtaining employment. <u>The number of households in this outcome section can not exceed the number of households reported as receiving these services in Part 3, line 10b.</u></p>	Household