Eastern PA CoC FY2019 Renewal Summary Form

Eastern PA CoC
2019 Renewal Summary Form
Submit by Wednesday, 8/28/2019 at 5pm

Project Scoring

Each CoC funded program in the Eastern PA CoC seeking renewal funding in the FY2019 competition will be scored on their outcomes in addressing the following:

- **Project Performance**
- **Project Monitoring**
- **Contributing to Ending Homelessness and Goals of Opening Doors**
- **CoC Participation**

Sources of Data

The data for scoring each project is drawn from the following sources: HMIS, this Renewal Summary Form including required attachments, and the CoC/RHABs for participation. DV programs that do not participate in HMIS will be asked to submit a copy of their APR for the period October 1, 2017 to September 30, 2018, using data from a Comparable Database.

Instructions for the FY2019 Renewal Summary Form

- **Please submit a separate renewal summary form survey for each 2019 CoC project renewal within your organization.**

- **You will required to submit/upload required attachments in order to submit this survey form. Required attachments include: 1) ELOCCS summary page, 2) documentation of APR Submission Date. Instructions are provided in the survey regarding these required documents. In addition:**

- o **If you did not draw down 90% of your project grant in the last grant year you will be required to submit supplemental information.**
- o **If your project was monitored by HUD in the last two years you will be required to submit supplemental information.**
- o **DV projects will be required to submit an APR from their Comparable Database.**

- **Please follow the instructions provided with each question included on this form to ensure that the required information is included and the naming convention is followed so that the reviewer is aware of which documents have been submitted.**

- **Please review this form fully in advance of the submission date, which is 08/28/2019. We recognize that this is short turn-around time. If you have extenuating circumstances that prevent you from meeting this deadline, you must contact DMA (easterncoc@pennsylvaniacoc.org) as soon as possible prior to the due date to make arrangements to submit the required information.**

- **While completing the survey, you may click "Save and Continue" in the top right corner to save your work and continue later. A link to continue your survey will be emailed to you.**

- **Questions: Any questions about this form may be directed to: easterncoc@pennsylvaniacoc.org or 215-576-1558.**

Renewal Summary Form Page 1

1) Applicant Name:*

( ) Blair County Community Action Program

( ) CATHOLIC CHARITIES OF THE DIOCESE OF ALLENTOWN, INC

( ) Catholic Social Services of the Diocese of Scranton, Inc.

( ) Center for Community Action

( ) Centre County Government

( ) County of Cambria

( ) County of Franklin

( ) County of Lycoming DBA Lycoming-Clinton Joinder Board

( ) Fitzmaurice Community Services, Inc

( ) Housing Authority of Monroe County

( ) Housing Authority of the County of Cumberland

( ) Housing Development Corporation of NEPA

( ) Housing Transitions, Inc.

( ) Huntingdon House

( ) Lehigh Conference of Churches

( ) Lehigh County Housing Authority

( ) MARANATHA MINISTRIES, INC./CANDLEHEART INC

( ) Northampton County Housing Authority

( ) Northern Cambria Community Development Corporation

( ) Pennsylvania Coalition Against Domestic Violence

( ) Resources for Human Development, Inc.

( ) Salvation Army, a New York Corporation

( ) Tableland Services, Inc.

( ) Third Street Alliance for Women & Children

( ) Transitions of PA

( ) Valley Housing Development Corporation

( ) Valley Youth House Committee, Inc.

( ) Wayne County

( ) Young Women's Christian Association

2) Grant Number (first 6 digits):*

( ) PA0176

( ) PA0177

( ) PA0182

( ) PA0205

( ) PA0206

( ) PA0211

( ) PA0212

( ) PA0213

( ) PA0214

( ) PA0215

( ) PA0216

( ) PA0219

( ) PA0222

( ) PA0360

( ) PA0366

( ) PA0372

( ) PA0384

( ) PA0386

( ) PA0445

( ) PA0447

( ) PA0449

( ) PA0450

( ) PA0481

( ) PA0513

( ) PA0514

( ) PA0519

( ) PA0520

( ) PA0553

( ) PA0578

( ) PA0582

( ) PA0583

( ) PA0634

( ) PA0647

( ) PA0649

( ) PA0655

( ) PA0658

( ) PA0661

( ) PA0669

( ) PA0705

( ) PA0708

( ) PA0808

( ) PA0809

( ) PA0810

( ) PA0811

( ) PA0812

( ) PA0813

( ) PA0814

( ) PA0859

( ) PA0883

( ) PA0885

( ) PA0886

( ) PA0887

( ) PA0888

( ) PA0926

( ) PA0927

3) Project Name (with corresponding grant #):*

( ) PA0176 Nittany House Apartments

( ) PA0177 Perry County Veterans Program

( ) PA0182 Franklin/Fulton Homeless Assistance Project 2019

( ) PA0205 Crossroads Family

( ) PA0206 Crossroads Individual

( ) PA0211 LV ACT Housing Supports

( ) PA0212 NCHA S+C 2018

( ) PA0213 Outreach and Case Management for the Disabled, Chronically Homeless

( ) PA0214 Pathfinders

( ) PA0215 LCHA S+C 2018

( ) PA0216 VHDC SHP #2 & #3 Consolidation 2018

( ) PA0219 Shelter Plus Care MC

( ) PA0222 Tenant-Based Rental Assistance for the Disabled, Chronically Homeless

( ) PA0360 Independence Gardens Renewal Project Application FY 2018

( ) PA0366 SHP Transitional Housing Project

( ) PA0372 Rapid Re-Housing Consolidation

( ) PA0384 HDC SHP 3 2018

( ) PA0386 Rural Permanent Supportive Housing

( ) PA0445 Lycoming/Clinton Renewal #7

( ) PA0447 PSH Consolidated

( ) PA0449 Crossroads Housing Bonus Expansion

( ) PA0450 Susquehanna/Wayne PSHP

( ) PA0481 Schoolhouse Gardens Renewal Project Application FY 2018

( ) PA0513 Rapid Rehousing II

( ) PA0514 Perry County Rapid ReHousing

( ) PA0519 PSHP Pike County

( ) PA0520 Permanent Supportive Housing Program

( ) PA0553 Carlisle Supportive Housing Program

( ) PA0578 Cambria County Comprehensive Housing Program

( ) PA0582 HDC SHP 6 2018

( ) PA0583 Pathways TBRA for Families, Youth and Veterans

( ) PA0634 Allentown Hospitality House Permanent Housing Program

( ) PA0647 Shelter + Care Chronic

( ) PA0649 Franklin/ Fulton S+C Project 2019

( ) PA0655 Salvation Army Carlisle PH Project

( ) PA0658 Pathways Housing

( ) PA0661 Bedford, Fulton, Huntingdon RRH FFY2018

( ) PA0669 Pathways Housing 2

( ) PA0705 Tableland PSH Expansion

( ) PA0708 Crossroads Schuylkill Co. Permanent Supportive Housing

( ) PA0808 Lehigh Valley RRH for Families

( ) PA0809 Huntingdon House Rapid Rehousing Program

( ) PA0810 Nittany House Apartments II

( ) PA0811 2018 Renewal Application-Third Street Alliance- Lehigh Valley Rapid Rehousing Program

( ) PA0812 Rapid Rehousing Cumberland Perry Lebanon

( ) PA0813 South Central PA RRH FFY2018

( ) PA0814 Centre County Rapid Re-Housing

( ) PA0859 SUN Counties Rapid Re-Housing for Domestic Violence Victims

( ) PA0883 Wayne Combined TH/RRH Project

( ) PA0885 Liberty House PSH

( ) PA0886 Liberty Options RRH

( ) PA0887 TH-RRH for Lehigh Valley Youth

( ) PA0888 Candleheart RRH

( ) PA0926 East CoC DV RRH

( ) PA0927 Coordinated Entry Specialist for Domestic Violence

4) Contact Person: *

_____

5) Email: *

_____

6) Phone: *

_____

7) Alternate Contact Person:

_____

8) Alternate Email:

_____

9) Alternate Phone:

_____

10) What are the start and end dates of your current grant? *

Start Date: _____

End Date: _____

11) Was your project operational for the entire period 10/1/17-9/31/18?

Note: Projects that did not begin operating until after 10/1/17 or are a first time renewal should select NO.

( ) Yes

( ) No

12) Warning! You have indicated that your project was not operational for the entire time period 10/1/17-9/31/18.

This means that your project will not be scored in the FY19 Competition due to not being operational for the entire period 10/1/17-9/31/18 or being a first time renewal. We will reach out to you for any additional information that may be needed.

Are you sure that your answer to question number 11 should be No?
*

( ) Yes. I'm Sure. (By selecting this, I understand the survey will end after this question)

( ) No. I need to continue on with the full survey.

Renewal Summary Form Page 2

13) Which project type are you seeking to renew?*

( ) PSH

( ) RRH

( ) TH-RRH

( ) SSO

14) Is your project dedicated only to youth, 24 years of age or younger?*

( ) Yes

( ) No

15) Is your program dedicated to persons experiencing domestic violence?*

( ) Yes

( ) No

Improve safety of persons fleeing domestic violence

16) (DV Providers Only) Do survivors indicate they feel safer after they receive services through this CoC-funded project?

 *

( ) Yes

( ) No

17) (DV Providers Only) Do survivors define safety in their own way? If yes, please describe.
*

_____

_____

_____

_____

18) (DV Providers Only) How do you capture/evaluate survivors' feelings of safety in your program, and whether they feel safer after they receive services through your project? If you do not currently capture/evaluate this data, how will you begin to do so within the next 12 months? *

_____

_____

_____

_____

19) (DV Providers Only) Have you implemented Housing First DV practices/philosophy? *

( ) Yes

( ) No

20) (DV Providers Only) Please describe how you have implemented Housing First DV practices/philosophy, or how you will begin implemented these practices. *

_____

_____

_____

_____

21) (DV Providers Only) Is there a safety plan that addresses housing in the file of each project participant? *

( ) Yes

( ) No

22) (DV Providers Only) Please ATTACH/UPLOAD a copy of your APR from the time period October 1, 2017 to September 30, 2018

Please name the file according to the following naming convention: "[First 6 digits of grant number]_[Project Name]_ APR"

Click Browse to select the file on your computer and attach. Please attach the document as an Excel file.*

_____1

_____2

_____3

Unit Utilization Rates

23) Please indicate the number of units included in your FY2019 Renewal Application: *

_____

24) Is this consistent with the number of units in your 2017 and 2018 CoC applications? *

( ) Yes

( ) No

25) If no, please describe the change in the number of units and when this occurred:*

_____

_____

_____

_____

Drawdown Rates from eLoccs

26) What are the start and end dates of your last full grant year? *

Start Date: _____

End Date: _____

27) Attach/upload summary page from eLOCCS showing dates and amounts of drawdowns for THE <u>LAST FULLY COMPLETED GRANT YEAR</u> here.

<u>Important:</u> **Please do not submit information for the grant year you are currently in. Information MUST be for the LAST FULLY COMPLETED GRANT YEAR.**

Please use the following naming convention: "[First 6 digits of grant number]_[Project Name]_ eLOCCSDrawdowns"

Click browse to locate the file on your computer and attach. This should be attached as a PDF document
 *

_____1

_____2

28) According to the eLoccs summary page attached above, did you draw down funds at least quarterly?*

( ) Yes

( ) No

29) If your agency was unable to drawdown funds from eLOCCS at least quarterly, please also explain the circumstances that prevented regular drawdowns for consideration in scoring:

_____

_____

_____

_____

Funds Expended

Note: The summary page from eLOCCS that you were instructed to provide for drawdown rates will also be used to score your project related to funds expended. Please be sure to include the drawdowns for the entire grant year in your summary page.

30) According to the eLOCCS summary page submitted above, were 90% or more of the grant funds drawn down in eLOCCS during the last fully completed grant year?

 *

( ) Yes

( ) No

31) If no, please complete a supplemental expenditure form to provide additional information and attach/upload here. This form <ins>can be accessed and downloaded here</ins>

If you are required to complete the supplemental expenditure form, please name the file according to the following naming convention: **"[First 6 digits of Grant Number]_[Project Name]_ FundsExpended"**

Click browse to locate the file on your computer and attach. This should be attached as a PDF or Word document

_____1

_____2

Timely APR Submission

32) Project's APR Submission Due Date:*

_____

33) Date of Project's APR Submission: *

_____

34) If your APR was not submitted on time, please explain the circumstances that led to the late submission:

_____

_____

_____

_____

35) Please attach/upload documentation showing the date of the project's last APR submission.

Please use the following naming convention: **"[First 6 digits of Grant Number]_[Project Name]_APRSubmissionDate"**

A few different options for providing this documentation are listed below. You only need to submit documentation once, not in each of these different ways.

- **Copy of the email you received from the Sage system confirming the submission of the APR.**
- **Copy of an email from your HUD Rep showing whether the APR was submitted on time.**
- **Copy of the details for your Sage submission – this should be available by clicking the VIEW buttons for the status ("VIEW ALL Status Changes and Notes").**

To view an example of each of these sources of documentation, click here -
https://www.dropbox.com/s/7gjvualypynojrl/Examples_APRSubmissionDate.pdf?dl=0

Click browse to locate the file on your computer and attach. This should be attached as a PDF document
 *

_____1

_____2

Cost Effectiveness

36) If there is any reason why your program may have had higher cost per household than is typically the case, you may provide an explanation here for consideration:

_____

_____

_____

_____

HUD Monitoring

37) Has your project been monitored by HUD in the last 2 years? *

( ) Yes

( ) No

38) If yes, please please ATTACH/UPLOAD the Monitoring Report/Letter received from HUD and documentation of the resolution of any Findings.

Please name the file using the following naming convention: "[First 6 digits of grant number]_[Project Name]_Monitoring". If multiple documents are uploaded, please add additional text at the end of the above name.

Click browse to upload the document from your computer. Please upload as a PDF document.

_____1

_____2

_____3

_____4

_____5

Housing First

 Please answer the 10 questions below regarding the Housing First practices of this project.

39) Admission/tenant screening and selection practices promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services.

(Comments Optional)*

( ) Yes

( ) No

Comments:

40) Applicants are not rejected on based on having no income, minor criminal convictions, or behaviors that indicate a lack of "housing readiness."

(Comments Optional)
*

( ) Yes

( ) No

Comments:

41) Supportive services emphasize housing procurement over therapeutic goals. Services plans are highly tenant-driven without predetermined goals.

(Comments Optional)
*

( ) Yes

( ) No

Comments:

42) Participation in services or program compliance is not a condition of staying in our program.

(Comments Optional)
*

( ) Yes

( ) No

Comments:

43) Use of alcohol or drugs in and of itself is not considered a reason for program dismissal.

(Comments Optional)
 *

( ) Yes

( ) No

Comments:

44) We prioritize those with the highest need for services (per Coordinated Entry Community Queue) rather than "first come/first serve", such as duration of homelessness and other barriers.

(Comments Optional)
 *

( ) Yes

( ) No

Comments:

45) Case managers/service coordinators are trained in and actively employ evidence-based practices for client/tenant engagement such as motivational interviewing and client-centered counseling.

(Comments Optional)
 *

( ) Yes

( ) No

Comments:

46) Services are informed by a harm reduction philosophy that recognizes that drug and alcohol use and addiction are a part of tenants' lives, where tenants are engaged in non-judgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices.

(Comments Optional)
 *

( ) Yes

( ) No

Comments:

47) Our primary focus is assisting people in our program with a housing plan for swift exit from homelessness to permanent housing upon enrollment.

(Comments Optional)
 *

( ) Yes

( ) No

Comments:

RHAB Participation and Leadership

48) Please list all CoC committees and subcommittees on which someone from your organization participated during the period October 1, 2017-September 30, 2018.
 *

_____

_____

_____

_____

49) RHAB Participation: In which region did you attend RHAB meetings: *

( ) Central Valley

( ) Lehigh Valley

( ) Northern Tier

( ) Pocono

( ) South Central

( ) N/A- did not attend RHAB meetings

50) LEHIGH VALLEY RHAB ONLY: Please indicate RHAB Committees or Workgroups attended by a representative of your organization, the name of the staff person and the months during which a meeting was attended (October 1, 2017 to September 30, 2018). (This is being requested to supplement RHAB meetings, as the Lehigh Valley RHAB meets quarterly vs. monthly.)

[ ] Lehigh Valley RHAB Steering Committee - Write In:
_____

[ ] Lehigh Valley RHAB Advocacy Committee - Write In:
_____

[ ] Lehigh Valley RHAB Communications Committee - Write In:
_____

[ ] Lehigh Valley RHAB Employment Committee (Integrated Community Employment Taskforce) - Write In: _____

[ ] Lehigh Valley RHAB Mental Health Committee - Write In:
_____

[ ] Lehigh Valley RHAB Reentry Committee - Write In:
_____

[ ] Lehigh Valley RHAB Veterans Committeer - Write In:
_____

[ ] Lehigh Valley RHAB Youth Committee - Write In:
_____

[ ] Other - Write In: _____

51) CoC Leadership: Did/do any staff from your organization participate in any of the CoC's Committees or Sub-Committees during the period October 1, 2017 to September 30, 2018? This may include: CoC Board, Coordinated Entry Committee, Data Committee, Funding Committee Veterans Leadership Engagement Committee, or any of the RHAB-level Committees.

If you or your staff participation in a committee, please provide the name of staff who attended the applicable Committee.

( ) CoC Board - Write In: _____

( ) Coordinated Entry Committee - Write In:
_____

( ) Data Committee - Write In: _____

( ) Funding Committee- Write In: _____

( ) Veterans Leadership Engagement Committee - Write In:
_____

( ) Written Standards Ad Hoc Committee - Write In:
_____

( ) Other Committee (Which One?) - Write In:
_____

Attendance at CoC Meetings

52) Please provide the name(s) of staff that attended the CoC meeting (in-person or over the phone) on October 16, 2017, which took place at Lycoming College: *

_____

53) Please provide the name(s) of staff that attended the CoC meeting (in-person or over the phone) on April 16, 2018, which took place at the Harrisburg Area

Community College:
*

_____

CoC Training Webinar/Attendance

54) Please provide the name/s of any staff from your organization that participated in any of the below trainings/webinars:

Required trainings unless otherwise noted*

2018 PIT Count Webinar- OPTIONAL (12/1/17):
_____

Motivational Interview (3/14/18): _____

Harm Reduction (4/4/18): _____

Intro to Trauma Informed Care (4/18/18):
_____

Working with Opioid Use Disorders (5/9/18):
_____

Housing First Case Management Training (5/21/18)- NOTE: could attend either 5/21 or 5/22:
_____

Housing First Case Management Training (5/22/18)- NOTE: could attend either 5/21 or 5/22:
_____

Diversion Training- OPTIONAL (6/15/18):
_____

Best Practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking (9/12/18): _____

Thank You!

Thank you for responding to the Eastern PA CoC FY2019 Renewal Summary Form. A copy of your responses will be emailed to you from Survey Gizmo for your records.