Western PA CoC FY2019 Renewal Summary Form

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

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

- **Adherence to HUD Policy Priorities**
- **Project Performance Outcomes**
- **Grant Management**
- **CoC Participation**
- **HMIS Participation and Data Quality**

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/RHAB/LHOTS & County Coalitions for participation. DV programs that do not participate in HMIS will be asked to submit a copy of their APR for Calendar Year 2018 (January 1, 2018-December 31, 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, 3) a letter**

> **signed by the Chair of County LHOT/Housing Coalition to verify participation. 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 or draw down funds quarterly 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 you follow the required naming conventions 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 (westerncoc@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: westerncoc@pennsylvania.org or 215-576-1558.**

Renewal Summary Form Page 1

1) Applicant Name:*

( ) Armstrong County Community Action Agency

( ) Cameron/Elk Counties Behavioral & Developmental Programs

( ) CAPSEA, Inc.

( ) City Mission-Living Stones, Inc.

( ) Community Action, Inc.

( ) Community Connections of Clearfield/Jefferson Counties

( ) Community Services of Venango County, Inc.

( ) Connect, Inc.

( ) County of Butler, Human Services

( ) County of Greene

( ) County of Washington

( ) Crawford County Coalition on Housing Needs, Inc

( ) Crawford County Commissioners

( ) Crawford County Mental Health Awareness Program, Inc

( ) Crisis Shelter of Lawrence County

( ) DUBOIS HOUSING AUTHORITY

( ) Fayette County Community Action Agency, Inc.

( ) Housing Authority of the County of Butler Inc

( ) Indiana County Commumity Action Program, Inc.

( ) Lawrence County Social Services, Inc.

( ) McKean County Redevelopment & Housing Authority

( ) Northern Cambria Community Development Corporation

( ) Union Mission of Latrobe, Inc.

( ) Victim Outreach Intervention Center

( ) Warren-Forest EOC

( ) Westmoreland Community Action

2) Grant # (first 6 digits):*

( ) PA0274
( ) PA0280
( ) PA0283

( ) PA0287

( ) PA0290

( ) PA0291

( ) PA0292

( ) PA0296

( ) PA0303

( ) PA0304

( ) PA0307

( ) PA0308

( ) PA0309

( ) PA0310

( ) PA0311

( ) PA0314

( ) PA0320

( ) PA0424

( ) PA0425

( ) PA0457

( ) PA0458

( ) PA0459

( ) PA0460

( ) PA0491

( ) PA0493

( ) PA0495

( ) PA0496

( ) PA0538

( ) PA0539

( ) PA0540

( ) PA0560

( ) PA0562

( ) PA0597

( ) PA0599

( ) PA0600

( ) PA0601

( ) PA0616

( ) PA0651

( ) PA0670

( ) PA0679

( ) PA0716

( ) PA0718

( ) PA0774

( ) PA0775

( ) PA0776

( ) PA0777

( ) PA0778

( ) PA0779

( ) PA0780

( ) PA0845

( ) PA0846

( ) PA0847

( ) PA0897

( ) PA0899

( ) PA0900

( ) PA0901

( ) PA0902

( ) PA0903

( ) PA0904

( ) PA0939

( ) PA0940

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

( ) PA0274 Armstrong County Permanent Supportive Housing Program

( ) PA0280 Enduring VOICe

( ) PA0283 Gallatin School Living Centre

( ) PA0287 HOPE Project

( ) PA0290 Path Transition Age Project

( ) PA0291 Permanent Supportive Housing

( ) PA0292 Lenox Street Apartments

( ) PA0296 Shelter plus Care I

( ) PA0303 Westmoreland Permanent Supportive Housing Expansion

( ) PA0304 NWRHA

( ) PA0307 AHEAD

( ) PA0308 Crawford County Housing Advocacy Project

( ) PA0309 Crawford County Shelter Plus Care

( ) PA0310 Housing for Homeless and Disabled Persons

( ) PA0311 Housing Plus

( ) PA0314 SAFE

( ) PA0320 Transitional Housing Project

( ) PA0424 Sycamore Commons

( ) PA0425 Turning Point

( ) PA0457 Shelter plus Care - Washington City Mission

( ) PA0458 2018 Renewal App - DuBois Housing Authority - Shelter Plus Care 1/2/3/4/5

( ) PA0459 Housing First FY 2018 Renewal Application

( ) PA0460 CHAPS Family Housing

( ) PA0491 Chestnut Street Gardens Renewal Project Application FY 2018

( ) PA0493 Franklin Court Chronically Homeless

( ) PA0495 Housing Now

( ) PA0496 Liberty House Transitional Housing Program

( ) PA0538 Greene County Supportive Housing Project

( ) PA0539 Home Again Butler County

( ) PA0540 Consolidated Union Mission Permanent Supportive Housing

( ) PA0560 Fairweather Lodge Supportive Housing

( ) PA0562 CHAPS Fairweather Lodge

( ) PA0597 Clinton Street Gardens Renewal Project Application FY 2018

( ) PA0599 PHD Consolidated

( ) PA0600 Consolidated WCA PSH Project FY2018

( ) PA0601 NWRHA 2

( ) PA0616 Fayette Apartments

( ) PA0651 Greene County Shelter + Care Project

( ) PA0670 Home Again

( ) PA0679 WCA PSH-Pittsburgh Street House 2018

( ) PA0716 Armstrong-Fayette Rapid Rehousing Program

( ) PA0718 Veterans RRH

( ) PA0774 WCA PSH for Families 2018

( ) PA0775 TEAM RRH

( ) PA0776 Rapid Rehousing Program of Armstrong County

( ) PA0777 Youngsville Permanent Supportive Housing

( ) PA0778 Northwest RRH

( ) PA0779 Supportive Living

( ) PA0780 Greene County Rapid Rehousing Project

( ) PA0845 Crossing Pointe

( ) PA0846 Fayette County Rapid Rehousing

( ) PA0847 Southwest Regional Rapid Re-Housing Program

( ) PA0897 Warren Permanent Supportive Housing

( ) PA0899 HomeFIRST

( ) PA0900 HomeTEAM

( ) PA0901 My First Place

( ) PA0902 Coordinated Entry Expansion

( ) PA0903 HomeWISE

( ) PA0904 D.W.E.L.

( ) PA0939 Crisis Shelter TH-RRH

( ) PA0940 DV Coordinated Entry Capacity Funds

4) Contact Person: *

_____

5) Email:
Note: this email address will receive confirmation email upon submission of this survey

_____

6) Phone: *

_____

7) Alternate Contact Person:

_____

8) Alternate Email:

_____

9) Alternate Phone:

_____

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

Start Date: _____

End Date: _____

11) Was your project operational for the entire time period January 1, 2018-December 31, 2018?

Note: Projects that did not begin operating until after January 1, 2018 OR are first time renewals should select No*

( ) Yes

( ) No

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

This means that your project will not be scored in the FY19 Competition due to not being operational for the entire period 1/1/18-12/31/18 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

Project Type

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

( ) PSH

( ) RRH

( ) TH

( ) 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

Housing First

Please answer the following questions to indicate the extent to which your project operates in accordance with Housing First principles.

16) 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:

17) 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:

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

(Comments Optional)
 *

( ) Yes

( ) No

Comments:

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

(Comments Optional)
 *

( ) Yes

( ) No

Comments:

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

(Comments Optional)
 *

( ) Yes

( ) No

Comments:

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

(Comments Optional)
*

( ) Yes

( ) No

Comments:

22) 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:

23) 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:

24) 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:

Meeting Goals of Opening Doors

25) Over the course of Calendar Year 2018 (January 1, 2018-December 1, 2018), how many heads of households served were within the following HUD priority population groups (some households may fall within multiple groups):

Please fill in all fields, even if the number was 0*

Total Households Served: _____

Chronically Homeless Households: _____

Youth (under 25) Households: _____

Families with Children Households: _____

Veteran Households: _____

Improve safety of persons fleeing domestic violence

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

 *

( ) Yes

( ) No

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

_____

_____

_____

_____

28) (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? *

_____

_____

_____

_____

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

( ) Yes

( ) No

30) (DV Providers Only) Please ATTACH/UPLOAD a copy of your APR from Calendar Year 2018.

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

Click browse to attach/upload the document from your computer. Please attach the document as an Excel file.*

_____1

_____2

_____3

Promote Access to Mainstream Benefits

Note: Through your response to this RSF question, you are certifying that you have responded in the same way on your Renewal Project application.

31) Please identify whether your project included the following activities: *

	Yes	No
Transportation assistance to clients to attend mainstream benefit appointments, employment training, jobs?	[ ]	[ ]
Use of a single application form for 4 or more mainstream programs?	[ ]	[ ]

At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?	[ ]	[ ]

Unit Utilization

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

_____

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

( ) Yes

( ) No

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

_____

_____

_____

_____

35) If your project experienced any irregularities that negatively impacted your project's performance on the unit utilization measure, you may provide an explanation below for consideration:

_____

_____

_____

_____

Drawdown Rates from eLoccs

36) What is the date range of your last full grant year? *

Beginning Date: _____

End Date: _____

37) Attach/upload summary page from eLOCCS showing dates and amounts of drawdowns for THE LASTY COMPLETED FULL GRANT YEAR here.

Important: Please do not submit information for the grant year you are currently in. You must submit information for the last <u>fully completed</u> grant year.

Please name the file according to 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

38) According to your eLOCCS summary page, did your agency draw down funds at least quarterly?*

( ) Yes

( ) No

39) If your agency was unable to drawdown funds from eLOCCS at least quarterly, please provide the summary page from eLOCCS showing dates and amounts of drawdowns for the last two full grant years for this project.

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

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

_____1

_____2

_____3

_____4

40) 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 above will also be used to score projects related to funds

expended. Please be sure to include the drawdowns for the entire grant year in your summary page.

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

*

( ) Yes

( ) No

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

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

Cost Effectiveness

43) 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:

_____

_____

_____

_____

Timely APR Submission

44) Project's APR Submission Due Date:*

_____

45) Date of Project's APR Submission: *

_____

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

_____

_____

_____

_____

47) 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

HUD Monitoring

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

( ) Yes

( ) No

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

**Please name the file using the following naming convention and attach/upload here:
"[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.**

 *

_____1

_____2

_____3

_____4

_____5

_____6

CoC Participation

CoC Participation data will be verified from meeting sign-in sheets or registration. To ensure we award points accurately, please provide the requested information in the below text boxes.

50) CoC Meeting Attendace: CoC meetings were held on April 25, 2018 and October 24, 2018. Please indicate the name(s) of staff that attended each meeting.

Staff name(s) attended April 25, 2018 CoC Meeting:
_____

Staff name(s) attended October 24, 2018 CoC Meeting:
_____

51) If a representative of your agency was not able to attend either of the meetings above, please explain the circumstances for this:

_____

_____

_____

_____

52) Regional Homeless Advisory Board (RHAB meetings)-- Southwest only

Did a representative of your agency attend at least 50% of SW RHAB meetings?*

( ) Yes

( ) No

( ) N/A (I am a grantee in the Northwest region)

53) If a representative of your agency was not able to attend at least 50% of RHAB meetings, please explain the circumstances for this: *

_____

_____

_____

_____

54) County LHOT or Housing Coalition Meetings:

Did a representative of your agency attend at least 75% of County LHOT/ Housing Coalition meetings?
 *

( ) Yes

( ) No

55) A letter signed by the Chair of County LHOT/Housing Coalition to verify participation must be attached/uploaded here.

Please use the following naming convention: "[First 6 digits of grant Number]_[Organization]_LHOT Letter"

Click Browse to attach/upload the document from your computer. Please attach the document as a PDF.

_____1
_____2
_____3

56) If a representative of your agency was not able to attend at least 75% of County LHOT/Housing Coalition meetings, please explain the circumstances for this: *

_____

_____

_____

_____

CoC Training Webinar/Attendance

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

All trainings required unless otherwise noted*

Motivational Interviewing (March 14, 2018):
_____

Harm Reduction (March 21, 2018): _____

Intro to Trauma Informed Care (April 18, 2018):
_____

Working with Opioid Use Disorders (May 9, 2019):
_____

Housing Focused Case Management- NW (May 23, 2018)- NOTE: Could attend 5/23 OR 5/24:
_____

Housing Focused Case Management- SW (May 24, 2018)- NOTE: Could attend 5/23 OR 5/24:
_____

Diversion Training (June 11 and 12, 2018):
_____

Landlord Engagement in Rural Areas (October 3, 2018)- OPTIONAL:
_____

Full HMIS Participation

58) Does your organization operate additional homeless assistance projects that are NOT required to participate in HMIS, but do participate?

(Response should NOT include projects that receive CoC, ESG, SSVF, PATH, RHY funding, which are required to participate in HMIS) *

( ) Yes

( ) No

59) If yes, please list these project names and component type (e.g. ES, TH, RRH, PSH) below:
 *

_____

_____

_____

_____

Thank You!

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