This document provided for reference only. Responses must be submitted by 10/1/20 at 5pm via Survey Gizmo (Survey Gizmo link provided via email).

Eastern PA FY20 Renewal Project APR Data Collection Survey Form

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Instructions

As part of the FY20 CoC NOFA Competition, all Eastern PA CoC-funded renewal projects will be evaluated according to the [CoC's Renewal Scoring Criteria](). Your agency is responsible for using this APR Data Collection Survey Form to submit required data so that your project can be fairly evaluated and scored

Please complete the form and submit it by October 1st, 2020. We strongly urge all agencies to submit their surveys before the due date. You must hit the submit button for this form to be submitted. You can click the "save and continue" button in the upper right hand corner if you would like to save your responses and return to the survey later *(note: you will need to click save and continue each time you plan to close the survey window in order to save your response).*

This survey is to be used for all project types EXCEPT SSO-CE (Coordinated Entry) projects. SSO-CE projects are not required to complete this survey.

Please note that there are 2 required surveys that your agency is asked to complete as part of this process, including:

- **Renewal Project Summary Form**
- **APR Data Collection Survey Form** *(you are here)*

Both surveys should be submitted by the October 1st deadline.

We appreciate your participation in this process. Questions should be directed to DMA staff at easterncoc@pennsylvaniacoc.org or 215-576-1558. Due to working remotely, if you are not able to reach someone via phone please leave a message and someone from the DMA team will follow up with you

Agency/Project Information

1) Applicant Name:*

( ) Blair County Community Action Program

( ) Candleheart , INC

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

( ) Center for Community Action

( ) Centre County Government

( ) Clinton County Housing Coalition, Inc.

( ) County of Cambria

( ) County of Franklin

( ) County of Lycoming DBA Lycoming-Clinton Joinder Board

( ) Fitzmaurice Community Services, Inc

( ) Housing Alliance of Pennsylvania

( ) Housing Authority of Monroe County

( ) Housing Authority of the County of Cumberland

( ) Housing Development Corporation of NEPA

( ) Housing Transitions, Inc.

( ) Huntingdon House

( ) Lehigh County Housing Authority

( ) Northampton County Housing Authority

( ) Northern Cambria Community Development Corporation

( ) Pennsylvania Coalition Against Domestic Violence

( ) Resources for Human Development, Inc.

( ) Tableland Services, Inc.

( ) The Lehigh Conference of Churches

( ) The Salvation Army, a New York Corporation

( ) 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

( ) PA0514

( ) PA0519

( ) PA0553

( ) PA0578

( ) PA0582

( ) PA0634

( ) PA0647

( ) PA0649

( ) PA0655

( ) PA0661

( ) PA0705

( ) PA0708

( ) PA0736

( ) PA0808

( ) PA0809

( ) PA0810

( ) PA0811

( ) PA0812

( ) PA0813

( ) PA0814

( ) PA0859

( ) PA0883

( ) PA0885

( ) PA0886

( ) PA0887

( ) PA0888

( ) PA0926

( ) PA0927

( ) PA0966

( ) PA0967

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 2019

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

( ) PA0214- Pathfinders PSH

( ) PA0215 LCHA S+C 2019

( ) PA0216 VHDC SHP #2/3 2019

( ) PA0219 - Shelter Plus Care MC (PA0219L3T91808)

( ) PA0222 - Pathways Permanent Supportive Housing Consolidation

( ) PA0360 Independence Gardens Renewal Project Application FY 2019

( ) PA0366- SHP Transitional Housing Project

( ) PA0372 - Blair County Community Action Program-Rapid Re-Housing Program

( ) PA0384 HDC SHP 3 2019

( ) PA0386-Rural Permanent Supportive Housing

( ) PA0445 Lycoming/Clinton Renewal #8

( ) PA0447 - PSH Consolidated

( ) PA0449-Crossroads Housing Bonus Expansion

( ) PA0450-Susquehanna/Wayne PSHP

( ) PA0481 Schoolhouse Gardens Renewal Project Application FY 2019

( ) PA0514 - Perry County Rapid ReHousing

( ) PA0519-PSHP Pike County

( ) PA0553 - Carlisle Supportive Housing Program

( ) PA0578 - Cambria County Comprehensive Housing Program

( ) PA0582 HDC SHP 6 2019

( ) PA0634 - Allentown Hospitality House Permanent Housing Program

( ) PA0647 - Shelter + Care Chronic

( ) PA0649 - Franklin/Fulton Shelter + Care Project 2019

( ) PA0655 - Salvation Army Carlisle PH Project

( ) PA0661 Bedford, Fulton, and Huntingdon RRH

( ) PA0705- Consolidated Permanent Supportive Housing with Disabilities (expansion)

( ) PA0708-Crossroads Schuylkill Co. Permanent Supportive Housing

( ) PA0736 - Connect To Home Coordinated Entry Project FY 2019

( ) PA0808 - Lehigh Valley RRH for families

( ) PA0809-Huntingdon House Rapid Rehousing Program

( ) PA0810 - Nittany House Apartments II

( ) PA0811_Third Street Alliance_Lehigh Valley Rapid Re-Housing Program Expansion_Combined

( ) PA0812 - Rapid Rehousing Cumberland Perry Lebanon

( ) PA0813 South Central PA RRH

( ) PA0814 - Centre County Rapid Re-Housing Program

( ) 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

( ) PA0966 - CCHC Regional Rapid Rehousing

( ) PA0967 - Northeast Regional DV RRH

4) Project Type*

( ) PSH

( ) RRH

( ) TH-RRH

( ) SSO

5) Primary Contact Person: *

_____

6) Primary Contact Email:
Note: this email address will receive confirmation email upon submission of this survey*

_____

7) Primary Contact Phone: *

_____

8) Alternate Contact Person:

Note: we suggest you provide an alternate contact person and their contact information in case we need to follow up with your organization related to any of your survey responses and the primary contact is away due to vacations, etc.

_____

9) Alternate Email:

_____

10) Alternate Phone:

_____

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11) How many total *households* were served in this project from 10/1/18 to 9/30/19?

_____

12) How many *households* entered the project from 10/1/8 to 9/30/19?*

_____

13) How many *households* exited the project from 10/1/8 to 9/30/19?*

_____

INSTRUCTIONS:
In PA HMIS (ClientTrack 19), run the APR for your project for the specified time period - 10/1/18-9/30/19. Using this APR, input the data requested in the cells below. If you are unsure of which information to input into each cell, [please click to view the APR Table Examples.](#)

For instructions on running your APR to gather the requested information, please see [instructions provided by the DCED HMIS team here](#), as well as [instructional video](#). You will also be asked to attach a copy of your APR. In order to attach a copy of your APR, you should upload your APR in the test section of Sage (note: this does not apply to TH-RRH projects. See note below).

Consolidations: If your agency consolidated grants and your projects have not been consolidated yet in HMIS, you should run the APR for all consolidated projects together. You can do this by selecting the projects included in the consolidation when selecting the parameters for your APR.

TH-RRH projects: Please run the APR in HMIS for the TH and RRH projects together. You can do this by selecting both the TH and RRH components of your projects when selecting the parameters for your APR. Due to the unique nature of the TH-RRH APR, TH-RRH providers will not be required to upload a copy of their APR to this survey. DMA will generate a copy of the APR for TH-RRH projects from HMIS in order to validate the data submitted below.

DV providers: please use your DV comparable database to generate an APR for the time period 10/1/19-9/30/19 to submit the data requested below.

You can click the "save and continue" button in the upper right hand corner if you would like to save your responses and return to the survey later.

NOTES:
-If you have questions about this survey, please contact DMA staff at easterncoc@pennsylvaniacoc.org for assistance.
-If you have an issue with PA HMIS or the APR, please contact the HMIS team immediately at ra-pahmis@pa.gov and cc easterncoc@pennsylvaniacoc.org. Please put "CoC SCORING" in the subject line so that the team is aware that your issue is related to CoC scoring and can expedite their response.

DATA INPUT: Please input data from the corresponding APR tables into the fields below.

In this section, please refer to the APR you have run for the project. If you are unsure of which APR question or table to use or which field to enter, please click here to refer to the APR Table Examples.

14) Q.5a: Report Validation Table*

	# Persons
Total Number of Persons Served	
Number of Adults (Age 18 or Over)	
Number of Leavers	
Number of Adult Leavers	

Number of Stayers	
Number of Adult Stayers	
Number of Youth Under Age 25	
Number of Adult Heads of Household	

15) Q.6a: Data Quality: Personally Identifying Information (PII)*

	Client Doesn't Know/Refused	Total	% of Error Rate
Name			
Social Security Number			
Date of Birth			
Race			
Ethnicity			
Gender			
Overall Score (*note: data not available for Client Doesn't Know/Refused; write n/a*)			

16) Related to the Q6a Data Quality: Personally Identifying Information (PII) chart above:

Were any of the Client Doesn't Know/Refused responses in the chart above due to DV survivors not providing their personally identifiable information due to confidentiality or safety concerns?

(note: this is not information available in the APR. You will need to provide this information from your HMIS/client records)
 *

( ) Yes

( ) No

( ) Unsure

17) Q6a Data Quality: Personally Identifying Information (PII)

If yes to question above, please fill out the chart below indicating how many DV survivors did not provide their personally identifiable information due to safety or confidentiality concerns? (note: this is not information available in the APR. You will need to provide this information from your HMIS/client records)

	# of DV survivors who did not provide PII due to safety or confidentiality concerns
Name	
Social Security Number	
Date of Birth	
Race	
Ethnicity	
Gender	

18) Q.6c: Income and Housing Data Quality*

	% of Error Rate
Destination	
Income and Sources at Entry	
Income and Sources at Annual Assessment	
Income and Sources at Exit	

19) Q.6e: Timeliness*

	# of Project Start Records	**# of Project Exit Records**
0 Days		
1-3 Days		
4-6 Days		
7-10 Days		
11+ Days		

20) Q8a: Number of Households Served*

	# Households
Total Households - Total	

21) Q8b: Point-in-Time Count of Households on the Last Wednesday*

	Total # Households
January	
April	
July	
October	

22) Q11: Age*

	# Total
13-17	
18-24	
55-61	
62+	
Client Doesn't Know/Client Refused	
Data Not Collected	
Total	

23) Q13b2: Number of Conditions at Exit*

	Total #

None	
1 Condition	
2 Conditions	
3+ Conditions	
Condition Unknown	
Don't Know/Refused	
Data Not Collected	
Total	

24) Q13c2: Number of Conditions for Stayers*

	Total #
None	
1 Condition	
2 Conditions	
3+ Conditions	
Condition Unknown	
Don't Know/Refused	
Data Not Collected	

Total	

25) Q14a: Domestic Violence History*

	Total #
Yes	
No	
Client Doesn't Know/Client Refused	
Data Not Collected	
Total	

26) Q14b: Persons Fleeing Domestic Violence*

	Total #
Yes	

27) Q15: Living Situation at Project Start*

	Total #
Place not meant for habitation	

Subtotal - Homeless Situations	
Client Doesn't Know/Client Refused	
Total	

28) Q18: Client Cash Income Category - Earnred/Other Income Category (by Start and Annual Assessment/Exit Status)*

	Number of Adults at Start	# Stayers (Number of Adults at Annual Assessment)	# Leavers (Number of Adults at Exit)
Adults with No Income			
Adults with Client Doesn't Know/Client Refused			
Adults with Missing Income Information			
Number of Adults Stayers Not Yet Required to Have an Annual			

Assessment (*note: data not available for Adults at Start and Leavers; write n/a*)			
Number of Adult Stayers Without Required Annual Assessment (*note: data not available for Adults at Start and Leavers; write n/a*)			
Total Adults			

29) Q19a1: Client Cash Income Change - Income Source (by Start and Latest Status)

(note: This number should be a whole number, not a percentage)*

	Performance Measure: Adults who Gained or Increased Income from Entry to Annual Assessment
Number of Adults with Any Income (i.e. Total Income)	

30) Q19a2: Client Cash Income Change - Income Source (by Start and Exit)

(note: This number should be a whole number, not a percentage)*

	Performance Measure: Adults who Gained or Increased Income from Entry to Annual Assessment
Number of Adults with Any Income (i.e. Total Income)	

31) Q20b: Number of Non-Cash Benefit Sources

For Q20b, please note that information for "# Stayers" should be taken from the Q20b table column named "Benefit at Latest Annual Assessment for Stayers." Information for "# Leavers" should be taken from the Q20b table column named "Benefit at Exit for Leavers."*

	Benefit at Latest Annual Assessment for Stayers	**Benefit at Exit For Leavers**
No Sources		
1+ Source(s)		
Client Doesn't Know/Client Refused		
Data Not Collected		
Total		

32) Q21: Health Insurance

For Q21, please note that information for "# Stayers" should be taken from the Q21 table column named "Latest Annual Assessment for Stayers." Information for "# Leavers" should be taken from the Q21 table column named "Exit for Leavers."*

	At Annual Assessment for Stayers	**At Exit for Leavers**
Client Doesn't Know/Client Refused		
Data Not Collected		
Number of Stayers not yet Required to Have an Annual Assessment (*note: data not available for Leavers; write n/a*)		
1 Source of Health Insurance		
More than 1 Source of Health Insurance	_	

33) Q22a1: Length of Participation- CoC Projects*

	Stayers
Total	

34) Q22c: Length of Time between Project Start Date and Housing Move-in Date*

	Total
Average length of time to housing	

35) Q23c: Exit Destination*

	Total #
Permanent Destinations Subtotal	
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	
Transitional housing for homeless persons (including homeless youth)	
Total	
Total persons exiting to positive housing destinations	
Total persons whose destinations excluded them from the calculation	

Percentage	

36) APR run for 10/1/18-9/30/19 (Note: Required for PSH, RRH, and SSO projects only. DMA will download TH-RRH APR's from HMIS)

File name convention (use the appropriate project grant number and agency name): "PA0000_AgencyName_FY19APR"

NOTES:

- **File must be uploaded as a PDF document.**
- **Grantee must upload the APR into the Sage test environment. Once the APR is uploaded in the Sage test environment, please print the document as a PDF.**
- **See instructional video here if you need assistance with this process.**
- **If this project was consolidated in previous grant round and has not yet been consolidated in HMIS, you should submit one APR that includes the data from all of the projects included in the consolidation.**

Note to DV Providers: DV Providers may upload an APR generated from the DV comparable database. If DV provider is unable to upload the APR as a PDF, DV provider may upload as a single Excel document.

Please reach out to easterncoc@pennsylvaniacoc.org if you have any questions/concerns/issues.

This is a required attachment.*

Thank You!

Thank you for completing the APR Data Collection Survey Form! A confirmation email will be sent to you (at the email address indicated in the survey) with a copy of your responses. Please save this information for your records. If you do not receive the confirmation email (this may take up to 30 minutes to send), you may contact easterncoc@pennsylvaniacoc.org and we can re-send it to you.

This document provided for reference only. Responses must be submitted by 10/1/20 at 5pm via Survey Gizmo (Survey Gizmo link provided via email).

Important Reminder:
There are 2 required surveys that make up the FY20 Renewal Project Scoring process:

- **Renewal Project Summary Form**
- **Data Collection Survey Form** *(YOU HAVE COMPLETED THIS SURVEY!)*

Please make sure that you submit both required surveys by the deadline.