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# **Eastern PA CoC FY2020 Renewal Summary Form**

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## **Instructions**

**Eastern PA CoC  
2020 Renewal Summary Form  
Submit by October 1st, 2020**

### **Project Scoring**

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](#). Each CoC funded program in the Eastern PA CoC seeking renewal funding in the FY2020 competition will be scored on their outcomes in addressing the following:

- **Performance and Data Quality**
- **Monitoring**
- **HUD Priorities**
- **CoC Participation**

### **Sources of Data**

The data for scoring each project is drawn from the following sources: HMIS, APR Data from HMIS submitted by grantees, 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 APR data from October 1, 2018 to September 30, 2019, using data from a Comparable Database.

### **Instructions for the FY2020 Renewal Summary Form**

- **Please submit a separate renewal summary form survey for each 2020 CoC project renewal within your organization. This survey is to be used for all project types EXCEPT SSO-CE (Coordinated Entry) projects. SSO-**

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**CE projects will fill out an abbreviated survey (SSO-CE projects will receive the link to this survey from DMA. If you have not received the link, please email [easterncoc@pennsylvaniacoc.org](mailto:easterncoc@pennsylvaniacoc.org)).**

- **You will required to submit/upload required attachments in order to submit this survey form. Required attachments include: 1) ELOCCS summary page, and 2) documentation of APR Submission Date. Instructions are provided in the survey regarding these required documents. In addition:**
  - **If you did not draw down 90% of your project grant in the last grant year you will be required to submit supplemental information.**
  - **If your project was monitored by HUD in the last two years you will be required to submit supplemental information.**
- **You will also have the opportunity to submit/upload attachments for bonus points related to Housing First. Instructions are provided in the survey related to these documents/attachments.**
- **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 October 1, 2020. If you have extenuating circumstances that prevent you from meeting this deadline, you must contact DMA ([easterncoc@pennsylvaniacoc.org](mailto: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. (*note: you will need to click save and continue each time you plan to close the survey window in order to save your response*).**
- **Questions: Any questions about this form may be directed to: [easterncoc@pennsylvaniacoc.org](mailto: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**

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

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

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## **Renewal Summary Form Page 1**

### **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.
- Commonwealth of Pennsylvania
- 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 County Housing Authority

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- 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
- Other - not listed above

**3) Grant Number (first 6 digits):\***

- PA0176
- PA0177
- PA0182
- PA0188
- PA0205
- PA0206
- PA0211
- PA0212
- PA0213
- PA0214
- PA0215
- PA0216
- PA0219
- PA0222
- PA0360

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- PA0366
- PA0372
- PA0384
- PA0386
- PA0445
- PA0447
- PA0449
- PA0450
- PA0481
- PA0514
- PA0519
- PA0553
- PA0578
- PA0582
- PA0634
- PA0647
- PA0649
- PA0655
- PA0661
- PA0705
- PA0708
- PA0808
- PA0809
- PA0810
- PA0811
- PA0812
- PA0813
- PA0814
- PA0859
- PA0883
- PA0885
- PA0886

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- PA0887
- PA0888
- PA0926
- PA0966
- PA0967
- Other - not listed above

**5) Project Name (with corresponding grant #):\***

- PA0176 - Nittany House Apartments
- PA0177 - Perry County Veterans Program
- PA0182 Franklin/Fulton Homeless Assistance Project 2019
- PA0188 Commonwealth of PA HMIS (PA-509) FY2019
- 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

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- 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
- 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
- PA0966 - CCHC Regional Rapid Rehousing
- PA0967- Northeast Regional DV RRH
- Other - Not Listed Above

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**7) Primary Contact Person: \***

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**8) Primary Contact Email:**

*Note: this email address will receive confirmation email upon submission of this survey\**

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**9) Primary Contact Phone: \***

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**10) Alternate Contact Person:**

*Note: we suggest you provide an alternate contact person and their contact info 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.*

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**11) Alternate Contact Email:**

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**12) Alternate Contact Phone:**

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

Start Date\*: \_\_\_\_\_

End Date\*: \_\_\_\_\_

**14) Was your project operational for the entire period 10/1/18-9/31/19?**

*Note: Projects that did not begin operating until after 10/1/18 or are a first time renewal should select NO.\**

Yes

No

**If you selected No to question 14 above you will see question 15 below:**

**15) Wait - we want to make sure that this information is correct before proceeding! You have indicated that your project was not operational for the entire time period 10/1/18-9/31/19.**

**This means that your project will not be scored in the FY20 Competition due to not being operational for the entire period 10/1/18-9/31/19 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?**

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Yes. I'm Sure. My project was not operational for the entire time period 10/1/18-9/31/19. (By selecting this, I understand the survey will end after this question)

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

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**Renewal Summary Form Page 2**

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**16) Which project type are you seeking to renew?\***

- PSH
- RRH
- TH-RRH
- SSO

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

- Yes
- No

**18) Is your project dedicated to persons experiencing domestic violence?\***

- Yes
- No

**19) Is your project site-based or scattered-site?\***

- Site-based
- Scattered-site

**20) Was this project awarded an expansion in either of the following HUD CoC Competition rounds?**

**If yes, select which year(s). If no, select "Not Applicable".\***

- FY18
- FY19
- Not Applicable - No expansions in FY18 or FY19

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**21) Is this project a consolidation of 2 more projects from either of the following HUD CoC Competition rounds?**

**If yes, select which year(s). If no, select "Not Applicable".\***

FY18

FY19

Not Applicable - No Consolidations in FY18 or FY19

**Improve safety of persons fleeing domestic violence**

**DV Providers: Please respond to the following narrative questions.**

**22) (DV Providers Only)**

**Please describe how your project ensures the safety of DV survivors by:**

- 1. Training staff on safety planning;**
- 2. Training staff on trauma-informed, victim centered approaches;**
- 3. Adjusting intake space to better ensure a private conversation;**
- 4. Working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
- 5. Keeping the location of units used for survivors confidential.**

**Please respond to all parts of the question. Please number your question with parts 1 through 5.**

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**23) (DV Providers Only)**

**Please describe how you measure the projects' ability to ensure the safety of DV survivors served within the project (i.e. how does the project capture/evaluate this data).\***

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**Participant Eligibility**

**Participant Eligibility:** To assist in scoring criterion 10 (Participant Eligibility), the APR outcome data covering 10/1/18 to 9/30/19 will be used. Additional information from your HMIS records is needed – please provide the information requested below.

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

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**25) Of the total *adults* served in the project from 10/1/18 to 9/30/19, how many were literally homeless at project entry?**

*If none, write 0.*

**HUD Category 1/Literally Homeless Definition:**

**Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:**

- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;**
- (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional**

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**housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or**  
**(iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution\***

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**26) Of the total *adults* served in the project from 10/1/18 to 9/30/19, how many were fleeing domestic violence or attempting to flee domestic violence at project entry? (if there were participants who were literally homeless AND fleeing DV, please include them in the number above)**

*If none, write 0.*

#### **HUD Category 4/Fleeing Domestic Violence Definition**

**Any individual or family who:**

**(i) Is fleeing, or is attempting to flee, domestic violence;**

**(ii) Has no other residence; and**

**(iii) Lacks the resources or support networks to obtain other permanent housing\***

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**27) Of the total *adults* served in the project from 10/1/18 to 9/30/19, how many were both literally homeless AND fleeing DV?**

*If none, write 0.\**

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**Unit Utilization Rates**

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

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

Yes

No

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

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#### **Drawdown Rates from eLoccs**

**31) What are the start and end dates of your last fully completed grant year? \***

Start Date\*: \_\_\_\_\_

End Date\*: \_\_\_\_\_

**32) Attach/upload summary page from eLOCCS showing dates and amounts of drawdowns for THE LAST FULLY COMPLETED GRANT YEAR here.**

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

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**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*

\*

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

Yes

No

**34) 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

**35) 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: \***

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### **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.**

**36) 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

**37) 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

### **Timely APR Submission**

**38) Project's APR Submission Due Date:\***

\_\_\_\_\_



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**39) Date of Project's APR Submission: \***

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

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**41) 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/7gjvualypynoirl/Examples\\_APRSubmissionDate.pdf?dl=0](https://www.dropbox.com/s/7gjvualypynoirl/Examples_APRSubmissionDate.pdf?dl=0)**

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

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\_\_\_\_\_1

\_\_\_\_\_2

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### **Cost Effectiveness**

**42) 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:**

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### **HUD Monitoring**

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

- Yes
- No

**44) 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.*

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\_\_\_\_\_4

\_\_\_\_\_5

## **Housing First**

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

**45) 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:**

**46) 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:**

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

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**(Comments Optional)**

\*

Yes

No

**Comments:**

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

**(Comments Optional)**

\*

Yes. Participation in services or program compliance is NOT a condition of staying in our program.

No. Participation in services or program compliance IS a condition of staying in our program.

**Comments:**

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

**(Comments Optional)**

\*

Yes. Use of alcohol or drugs in and of itself is NOT a reason for program dismissal.

No. Use of alcohol or drugs in and of itself is a reason for program dismissal.

**Comments:**

**50) 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**

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**and other barriers.**

**(Comments Optional)**

\*

Yes

No

**Comments:**

**51) 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:**

**52) 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:**

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**53) 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:**

**Bonus: HUD Housing First Assessment Tool**

**Projects will be eligible for up to 4 bonus points for completing/submitting the HUD Housing First Assessment Tool (2 bonus points) and Housing First Assessment Tool Follow Up Form (2 bonus points).**

**54) Did your agency complete the HUD Housing First Assessment Tool?**

**The HUD Housing First Assessment Tool can be found here:**

**<https://www.hudexchange.info/resource/5294/housing-first-assessment-tool/>**

**Note: The tool is an Excel document that can be downloaded from the HUD Exchange website. \***

Yes

No

**55) Following completion of the HUD Housing First Assessment Tool, did your agency complete the Housing First Assessment Tool Follow Up Form?**

**The Follow Up Form (Word document) can be found here: <https://pennsylvaniacoc.org/wp-content/uploads/2020/07/Housing-First-Assessment-Tool-Follow-Up-Form-stand-alone.docx> \***

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Yes

No

**56) Each agency is only required to complete/submit the HUD Housing First Assessment Tool/Follow Up Form one time per agency.**

**Has your agency already submitted the HUD Housing First Assessment Tool/Follow Up Form with another Renewal Summary Form?**

*If yes, you will not be asked to submit the tool below and DMA will review the Housing First Assessment Tool submitted with the other Renewal Summary Form.\**

Yes

No

**57) If yes, with which project's Renewal Summary Form was the Housing First Assessment Tool/Follow Up Form submitted? (please include grant number and project name)**

*DMA will look for your agency's HUD Housing First Assessment Tool/Follow Up Form with this project's Renewal Summary Form. \**

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**58) Please ATTACH/UPLOAD the HUD Housing First Assessment Tool.**

**Please name the file using the following naming convention: “[First 6 digits of grant number]\_[Project Name]\_HF Assessment Tool”.**

*Click browse to upload the document from your computer. Please upload as an Excel document or save the Excel document as a PDF (all pages) and upload as a PDF.*

*Note: Survey Gizmo will not let you upload a document saved as .xlsm (Macro-enabled Excel workbook), which is the original format of the Excel workbook when you download it from the HUD exchange. If your Excel workbook is saved as .xlsm, please save it as an .xls or .xlsx or .pdf before attempting to upload the document. \**

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**59) Please ATTACH/UPLOAD the HUD Housing First Assessment Tool Follow Up Form.**

**Please name the file using the following naming convention: “[First 6 digits of grant number]\_[Project Name]\_HF Follow Up Form”.**

*Click browse to upload the document from your computer. Please upload as a Word or PDF Document.\**

### **Bonus: Equity**

**The Eastern PA CoC is committed to advancing equity in the provision of homeless assistance services for people who may face additional barriers due to race, ethnicity, LGBTQ status, religion, immigrant status, etc.**

**Projects will be eligible for up to 4 bonus points based on narrative responses related to efforts to advance equity in provision of services.**

### **60) BONUS (OPTIONAL)**

**The Eastern PA CoC is committed to advancing equity in the provision of homeless assistance services for people who may face additional barriers due to race, ethnicity, LGBTQ status, religion, immigrant status, etc.**

**Please provide narrative description of recent or current actions taken to address disparities and advance equity in its provision of services (this can be at the agency or program level).**

**Examples may include actions such as:**

- **staff training(s): equity, trauma informed care, cultural competence, etc.**
- **reviewing and updating policies & procedures to incorporate an equity lens and remove barriers that might cause a specific group to avoid or be barred from your program (e.g., culturally biased dress codes, diversity of staff, rules on previous behavior or residence, etc.)**
- **evaluating the design of your program: does it address discrimination that may occur in the market (e.g., landlord engagement); deliver culturally-**



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**competent services; and take into account culturally-responsive, community-based supports the client/tenant might need?**

- **partnering with community-based organizations that target services to specific subpopulations by supporting participants with jobs, health care, social support, etc.**
- **expanding opportunities for people with lived experience of homelessness (including people of color, those identifying as LGBT, people of different religious backgrounds, immigrants, persons with disabilities, etc.) to provide expert advice and opinions on policy, procedures, and service delivery; Pay them as experts**
- **reviewing program outcomes for disparities across different groups of people, including data on who is admitted to the program and who is exited from the program to examine potential disparities**
- **updating forms to promote inclusion: ask participants their pronouns, legal name, and chosen name; translate forms to primary languages spoken by your participants; etc.**
- **evaluating the representation within your board membership and/or organizational leadership to determine whether your board/leadership reflects the population served**
- **providing anonymous ways to collect feedback from staff and participants on the culture and climate of your services**

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### **RHAB Participation and Leadership**

**61) Please list all CoC committees and subcommittees on which someone from your organization participated during the period October 1, 2018-September 30, 2019.**

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

- Central Valley
- Lehigh Valley
- Northern Tier
- Pocono
- South Central
- Not applicable - did not attend RHAB meetings

**63) 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, 2018 to September 30, 2019). (This is being requested to supplement RHAB meetings, as the Lehigh Valley RHAB meets quarterly vs. monthly.)**

Lehigh Valley RHAB Steering Committee - Write In:

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Lehigh Valley RHAB Advocacy Committee - Write In:

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Lehigh Valley RHAB Communications Committee - Write In:

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Lehigh Valley RHAB Employment Committee (Integrated Community Employment Taskforce) - Write In: \_\_\_\_\_

Lehigh Valley RHAB Mental Health Committee - Write In:

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Lehigh Valley RHAB Reentry Committee - Write In:

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Lehigh Valley RHAB Veterans Committeer - Write In:

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Lehigh Valley RHAB Youth Committee - Write In:

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*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).*

[ ] Other - Write In: \_\_\_\_\_

**64) 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, 2018 to September 30, 2019? 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: \_\_\_\_\_

[ ] Veterans Leadership Engagement Committee - Write In:  
\_\_\_\_\_

[ ] Written Standards Ad Hoc Committee - Write In:  
\_\_\_\_\_

[ ] Other Committee (Which One?) - Write In:  
\_\_\_\_\_

### **Attendance at CoC Meetings**

**65) Please provide the name(s) of staff that attended the CoC meeting (in-person or over the phone) on October 11, 2018, which took place at Pennsylvania State Association of Township Supervisors in Enola, PA**

\*

\_\_\_\_\_

*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).*

**66) Please provide the name(s) of staff that attended the CoC meeting (in-person or over the phone) on April 15, 2019, which took place at the Harrisburg Areas Community College's Midtown II Campus:\***

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### **CoC Training Webinar/Attendance**

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

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Making Connections: Getting the Right Resources to the People Who Need Them Most - Eligibility Training (5/21/19) - NOTE: could attend either 5/21 or 5/22:

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Making Connections: Getting the Right Resources to the People Who Need Them Most - Eligibility Training (5/22/19) - NOTE: could attend either 5/21 or 5/22:

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Understanding Positive/Human Development webinar (1/29/19):

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The Adolescent Brain: Trauma, Development & De-Escalation Skills webinar (2/27/19):

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Treat me as ME": The Ins and Outs of Working with Diverse Populations webinar(3/26/19):

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Moving Beyond the Stereotypes: Commercial Exploitation of Youth webinar (4/30/19):

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### **Full HMIS Participation (BONUS)**

**68) Does your organization either:**

**a) operate additional homeless assistance projects that are NOT required to participate in HMIS, but do participate, OR**

**b) does your organization partner with another organization/program that is not NOT required to participate in HMIS to enter their data into HMIS?**

*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).*

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

Yes

No

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

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**Thank You!**

**Thank you for completing the Eastern PA CoC FY2020 Renewal Summary 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.**

**Important Reminder:**

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

- **Renewal Summary Form (*YOU HAVE COMPLETED THIS SURVEY!*)**
- **[APR Data Collection Survey Form](#)**

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

*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).*

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