Western PA FY20 Renewal Project APR Data Collection Survey Form

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Instructions

As part of the FY20 CoC NOFA Competition, all Western 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 30th, 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.

If you need additional guidance on completing this survey, DMA has recorded a walk-through video which can be found here:

- **APR Data Collection Survey Walk-Through Video (25 minutes): https://youtu.be/hIZMeP3xnTE**

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 30th deadline.

We appreciate your participation in this process. Questions should be directed to DMA staff at westerncoc@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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Agency/Project Information

1) Applicant Name:

Note: This name will match what is on [HUD's 2020 CoC Grant Inventory Worksheet](). *

( ) 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 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.

( ) Lawrence County Social Services, Inc.

( ) McKean County Redevelopment & Housing Authority

( ) Northern Cambria Community Development Corporation

( ) Pennsylvania Coalition Against Domestic Violence

( ) Union Mission of Latrobe, Inc.

( ) Victim Outreach Intervention Center

( ) Warren-Forest EOC

( ) Westmoreland Community Action

( ) Other - not listed above

2) If you selected "Other - not listed above", please fill in the correct Applicant Name*

_____

3) Grant Number (first 6 digits):

*Note: These grant numbers will match what is on [HUD's 2020 CoC Grant Inventory Worksheet](). *

( ) PA0274

( ) PA0280

( ) PA0283

( ) PA0287

( ) PA0290

( ) PA0291

( ) PA0292

( ) PA0296

( ) PA0303

( ) PA0304

( ) PA0307

( ) PA0308

( ) PA0309

( ) PA0310

( ) PA0311

( ) PA0314

( ) PA0320

( ) PA0424

This document provided for reference only. Responses must be submitted by 10/30/20 at 5pm via Survey Gizmo (Survey Gizmo link provided via email).

( ) PA0425

( ) PA0428

( ) PA0458

( ) PA0459

( ) PA0460

( ) PA0491

( ) PA0493

( ) PA0495

( ) PA0496

( ) PA0538

( ) PA0539

( ) PA0540

( ) PA0560

( ) PA0562

( ) PA0597

( ) PA0599

( ) PA0600

( ) PA0616

( ) PA0651

( ) PA0670

( ) PA0679

( ) PA0716

( ) PA0718

( ) PA0774

( ) PA0775

( ) PA0776

( ) PA0777

( ) PA0778

( ) PA0779

( ) PA0780

( ) PA0845

( ) PA0846

( ) PA0847

( ) PA0897

( ) PA0899

( ) PA0900

( ) PA0901

( ) PA0903

( ) PA0904

( ) PA0939

( ) PA0980

( ) PA0982

( ) Other - not listed above

4) If you selected "Other - not listed above", please fill in the correct Grant Number*

_____

5) Project Name (with corresponding grant #):

*Note: These names will match what is on [HUD's 2020 CoC Grant Inventory Worksheet](). **

( ) PA0274 Armstrong County Permanent Supportive Housing Program

( ) PA0280-2019 Renewal App-Voice-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_Consolidated 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-LCSS

( ) PA0320 - Transitional Housing Project

( ) PA0424-Sycamore Commons PSH project

( ) PA0425-Turning Point-LCSS

( ) PA0428 Commonwealth of PA HMIS (PA-601) FY2019

( ) PA0458 DHA Shelter Plus Care 12345 2019 RenApp

( ) PA0459 Housing First

( ) PA0460 - CHAPS Family Housing

( ) PA0491 Chestnut Street Gardens Renewal Project Application FY2019

( ) 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 - Union Mission Permanent Supportive Housing

( ) PA0560-Fairweather Lodge Supportive Housing

( ) PA0562 - CHAPS Fairweather Lodge

( ) PA0597 Clinton Street Gardens Renewal Project Application FY 2019

( ) PA0599 PHD Consolidated

( ) PA0600 - WCA Consolidated PSH and PSH-TA 2019

( ) PA0616-Fayette Apartments

( ) PA0651 - Greene County Shelter + Care Project

( ) PA0670-Home Again

( ) PA0679 - WCA PSH Pittsburgh Street House 2019

( ) PA0716 - Armstrong-Fayette Rapid Rehousing Program

( ) PA0718-Veterans RRH-LCSS

( ) PA0774 - WCA PSH for Families 2019

( ) PA0775-TEAM RRH-LCSS

( ) PA0776 - Rapid Rehousing Program of Armstrong County

( ) PA0777 Youngsville Permanent Supportive Housing

( ) PA0778 Northwest RRH Combined

( ) PA0779 - Supportive Living

( ) PA0780 - Greene County Rapid Rehousing Project

( ) PA0845 - Crossing Pointe

( ) PA0846-Fayette County Rapid Rehousing

( ) PA0847-Southwest Regional Rapid Re-Housing Program Combined

( ) PA0897 Warren Permanent Supportive Housing

( ) PA0899 - HomeFIRST

( ) PA0900 - HomeTEAM

( ) PA0901-My First Place RRH

( ) PA0903 - HomeWISE

( ) PA0904 - D.W.E.L.

( ) PA0939 Crisis Shelter TH-RRH 2019

( ) PA0982 - Northwest RRH 2

( ) PA0980 - West CoC Regional DV RRH

( ) Other - not listed above

6) If you selected "Other - not listed above", please fill in the correct Project Name*

_____

7) Project Type*

( ) PSH

( ) RRH

( ) TH-RRH

( ) TH

( ) SSO

8) Primary Contact Person: *

_____

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

_____

10) Primary Contact Phone: *

_____

11) 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.

_____

12) Alternate Email:

_____

13) Alternate Phone:

_____

14) Was your project operational for the entire period 01/01/2019-12/31/2019?

Note: Projects that did not begin operating until after January 1, 2019 or are a first time renewal should select NO.*

( ) Yes
( ) No

15) If no, what was the operating start date for this grant?

If your first HUD contract has not started yet, please write "not started yet"*

_____

16) 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**

01/01/2019-12/31/2019.

This means that your project will not be scored in the FY20 Competition due to not being operational for the entire period 01/01/2019-12/31/2019 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. My project was not operational for the entire time period 01/01/2019-12/31/2019. (By selecting this, I understand the survey will end after this question)

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

Data Collection Page 1

INSTRUCTIONS:
In PA HMIS (ClientTrack 19) or in your DV comparable database, run the APR for your project for the specified time period - 01/01/2019-12/31/2019. Using this APR, input the data requested in the cells below. If you are unsure of which information to input into each cell, <ins>please click to view the APR Table Examples.</ins>

For instructions on running your APR to gather the requested information, please see <ins>instructions provided by the DCED HMIS team here</ins>, as well as <ins>instructional video</ins>. 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).

DV providers: please use your DV comparable database to generate an APR for the time period 01/01/2019-12/31/2019 to submit the data requested below. If you need assistance running your APR, please reach out to your ETO administrator.

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 your APR in HMIS (or your DV comparable database) 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. However, you will be required to submit a copy of your APR via email to DMA at westerncoc@pennsylvaniacoc.org. DMA will be in touch with you regarding submitting your APR via email.

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.

<u>NOTES:</u>
-If you have questions about this survey, please contact DMA staff at westerncoc@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 westerncoc@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. If you are a DV project and have an issue with your APR, please reach out to your ETO administrator.

17) How many total *households* were served in this project from 01/01/2019-12/31/2019?

Please refer to Table Q8a on your APR for this data point.

TH, TH-RRH, RRH, and PSH Projects: please only count households who moved into housing.

_____

18) How many *households* entered the project from 01/01/2019-12/31/2019?

Note: This data point is not available in the APR. Please refer to HMIS or your DV comparable database for this data. Please ensure you are providing the number for households, not individuals.

 *

_____

19) How many *households* exited the project from 01/01/2019-12/31/2019?

Note: This data point is not available in the APR. Please refer to HMIS or your DV comparable database for this data. Please ensure you are providing the number for households, not individuals.*

_____

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.

20) 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	

21) 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*)			

22) 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//DV comparable database/client records)
 *

( ) Yes

( ) No

( ) Unsure

23) 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//DV comparable database/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	

24) 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	

25) Q.6e: Timeliness*

	# of Project Start Records	# of Project Exit Records
0 Days		
1-3 Days		

4-6 Days		
7-10 Days		
11+ Days		

26) Q8a: Number of Households Served*

	Total
Total Households	
For PSH and RRH - the total households served who moved into housing (note: for TH and SSO projects, please mark n/a)	

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

	Total # Households
January	
April	
July	
October	

28) Q13b2: Number of Conditions at Exit*

	Total Persons	Without Children	Adults in HH with Children and Adults
None			
1 Condition			
2 Conditions			
3+ Conditions			
Condition Unknown			
Don't Know/Refused			
Data Not Collected			
Total			

29) Q13c2: Number of Conditions for Stayers*

	Total Persons	Without Children	Adults in HH with Children and Adults
None			
1 Condition			
2 Conditions			
3+ Conditions			
Condition Unknown			
Don't Know/Refused			
Data Not Collected			

Total			

30) Q14a: Domestic Violence History*

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

31) Q14b: Persons Fleeing Domestic Violence*

	Total #
Yes	

32) Q15: Living Situation at Project Start*

	Total #
Place not meant for habitation	
Subtotal - Homeless Situations	
Client Doesn't Know/Client Refused	
Total	

33) 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			

34) 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)	

35) 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)	

36) 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		

37) 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		

38) Q22a1: Length of Participation- CoC Projects (Total)*

	Total
30 Days or Less	

31 to 60 Days	
61 to 90 Days	
91 to 180 Days	
181 to 365 Days	
Total	

39) Q22a1: Length of Participation- CoC Projects (Stayers)*

	Stayers
Total	

40) Q22b: Average and Median Length of Participation in Days (Leavers)*

	Leavers
Average length in days	

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

	Total
Average length of time to housing	

42) 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	

43) Q26a: Number of Households w/ at leeast one or more Chronically Homeless Persons*

	Total
Chronically homeless	
Not Chronically Homeless	
Client Doesn't Know/Client Refused	

Data Not Collected	
Total	

44) APR run for 01/01/2019-12/31/2019

File name convention (use the appropriate project grant number and agency name): "PA0000_AgencyName_CY19APR"

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 should 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 westerncoc@pennsylvaniacoc.org if you have any questions/concerns/issues.

This is a required attachment.*

APR run for 01/01/2019-12/31/2019

Note to TH-RRH Providers: Due to the unique nature of the APR for TH-RRH providers, TH-RRH providers will not be able to upload your APR into the test section of Sage; as such, you will not be able to submit your APR as a PDF attachment with this survey.

Therefore, we ask that you submit your APR via email to westerncoc@pennsylvaniacoc.org. You may submit your APR as a zip file attachment or a single Excel document.

DMA will reach out to your project via email to confirm the instructions related to submitting your APR.

If you have any questions/concerns, please reach out to westerncoc@pennsylvaniacoc.org.

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 westerncoc@pennsylvaniacoc.org and we can re-send it to you.

<u>**Important Reminder:**</u>
There are 2 required surveys that make up the FY20 Renewal Project Scoring process:

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

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