

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).

Western PA CoC FY2020 Renewal Summary Form

Instructions

Western PA CoC
2020 Renewal Summary Form
Submit by October 30th, 2020

Project Scoring

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](#). Each CoC funded program in the Western 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 January 1, 2019 to December 31, 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 westerncoc@pennsylvaniacoc.org).

- **You will be 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 30th, 2020. 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. (*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: 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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If you need additional guidance on completing this survey, DMA has recorded a walk-through video which can be found here:

- **Renewal Summary Form Survey Walk-Through Video (25 minutes):**
<https://youtu.be/VRWNzhUESO0>

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](#)

Both surveys should be submitted by the October 30th deadline.

Renewal Summary Form Page 1

1) Applicant Name:

*Note: These names 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

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- 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 Community Action Program, 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

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- PA0290
- PA0291
- PA0292
- PA0296
- PA0303
- PA0304
- PA0307
- PA0308
- PA0309
- PA0310
- PA0311
- PA0314
- PA0320
- PA0424
- PA0425
- PA0458
- PA0459
- PA0460
- PA0491
- PA0493
- PA0495
- PA0496
- PA0538
- PA0539
- PA0540
- PA0560
- PA0562
- PA0597
- PA0599
- PA0600
- PA0616
- PA0651

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- 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 #):

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Note: These grant numbers 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
- () 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

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- 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
- PA0980 - West CoC Regional DV RRH
- PA0982 - Northwest RRH 2
- Other - Not listed above

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

7) Primary Contact Person: *

8) Primary Contact Email:

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

9) Primary Contact Phone: *

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.

11) Alternate Contact Email:

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12) Alternate Contact Phone:

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 01/01/19-12/31/19?

*Note: Projects that did not begin operating until after 01/01/19 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 01/01/19-12/31/19.

This means that your project will not be scored in the FY20 Competition due to not being operational for the entire period 01/01/19-12/31/19 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 01/01/19-12/31/19.
(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

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

- PSH
 RRH
 TH-RRH
 TH
 SSO

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

- Yes
 No

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

- Yes
 No

20) Is your project site-based or scattered-site?*

- Site-based
 Scattered-site
 Both

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21) If your project is both site-based and scattered-site, how many of your funded units are site-based and how many are scattered-site?*

Scattered-Site Total Funded Units:: _____

Site-Based Total Funded Units:: _____

22) 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

23) 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.

24) (DV Providers Only)

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

1. Training staff on safety planning;

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- 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.

*

25) (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).*

Participant Eligibility

Participant Eligibility: To assist in scoring criterion 10 (Participant Eligibility), the APR outcome data covering 01/01/19-12/31/19 will be used. Additional information from your HMIS records (or data from your DV comparable database, if you are a DV provider) is needed – please provide the information requested below.

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26) How many total *adults* were served in this project from 01/01/19-12/31/19?

*Note: this data point can be found in your APR (1/1/19-12/31/19), Q5a table**

27) Of the total *adults* served in the project from 01/01/19-12/31/19, how many were literally homeless at project entry (see definition below)?

Please refer to your HMIS/client records or DV comparable database for this information.

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 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***
-

28) Of the total *adults* served in the project from 01/01/19-12/31/19, how many were Category 4 homeless/fleeing domestic violence (see definition below) at project entry?

Please refer to your HMIS/client records or DV comparable database for this information.

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If none, write 0.

HUD Category 4/Fleeing Domestic Violence Definition

Any individual or family who:

(i) are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.;

(ii) Has no other residence; and

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

29) Of the total *adults* served in the project from 01/01/19-12/31/19, how many were both literally homeless AND fleeing DV?

Please refer to your HMIS/client records or DV comparable database for this information.

*If none, write 0.**

Unit Utilization Rates

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

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

() Yes

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() No

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

Drawdown Rates from eLoccs

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

Start Date*: _____

End Date*: _____

34) 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.

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

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

- Yes
- No

36) 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**

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

Funds Expended

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

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38) 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

39) 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

*

Timely APR Submission

40) Project's APR Submission Due Date:*

41) Date of Project's APR Submission: *

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

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43) 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/7gjuvalypynoirl/Examples_APRSubmissionDate.pdf?dl=0

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

Cost Effectiveness

In order to score the cost effectiveness criteria, additional information from your HMIS records/DV comparable database is needed – please provide the information requested below.

44) Please use the spaces below to indicate the number of households that exited this project to a permanent housing destinations in Calendar Year 2019 (01/01/19-12/31/19)

Permanent housing destinations include the following: Moved from one HOPWA

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funded project to HOPWA PH; Owned by client, no ongoing housing subsidy; Owned by client, with ongoing housing subsidy; Rental by client, no ongoing housing subsidy; Rental by client, with VASH housing subsidy; Rental by client, with GPD TIP housing subsidy; Rental by client, other ongoing housing subsidy; PH for formerly homeless persons; Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, with RRH or equivalent subsidy.

Total households that exited to permanent housing destinations: *

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

HUD Monitoring

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

Yes

No

47) 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.

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

*

Housing First

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

48) 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:

49) 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:

50) 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:

51) 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:

52) 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:

53) 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:

54) 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:

55) 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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56) 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).

57) 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

58) 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/2020/10/Housing-First-Assessment-Tool-Follow-Up-Form-Western-PA-CoC.docx>*

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Yes

No

59) 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

60) 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. **

61) 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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62) 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.**

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.

63) CoC Meeting Attendance: CoC meetings were held on April 10th, 2019 and October 16th, 2019. Please indicate the name(s) of staff that attended each meeting.

*If no staff attended, please write "None"**

Staff name(s) attended April 10th, 2019 CoC Meeting:

Staff name(s) attended October 16th, 2019 CoC Meeting:

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

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

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

() Yes

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No

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

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

67) County LHOT or Housing Coalition Meetings:

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

Yes

No

68) 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

69) 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: *

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CoC Training Webinar/Attendance

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

(if no staff attended, please write "None")

All trainings required unless otherwise noted

*

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

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

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

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

Making Connections: Getting the Right Resources to the People Who Need Them Most -- Eligibility Training IN PERSON (3/5/2019) *Note: could attend 3/5 or 3/6:

Making Connections: Getting the Right Resources to the People Who Need Them Most -- Eligibility Training IN PERSON (3/6/2019) *Note: could attend 3/5 or 3/6:

Full HMIS Participation (BONUS)

71) 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) *

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).

() Yes

() No

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

*

Thank You!

Thank you for completing the Western 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 westerncoc@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](#)**

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

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).
