

**Tucson Pima County Coalition to End
Homelessness (TPCH) Continuum of Care
2016 Evaluation & Monitoring Form**

Instructions: Please complete this form. All forms and attachments must be received electronically by the Performance Evaluation Monitoring Committee through the TPCH Administrator Settle Madden. Please direct all questions to: **settle.madden@communitypartnersinc.org**.

A separate form must be completed for EACH HUD CoC Program project; however, recipient is responsible for collecting and submitting information for all project partners.

Agency Name: _____

Project Name & Grant ID: _____

Project Type: PSH RRH TH Safe Haven SSO

Project Address(es): _____

Contact Person: _____

Phone Number: _____ E-mail Address: _____

Please answer the following questions about the project during the Operating Year covered by your most recently submitted HUD APR:

Project Summary

Please provide a brief program summary including information about the specific services or operations for which the McKinney-Vento funding was used as aligned with the TPCH Written Standards. Describe the population served, whether the project is dedicated or prioritizing Chronic Homeless persons and how, and describe how the project collaborates with other organizations.

How many Chronically Homeless persons did this project serve during this reporting period?

Section I. Eligibility, Prioritization & Methodology

1. Coordinated Entry Participation during reporting period

How many clients who enter project have been assessed using the VI-SPDAT? _____

How many VI-SPDATs has project entered into HMIS? _____

How many project housing openings have received matches from the Coordinated Entry match list? _____

Additional information regarding participation requirement:

2. **Housing First.** How are Housing First principles applied in this project?

3. **Case Management Methodology.** Describe how project assesses client needs, sets client-centered goals, and meets project objectives. Include information about what tool is used, how services are made available to participants and how the project helps households work towards and achieve self-sufficiency.

ADMINISTRATION ONLY: Project Improvement Plan recommended for projects that does not demonstrate participation in Coordinated Entry.

SECTION II. Performance Measures & Outcomes

PROJECT DATA – ATTACH Most recent project APR		
Measure	Result	Explanation if necessary
4. Average Daily Bed Utilization Rate in most recent APR (Q#10)		If below 65% or above 100% please explain why and describe plans for improvement.
5. % of participants employed at project exit (Q24b2)		If below 20%, please explain why and describe plans for improvement.

6. % of leavers who maintained (PH Only) or increased of total income (Q36a-2a PH, Q 36b-2a TH, or Q36e-2a SH)		If below 20% please explain why and describe plans for improvement.
7. % of leavers who maintained (PH Only) or increased non-cash benefits (Q26a2 "1+ Source(s)" for adults / Q26a2 total adults)		If below 56% please explain why and describe plans for improvement.
8. % of leavers exit to PH (Q 36b-1 TH or Q36e-1 SH)		If below 80% please explain why and describe plans for improvement.
9. % of participants who remain in permanent housing or exit to permanent housing (Q.36a-1 PH) – RRH?		If below 80% please explain why and describe plans for improvement.
10. Average Length of Stay (LOS) from APR Question (Q27)		Comments?

ADMINISTRATION ONLY: Project Improvement Plan recommended for projects that percentage falls below rating tool/HUD goal.

SECTION III – Budget, Leverage, & Grant Administration

BUDGET – Attach last recapture or unexpended funds letter			
11. A. Check applicable budget line items that utilize HUD funds and matching funds.	Attach current project budget approved by HUD	Budget <input type="checkbox"/> Leasing <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Operating <input type="checkbox"/> Supportive Svc <input type="checkbox"/> HMIS <input type="checkbox"/> Administration	Match <input type="checkbox"/> Leasing <input type="checkbox"/> Rental Assistance <input type="checkbox"/> Operating <input type="checkbox"/> Supportive Svc <input type="checkbox"/> HMIS <input type="checkbox"/> Administration
B. What was the total award amount? What was the total award amount expended?			
12. How frequently do you drawdown funds from HUD for this project?	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually		

13. Identify how your project identifies and tracks leverage.	Please explain:
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ADMINISTRATION ONLY: Project Improvement Plan recommended for projects that expend less than 100% of awarded funds.

SECTION IV – Policies & Procedures

COC PROGRAM POLICY AND PROCEDURE		
14. A . Does each participant file contains verification of homelessness or chronic homelessness status at the time of project entry. (24 CFR § 578.103(a)(3); 24 CFR § 576.500(b))	<p>Attach blank sample</p> <p>Yes No</p>	If No, please explain:
<p>B. Does project has written policies and procedures for documenting homelessness? (E.g., intake staff document eligibility; documentation is required for all persons seeking assistance; written policies state the evidence that may be relied upon to establish and verify homeless status, agency makes efforts to get the appropriate documentation. In order of preference:</p> <ul style="list-style-type: none"> • Third party documentation • Intake worker observations • Certification from the person seeking assistance 	<p>Attach Sample</p> <p>Yes No</p>	If No, please explain:
<p>15. If the project provides PSH, does each participant file contain verification of participant’s disability? 24 CFR § 578.37(a)(1)(i)</p> <ul style="list-style-type: none"> • Verification from a professional who is licensed to diagnose and treat condition OR • Disability verified by the Social Security Administration in the form of a VA disability check, or an SSDI check. 	<p>Attach Sample</p> <p>Yes No</p>	If No or N/A, please explain:

<p>16 A. If project receives leasing or rental assistance funding, does agency have written policy for HQS inspections and does it complete inspection prior to move-in and annually? If Project is CoC RRH, does it follow TPCH Written Standards? 24 CFR § 578.75(b); 24 CFR § 578.103(a)(8)</p> <p>B. If project receives leasing or rental assistance funding, does project ensure access to housing regardless of race, color, religion, sex, gender identify, sexual orientation, disability, familial status, limited English proficiency, or national origin? (24CFR 5.105(a))</p>	<p>Attach Sample</p> <p>Yes No</p> <p>Yes No</p>	<p>If No or N/A, please explain:</p>
<p>17. If project serves families or youth, does agency have a policy and designated staff person to be responsible for ensuring that children being served in the project are enrolled in school and connected to appropriate services in the community? 24 CFR § 578.23(c)(4) (iv)</p>	<p>Attach Sample</p> <p>Yes No</p>	<p>If No or N/A, please explain:</p>
<p>18. Does project receive client/consumer feedback regarding outcomes and project performance?</p>	<p>Attach Sample</p>	<p>Please explain:</p>

AGENCY POLICY AND PROCEDURE		
<p>19. Is there at least one homeless/formerly homeless person on the Board of Directors or equivalent policymaking entity? 24 CFR § 578.75(g)(1)</p>	<p>Attach Sample</p> <p>Yes No</p>	<p>If No, please explain:</p>
<p>20. Does the project involves homeless individuals and families through employment; volunteer services; or otherwise; in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project. 24 CFR § 578.75 (g)(2)</p>	<p>Attach Sample</p> <p>Yes No</p>	<p>If No, please explain:</p>
<p>21. The project has a general conflict-of- interest policy for staff and Board members. 24 CFR § 578.95(c); 24 CFR § 578.103(a)(11)</p>	<p>Attach Sample</p> <p>Yes No</p>	<p>If No, please explain:</p>

ADMINISTRATION ONLY: Project Improvement Plan recommended for projects do not formally document client homeless and chronically homeless status.

SECTION V – Data Quality

HMIS		
Attach Data Completeness report for this project for previous month.		
22. What is your Data Completeness grade?	Attach Report	Please explain.
23. Do all project partners follow the TPCH HMIS Entry/Exit policy to ensure timeliness in HMIS data entry?		Please explain.

ADMINISTRATION ONLY: Project Improvement Plan recommended for projects that have any ‘F’ grades on Data Completeness and/or are missing more than 19% in any data category on APR.

SECTION VII – Additional Information Provided by Agency

All information on this form is true and accurate to the best of my knowledge.

Prepared by: _____
Name and Title _____ Date _____

(If different from contact, at top) _____
Email address _____ Phone number _____

Signature & Title of Executive Director _____

Please rename this form for your project and send the renamed form as an email attachment, along with all other documentation requested. If your agency does not have access to a scanner, please return this (and all other documents) by email with names and titles typed in, but also print, sign and mail a paper copy of this form for **TPCH** records. All Monitoring returns must be received by date indicated. After review, the PEM Committee will contact you if any they have any further questions or require more information. Thank you, and feel free to contact the committee with any questions.

Email to: **settle.madden@communitypartnersinc.org**

* BELOW TO BE COMPLETED BY TPCH ADMINISTRATOR *

SECTION VI – CoC Participation

CoC Participation Measure	Result	Explanation if necessary
24. Project maintains TPCH voting membership		
25. Project submitted HIC on-time, accurately		
26. Project Sheltered PIT submitted on-time, accurately		
27. Project participated in Street Counts/ Unsheltered PIT Count		
28. Project attends HMIS committee meetings		
29. Project attends Coordinated Entry Committee meetings		

ADMINISTRATION ONLY: Project Improvement Plan recommended for projects that are not demonstrating CoC participation in any area(s).