

2016- 2017 HUD Cover Sheet for Renewal Projects

1. Project Name (as it appears on application): _____
2. Contact name _____ Phone: _____ Email _____
3. Contract Start date: _____
4. Program Type (should match the project application):
 - Permanent Supportive Housing
 - Rapid Re-Housing
 - Transitional Housing

Alignment with Opening Doors

5. Percentage of agency's beds dedicated for persons experiencing chronic homelessness: _____%
6. Agency prioritizes beds for persons experiencing chronic homelessness: ____ Yes ____ No
7. Is project dedicated to serving one of the following priority populations as stated in the project application? Check all that apply.
 - ____ Veterans
 - ____ Youth
 - ____ Families with children
 - ____ None
8. Does project serve any of the following special needs populations? Check all that apply:
 - ____ Mental illness
 - ____ Substance abuse
 - ____ Domestic violence
 - ____ Chronic health
 - ____ Dual/multiple diagnoses
 - ____ HIV
 - ____ Physical disability
 - ____ Dev disability
9. Agency commits to participation in Coordinated Entry system, use of standardized assessment tool selected by CoC, and compliance with Coordinated Entry policies and procedures: ____ Yes ____ No

Performance Measures

10. Housing Performance Measures (APR data):

Outcome	Most recently submitted APR	Previous year APR	HUD Performance Measure
PSH/RR: % of persons who remained in permanent housing or exited to permanent housing.			80%
TH: % of persons who exited to permanent housing			85%

11. Income Performance Measure (APR data):

Outcome	Most recently submitted APR	Previous year APR	HUD Performance Measure
PSH/RR: - % of persons who Increased or maintained income from all sources (Earned Income and Other Income)			54%
TH: % of persons who increased income from all sources (Earned Income and Other Income)			54%

12. Bed Utilization Rate (APR data):

*For accuracy purposes, please calculate your agency's utilization rates and enter into respective fields

Outcome	January	April	July	Oct
Number of people served				
Number of Beds				

Bed utilization rate - percentage				
Average bed utilization rate - percentage				

Fiscal Practices

13. Amount of HUD funding requested for FY2016: \$ _____

14. Percentage of HUD income expended

Outcome	Most recently ended contract year	Previous contract year
\$ of HUD funding expended		
% of HUD funding expended		
% of HUD funding unspent/returned		

15. Provide any explanation that might help the Rank & Review Committee understand the above results.
500-character limit

CoC/Community Involvement

16. Which of the following CoC Committees did your agency participate in during the past 12 months? Check all that apply:

Wyandotte County

Jackson County

___ Housing Placement

___ CoC/ESG

___ HMIS

___ Zero:2016

___ State of Wyandotte

___ Mainstream Benefits

___ Children & Youth

___ Membership

___ Permanent Housing

___ Zero:2016

___ Employment

___ Point in Time Planning

___ Point in Time Planning

17. Services provided that support performance outcomes:

500-character limit

18. How is your program unique? What are the highlights and challenges for the period from July 1, 2015 to June 30, 2016?

1200-character limit

19. Explain discrepancies in projections and actual outcomes.

1200-character limit

20. If your project did not meet a HUD Performance Measure in your last Annual Performance Report, describe the steps your agency has taken to ensure achievement of the Performance Measure(s) for the current application. This refers to the performance measures in questions 10 and 11.

no-character limit