**2018 Project Narrative**

**renewal projects**

The Priority Panel will use this form to guide its review of your PRESTO Project Evaluation Report. ***The Priority Panel will review only those scoring factors identified in this form*** and other factors may remain at the pre-scaled score. Panelists have the discretion – but are not required – to review other scores to maintain consistency across all projects.

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| **Agency name:** | **Project Name:** |
| **Contact person name:** | |
| **Telephone:** | **Email:** |
| Please state yes or no as to whether the  project meets the threshold requirement of equal access for program participants regardless of race, color, national origin, religion, sex, age, familial status or disability, sexual orientation or gender identity, in compliance with state and federal law and the 2018 CoC Program NOFA. If necessary, you may explain. **Your response should not exceed 150 words.** |  |

Instructions

1. Fill out the information section above.
2. Carefully review your **PRESTO** **Project Evaluation Report** and **Preliminary Scorecard**. You may also want to review the **Renewal Project Scoring Tool**, which contains the factors on which your project is scored.
3. **If you would like the Priority Panel to review any of your scores**:
4. Identify which scoring factors the Priority Panel should review for your project.
5. For each scoring factor you identify, include a specific request with respect to score adjustments in the corresponding box below, and the basis for the request. (e.g. “Our score on Factor 2a should increase by 2 points.”) Clearly explain any inaccuracies or additional information panelists should take into account when reviewing your score.

**Your responses should not exceed two pages in total.**

NOTE: Projects that are held harmless will not have full reports. For those projects, section 1 will not be applicable.

1a. Performance on San Francisco 2017 CoC Performance Measures (1a)

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| --- | --- |
| 1a1 |  |
| 1a2 |  |
| 1a3 |  |
| 1a4 |  |
| 1a5 |  |
| 1a6 |  |
| 1a7 |  |
| 1a8 |  |
| 1a9 |  |
| 1a10 |  |
| 1a11 |  |
| 1a12 |  |

1b. Program Performance and Client Outcomes: Housing Stability

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1c. Increased Income

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1d. Mainstream Cash Income Sources

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1e1. Non-Cash Mainstream Resources

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1e2. Health Insurance

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1f. Unit Utilization

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2a. Client Feedback Process

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2b. Outstanding HUD/Agency Monitoring & Audit Findings

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2c. Grant Utilization

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2d. LHCB Meeting Attendance

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2e. HMIS Data Quality

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2f. Low Barrier

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3. Community Priority for Housing Types

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