



## PERFORMANCE IMPROVEMENT PLAN AGREEMENT

Projects must complete a PIP Agreement that addresses the identified performance concern outlined in the PIP Notification Memo. The PIP Agreement may be completed by any member of the agency but must ultimately be approved by the Executive Director before submission. The project has 30 business days to complete a draft of the PIP Agreement and submit to the Performance Monitoring and Technical Assistance Manager at ECHO. During this time, the project staff can schedule a meeting for assistance with drafting the agreement. The ECHO Performance Monitoring and Technical Assistance Manager will be the primary point of contact. The final version of the PIP Agreement must be completed and approved within 45 business days from the official start date.

PROJECT INFORMATION:
Agency: Click or tap here to enter text.
Project Name: Click or tap here to enter text.
Project Type: Click or tap here to enter text.
Project Grant Number: Click or tap here to enter text.
Primary Contact: Click or tap here to enter text.
Contact Email: Click or tap here to enter text.
Additional Contacts: Click or tap here to enter text.
<b>PIP Start/End Date:</b> Click or tap to enter a date./ Click or tap here to enter text.

### Identified Items for Improvement

Please check all items identified as needing improvement and items that will be addressed during the term of this PIP Agreement. Please select items based on information provided in the PIP Notification Memo and/or other information based on agency self-report.

#### Performance Scorecard Standards

- Total Performance Scorecard points falls below 60 points.

The **Performance Scorecard Worksheet** is highly recommended and may be used to help evaluate and summarize historical performance trends from Quarterly Performance Scorecards. (Appendix A)

#### Administrative Standards

- Formal audit finding by HUD or other HUD notices received from HUD Field Office.
- De-obligated more than 10% or \$50,000 of funds during the most recent fiscal year.
- Recommendation by the Independent Review Team (IRT) based on project evaluation during annual CoC NOFA review.

## Performance PIP Summary:

<p>Project's Areas of Concern:</p> <p>List specific areas where the project failed to meet administrative or performance expectations.</p> <p><b>Information included in PIP Memo Notification.</b></p>	<ol style="list-style-type: none"><li>1. Click or tap here to enter text.</li><li>2. Click or tap here to enter text.</li><li>3. Click or tap here to enter text.</li><li>4. Click or tap here to enter text.</li></ol>
<p>Project's Assessment of Causes Resulting in Performance Challenges:</p> <p>Description of possible reasons standards were not met.</p>	<p>Click or tap here to enter text.</p>

# IMPROVEMENT PLAN

Please complete the following section by identifying at least 2 Change Goals that will lead to improved performance and complete the corresponding fields associated with each of the identified goals. When writing goal statements, using S.M.A.R.T. goals criteria is highly encouraged. For assistance with writing or confirming that goal statements are SMART, please use the following tool: [SMART Goal Worksheet](#).

## Change Goal #1

<b>QUALITY IMPROVEMENT GOAL</b> <small>(SMART GOALS)</small>	<b>PROPOSED IMPROVEMENT ACTIVITY</b> <small>(WHAT CHANGES WILL BE MADE?)</small>	<b>HOW TO ACCOMPLISH CHANGE</b> <small>(ACTION/INTERVENTION: RESOURCES AND TRAININGS USED, PROCEDURES CREATED)</small>	<b>PROCESS/OUTCOMES MEASURED</b> <small>(HOW WILL YOU MEASURE SUCCESS? HOW WILL YOU COLLECT AND EVALUATE DATA?)</small>
Please enter response here	Please enter response here	Please enter response here	Please enter response here

Please list any tasks that will be necessary to implement the identified change goals listed above.

TASK	DUE DATE	PERSON RESPONSIBLE
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.

## Change Goal #2

<b>QUALITY IMPROVEMENT GOAL</b> <small>(SMART GOALS)</small>	<b>PROPOSED IMPROVEMENT ACTIVITY</b> <small>(WHAT CHANGES WILL BE MADE?)</small>	<b>HOW TO ACCOMPLISH CHANGE</b> <small>(ACTION/INTERVENTION: RESOURCES AND TRAININGS USED, PROCEDURES CREATED)</small>	<b>PROCESS/OUTCOMES MEASURED</b> <small>(HOW WILL YOU MEASURE SUCCESS? HOW WILL YOU COLLECT AND EVALUATE DATA?)</small>
Please enter response here	Please enter response here	Please enter response here	Please enter response here

Please list any tasks that will be necessary to implement the identified change goals listed above.

TASK	DUE DATE	PERSON RESPONSIBLE
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.

### Change Goal #3

<b>QUALITY IMPROVEMENT GOAL</b> <small>(SMART GOALS)</small>	<b>PROPOSED IMPROVEMENT ACTIVITY</b> <small>(WHAT CHANGES WILL BE MADE?)</small>	<b>HOW TO ACCOMPLISH CHANGE</b> <small>(ACTION/INTERVENTION: RESOURCES AND TRAININGS USED, PROCEDURES CREATED)</small>	<b>PROCESS/OUTCOMES MEASURED</b> <small>(HOW WILL YOU MEASURE SUCCESS? HOW WILL YOU COLLECT AND EVALUATE DATA?)</small>
Please enter response here	Please enter response here	Please enter response here	Please enter response here

Please list any tasks that will be necessary to implement the identified change goals listed above.

TASK	DUE DATE	PERSON RESPONSIBLE
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.
Enter task here	[Date]	Click or tap here to enter text.

## Notes/Comments:

CLICK OR TAP HERE TO ENTER TEXT.

## VERIFICATION OF REVIEW

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By signing this form, you confirm that you have discussed the implementation of goals outlined in the Performance Improvement Plan Agreement and will adhere to identified improvement initiatives outlined. Additionally, you have read the PIP Notification Memo and understand the implications of this agreement.

Signature of Executive Director (or equivalent title)	Date
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## Appendix A: Performance Scorecard Worksheet

### Quarterly Overview:

Please include quarterly scores from the past 4 Quarterly Performance Scorecard Reports.

	QUARTER CHOOSE AN ITEM. YEAR:	QUARTER CHOOSE AN ITEM. YEAR:	QUARTER CHOOSE AN ITEM. YEAR:	MOST RECENT QUARTER CHOOSE AN ITEM. YEAR:
<b>Quarterly Scores:</b>				

## Scorecard Individual Categories

Please include previous quarters. Historically information will be used to evaluate progress made over time. That is, if benchmark criteria has not been met, improvement over time may be considered as positive improvements.

Complete the fields below with any items in which your program has not met benchmark standards for in the most recent reporting period. For areas in which benchmarks were not met, complete the form by entering the scores from the past 4 Quarterly Performance Scorecards with the oldest to the most recent scores (left to right).

<b>Data Completeness</b>				
<b>Benchmark</b> > 99% → 8 pts > 97% → 6 pts > 95% → 3 pts	Quarter Choose an item. Year:	Quarter Choose an item. Year:	Quarter Choose an item. Year:	MOST RECENT Quarter Choose an item. Year:
<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i>				
<b>Timely Submission of Data Completeness Reports</b>				
<b>Benchmark</b> 3 out of 3 → 6 pts 2 out of 3 → 4 pts 1 out of 3 → 2 pts	Quarter Choose an item. Year:	Quarter Choose an item. Year:	Quarter Choose an item. Year:	MOST RECENT Quarter Choose an item. Year:
<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i> Click or tap here to enter text.				
<b>Timely APR Submission</b>				
<b>Benchmark</b> APR submitted on time → 6 pts APR not submitted on time → 0 pts	Quarter Choose an item.	Quarter Choose an item.	Quarter Choose an item.	MOST RECENT Quarter Choose an item.

	Year:	Year:	Year:	Year:
<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i> Click or tap here to enter text.				
<b>Timeliness of Data Entry</b>				
<b>Benchmark</b> 0-5 days → 6 pts 6+ days → 0 pts	Quarter Choose an item. Year:	Quarter Choose an item. Year:	Quarter Choose an item. Year:	MOST RECENT Quarter Choose an item. Year:
<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i> Click or tap here to enter text.				
<b>Timeliness of Data Entry: Annual Assessments</b>				
<b>Benchmark</b> < 30 days → 6 pts 31+ days → 0 pts	Quarter Choose an item. Year:	Quarter Choose an item. Year:	Quarter Choose an item. Year:	MOST RECENT Quarter Choose an item. Year:
<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i> Click or tap here to enter text.				
<b>Successful Housing Placements</b>				
<b>Benchmark</b> PSH/TH: 97-100 % → 12 pts 94-96 % → 8 pts 90-93 % → 4 pts	Quarter Choose an item. Year:	Quarter Choose an item. Year:	Quarter Choose an item. Year:	MOST RECENT Quarter Choose an item. Year:



RRH: 94-100 % → 12 pts 87-93 % → 8 pts 80-86 % → 4 pts				
<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i> Click or tap here to enter text.				
<b>Return to Homelessness</b>				
<b>Benchmark</b> 0-4 % → 12 pts 5-9 % → 8 pts 10-15 % → 4 pts	Quarter Choose an item. Year:	Quarter Choose an item. Year:	Quarter Choose an item. Year:	MOST RECENT Quarter Choose an item. Year:
<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i> Click or tap here to enter text.				
<b>Income Growth for Stayers</b>				
<b>Benchmark</b> 81-100 % → 8 pts 61-80 % → 5 pts 40-60 % → 3 pts	Quarter Choose an item. Year:	Quarter Choose an item. Year:	Quarter Choose an item. Year:	MOST RECENT Quarter Choose an item. Year:
<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i> Click or tap here to enter text.				
<b>Income Growth for Leavers</b>				
<b>Benchmark</b> 91-100 % → 8 pts 81-90 % → 5 pts 71-80 % → 3 pts	Quarter Choose an item. Year:	Quarter Choose an item. Year:	Quarter Choose an item. Year:	MOST RECENT Quarter Choose an item. Year:

<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i> Click or tap here to enter text.				
<b>Bed Utilization Rate</b>				
<b>Benchmark</b> 96-100 % → 8 pts 91-95 % → 5 pts 85-90 % → 3 pts	Quarter Choose an item. Year:	Quarter Choose an item. Year:	Quarter Choose an item. Year:	MOST RECENT Quarter Choose an item. Year:
<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i> Click or tap here to enter text.				
<b>CA Clients</b>				
<b>Benchmark</b> 90-100% → 12 pts <89% → 0 pts	Quarter Choose an item. Year:	Quarter Choose an item. Year:	Quarter Choose an item. Year:	MOST RECENT Quarter Choose an item. Year:
<b>My Program Numbers</b>	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
<i>Comments:</i> Click or tap here to enter text.				
<b>Low-barrier admission policies</b> Income Substance Use Criminal Records Domestic Violence Housing First Fidelity				
<b>Benchmark</b>	Quarter	Quarter	Quarter	MOST RECENT Quarter

<p>Program does not screen out on any of the criteria → 8 pts</p> <p>Program screens out on any combination of the criteria → 0 pts</p>	<p>Choose an item.</p> <p>Year:</p>	<p>Choose an item.</p> <p>Year:</p>	<p>Choose an item.</p> <p>Year:</p>	<p>Choose an item.</p> <p>Year:</p>
<p><b>My Program Numbers</b></p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>	<p>Click or tap here to enter text.</p>
<p><i>Comments:</i> Click or tap here to enter text.</p>				