HMIS Grant & Project Set Up

For ALL State, Federal, or Local/Private Funding and ALL HMIS Project Types

☐New   ☐Renewal   <mark>*****(Please attach Grant Agreement and Scope of Work)</mark>

Instructions: To Add or Renew a Grant or Project in HMIS, you must complete one HMIS Grant & Project Set Up for each separate Project. All sections must be completed and returned. If you have any questions, please email HMIS@stancounty.com

Grantee Agency Information *(The organization listed below will be able to access this grant)*

Organization Complete Name: *(Name as listed on Grant Application)*	

Address: _____

Phone Number: _____

Contact Person: _____

Email: _____

Grant Set Up *(Complete all information)*

Grant Name:

Federal Grant Program *(If this is a grant related to specific federal programs, enter the following information. Select the Federal Grant Program (who is funding CoC, ESG, etc.) Enter Jurisdiction if ESG or HHAP and Grant Program Component (HP, PSH, etc.))*

☐HUD COC

☐Homeless Prevention   ☐Permanent Supportive Housing

☐Rapid Re-Housing   ☐Supportive Services Only

☐Transitional Housing   ☐Save Haven

☐Single Room Occupancy (SRO)   ☐Youth Homeless Demonstration Program (YHDP)

☐Joint Component TH/RRH

☐HUD ESG (Emergency Solutions Grant) *(Please make sure to select Jurisdiction)*

☐County ☐State ☐City of Modesto ☐City of Turlock ☐Other _____

☐Emergency Shelter *(operating and/or essential services)*   ☐Homelessness Prevention

☐Rapid Rehousing   ☐Street Outreach

☐CV (COVID)   ☐RUSH

☐HUD Rural Special NOFO

☐HUD Unsheltered Special NOFO

☐Pay for Success

☐Permanent Housing

☐HUD Public and Indian Housing (PIH) Programs

☐HUD HUD/VASH

☐Permanent Supportive Housing (PSH)

☐HUD PIH (Emergency Housing Voucher)

☐HUD Home

☐HUD Home (ARP) (American Rescue Plan)

☐HHS PATH - Street Outreach & Supportive Services Only

☐Street Outreach   ☐Supportive Services

☐HHS RHY

☐Basic Center Program (prevention and shelter)

☐Maternity Group Home for Pregnant and Parenting Youth

☐Transitional Living Program   ☐Street Outreach Project

☐Demonstration Project

☐VA CRS Contract Residential Services

☐VA Grant Per Diem

    ☐Bridge Housing   ☐Low Demand

    ☐Hospital to Housing   ☐Clinical Treatment

    ☐Service Intensive Transitional Housing   ☐Transition in Place

    ☐Case Management/Housing Retention

☐VA Community Contract Safe Haven Program

☐VA Supportive Services for Veteran Families

    ☐Homeless Prevention OR Rapid Rehousing

☐Local or Other Funding Source

(Please Specify; example: HHAP/County or CoC): _____

==Funding ID== (New Requirement) *(Other Funder):* _____

==Grant Identifier== (New Requirement) *(From your Grant Agreement):* _____

Date Range *(The Grant will only be active and available to Users for transactions where the data entry date falls within this date range.)*

Begin Date: _____/_____/_____   End Date: _____/_____/_____

Project Set Up

Project Name *(If Renewal, Name of the project currently in HMIS):*_____

Operating Start Date: _____/_____/_____ | Operating End Date: _____/_____/_____

Project Type:

☐Emergency Shelter - ☐Entry Exit

☐Emergency Shelter - ☐Night-by-Night *(if night-by-night is selected, please select tracking method)*

    Utilization Tracking Method

    ☐Housing Facility Check-In   ☐HUD Bed Night Service

☐Transitional Housing

☐PH – Permanent Supportive Housing *(disability required for entry)*

☐Street Outreach *(skip Housing Type, proceed to Target Population)*

☐PH – Rapid RE-Housing

    RRH Subtype

    ☐RRH: Services Only

        Affiliated with a residential project

        ☐Yes *(if Yes, must enter a Related Program and Begin Date)*

            Related Project Name: _____

            Begin date: _____/_____/_____

            End date: _____/_____/_____

        ☐No

    ☐RRH: Housing with or without services

☐Services Only

    Affiliated with a residential project

    ☐Yes *(if Yes, must enter a Related Program and Begin Date)*

        Related Project Name: _____

        Begin date: _____/_____/_____

        End date: _____/_____/_____

    ☐No

☐Other: _____

☐Safe Haven

☐PH – Housing Only

☐PH – Housing with Services (no disability required for entry)

☐Day Shelter

☐Homelessness Prevention

Housing Type

☐Site-based – single site   ☐Site-based – clustered/multiple sites   ☐Tenant-based – scattered site

Target Population		
☐Survivors of Domestic Violence ☐Persons with HIV/AIDS ☐Not Applicable		
Continuum Project	☐Yes ☐No	
Homeless Categories Served:		
☐Category 1 - Literally Homeless		
☐Category 2 - Imminent Risk of Homelessness		
☐Category 3 - Homeless under other Federal statutes		
☐Category 4 - Fleeing/Attempting to Flee DV		
Continuum of Care Information		
Geocode	☐063798 Turlock ☐062292 Modesto ☐069099 Stanislaus County	
Project Street Address: _____		
City, State Zip: _____		
HMIS Participation Status		
☐Not Participating ☐HMIS Participating ☐Comparable Database Participating		
Participation Status Start Date: _____/_____/_____	Participation Status End Date: _____/_____/_____	
Coordinated Entry (CE) Participation		
Project is a Coordinated Entry Access Point	☐Yes ☐No	
Project Receives CE Referrals	☐Yes ☐No	
Participating CoC		
☐CA-510 – Turlock/Modesto/Stanislaus County CoC ☐ Other CoC (please list) _____		
CE Participation Status Start Date: _____/_____/_____		
CE Participation Status End Date: _____/_____/_____		
Tracking Services		
HMIS Services *(Please list all services to be tracked through HMIS)*		
☐PATH ☐RHY ☐SSVF		
☐Other (please list all services): _____		
_____		
_____		
Comments: _____ _____ _____ _____		

Project Bed and Unit Inventory	
Start Date: _____/_____/_____	**End Date:** _____/_____/_____

Availability:	☐Year-Round ☐Seasonal *(Emergency Shelters only)* ☐Overflow *(Emergency Shelters only)*
Bed Type:	☐Facility-based ☐Voucher ☐Other

Household Type*: (If project serves both with or without children, you must specify bed/unit numbers under each household type*)

*Please indicate the type and number of beds in your project inventory. *Required Fields*

☐Households without children
- ____ Beds Designated for Chronic Homeless Veterans *
- ____ Beds Designated for Youth-Veterans *
- ____ Any Other Veteran Beds *
- ____ Beds Designated for Chronic Homeless Youth *
- ____ Any Other Youth Beds *
- ____ Any Other Chronically Homeless Beds *
- ____ Non Dedicated Beds *
- ____ Total Bed Inventory *
- ____ Total Units *

☐Households with at least one adult one child *
- ____ Beds Designated for Chronic Homeless Veterans *
- ____ Beds Designated for Youth-Veterans *
- ____ Any Other Veteran Beds *
- ____ Beds Designated for Chronic Homeless Youth *
- ____ Any Other Youth Beds *
- ____ Any Other Chronically Homeless Beds *
- ____ Non Dedicated Beds *
- ____ Total Bed Inventory *
- ____ Total Units *

☐Households with only children
- ____ Beds Designated for Chronic Homeless Veterans *
- ____ Beds Designated for Youth-Veterans *
- ____ Any Other Veteran Beds *
- ____ Beds Designated for Chronic Homeless Youth *
- ____ Any Other Youth Beds *
- ____ Any Other Chronically Homeless Beds *
- ____ Non Dedicated Beds *
- ____ Total Bed Inventory *
- ____ Total Units *

For HMIS Administration Use Only	
Received Date:	_____/_____/_____
HMIS Staff Name Completing Set up:	
Request Completed in HMIS Date:	

Comments: _____
_____
_____
_____