

Agency Name: Click or tap here to enter text.

Grant Number: Click or tap here to enter text.

Program Name: Click or tap here to enter text.

Grant Information Form

Program Information

Number of units in the application: Click or tap here to enter text.

Number of units at the end of the most recent grant operating year: Click or tap here to enter text.

Number of units currently: Click or tap here to enter text.

Number of beds in the application: Click or tap here to enter text.

Number of beds at the end of the most recent grant operating year: Click or tap here to enter text.

Number of beds currently: Click or tap here to enter text.

Please explain how your program works with your region's coordinated assessment system.

Click or tap here to enter text.

Does the program only accept referrals through coordinated assessment?

Yes No

Please provide a description of the program's housing location services, including the program position that provides these services, how the program includes household needs in seeking units, the specific ways the program recruits landlords, the services provided to landlords after participant placement, and how the program deals with landlords who have a history of poor compliance with their legal responsibilities and fair housing practices.

Click or tap here to enter text.

Please provide a step-by-step description of how your program offers services to individuals enrolled in the program, including assessments, housing stability and services plans, daily interactions and case management, ongoing evaluation of progress, exit planning, and follow-up with participants after exit from the program.

Click or tap here to enter text.

Please explain how the agency trains existing and new program staff, including the types of information shared, resources used to explain best practices, and procedures to keep staff regularly updated on new or changing regulations and/or program policies?

Click or tap here to enter text.

Please explain how the program determines the amount and length of time for financial assistance and supportive services, including the objective standards used to make decisions and who makes final decisions to extend assistance.

Click or tap here to enter text.

Please explain where and how often case management meetings occur, including what happens when participants decline assistance.

Click or tap here to enter text.

Please explain how the program works with participants to increase income, including what agencies/organizations the program works with to provide employment and public benefit services.

Click or tap here to enter text.

Please explain the reasons why the program might decline working with participants that have been referred to the program.

Click or tap here to enter text.

Agency Information

Does your Board of Directors have a currently or formerly homeless individual as a member?

Yes No

If so, please provide the person's name and how long they have served on the Board:

Click or tap here to enter text.

Did the organization have an independent financial audit completed for its last fiscal year?

Yes No

If so, please provide an electronic copy of the audit.