Instructions: Use this form to request new projects or changes to your project configuration in HMIS. All fields are required for new projects.

Program Information	
Lead Agency:	
Program Name:	☐New ☐ Already exists (Id:)
Collaborative Partners: *List all collaborative partners, including roles and services provided*	
HUD Project Type: (*Select only one*) *For details see <u>HMIS Standards Manual - Element 2.02</u>*	☐Emergency Shelter ☐PH - Rapid Re-Housing ☐Transitional Housing ☐PH - Permanent Supportive Housing *(disability required for entry)* ☐Safe Haven ☐Homeless Prevention ☐PH – Housing with Services *(NO disability required)* ☐Street Outreach ☐Day Shelter ☐PH – Housing Only *(NO services)* ☐Supportive Services Only ☐Coordinated Entry ☐Other:
If project type is Services Only, are you affiliated with a residential project.	☐Yes ☐No Specify Project name(s) and ID(s):
Program Summary: *Provide a description of who this program serves, supports provided, etc.*	
Victim Service Provider:	☐Yes ☐No *is your primary mission to provide services to victims of domestic violence, dating violence, sexual assault, or stalking*
Program Start Date: *date services for this program began*		**Program End Date:** ☐ NA	
Geocode: *Primary site or service location*	☐Alameda County - 69001 ☐Oakland - 62508 ☐Alameda (city) - 60012 ☐Livermore - 62034 ☐Berkeley - 60324 ☐Pleasanton City - 62826 ☐Fremont - 61404 ☐San Leandro - 63276 ☐Hayward - 61602 ☐Union City - 63846 ☐Other (specify:)- 69001
Service Site Full Address: *If multiple addresses list primary first*	
Site Type:	☐Non Residential: Services Only ☐Residential: Special Needs and Non-Special Needs ☐Residential: Special Needs Only

Housing Type:	☐Single site, single building ☐Single site, multiple buildings ☐Multiple sites (e.g., scattered-site housing, outreach).

Federal Funding Components (list all)**:**
  see appendix 1 for full list of federal funding
  components. If local or other, please specify.	

Grant Identifier Number	
Local Funding Components (list all):	
Eligibility requirements: ☐None	☐Any Disability ☐Specific Disability, specify: ☐Homeless (HUD definition) ☐Chronic Homeless (HUD definition) ☐Age, specify age range limits: ☐Income Limits, specify min/max:

Capacity:
  List projected number of individuals who
  may be served during a 12 month period
	☐**N/A** can serve an indefinite number of individuals
	
	Target number served (within 12 month period):
	Max number served (within 12 month period):

Length of Services Provided:	☐0-30 days ☐up to 18 months ☐31-90 days ☐up to 24 months ☐up to 12 months ☐Other:
Are individuals within this program also jointly served by another HMIS program? If so, which?	☐Yes ☐No If yes, specify:
Are financial rental assistance services provided?	☐Yes ☐No If yes, specify type of assistance: If yes, specify duration of assistance:
Additional Pertinent Information:	

Admin Information	
Agency HMIS Contact/Lead:	Name: Job Title: Phone: Email:
Administrative Location & Address:	
Agency Administrative Contact:	Name: Job Title: Phone: Email:

Bed Inventory Information	
	INSTRUCTIONS: Bed and unit information is required for all housing and shelter projects including: Emergency Shelter, Transitional Housing, Safe Have, Rapid Rehousing, Perm Supportive Housing, and Other Perm Housing. If the program has additional bed inventories submit another version of this table.
Bed Inventory Start Date:	**Bed Inventory End Date:** ☐ NA
New/Existing Inventory	☐ new bed inventory ☐ modification to existing inventory: specify reason for change:
Shelter Bed Type *Emergency Shelter projects only*	☐ Facility based ☐ Voucher (*hotel/motel*) ☐ Other (*church or non-homeless facility*)
Target Population	☐ Domestic Violence Victims ☐ Veterans ☐ Persons with HIV/AIDS

Bed Type	Households without Children	Households with at least One Child and one Adult	Households with Only Children
Beds Dedicated to Chronic Homeless Veterans			
Beds Dedicated to Youth (under 25) Veterans			
Beds Dedicated to Any Other Veteran			
Beds Dedicated to CH Youth (under 25)			
Beds Dedicated to Any Other Youth (under 25)			
Beds Dedicated to Any Other CH			
All Other Non-Dedicated Beds			
Total Bed Inventory (# beds) *should be sum of above*			
Total Unit Inventory (# units)			

CONFIRMATION:

THE INFORMATION WITHIN THIS DOCUMENT HAS BEEN REVIEWED AND CONFIRMED BY THE PARTIES LISTED BELOW.

Name of Funder Organization: Date:
Name & Title: Phone: Email:

Agency Executive Authority: Date:
Name & Title: Phone: Email:

☐ Input into HMIS   Date: Staff:

APPENDIX 1: HMIS Federal Funding Sources Picklist

- HUD: CoC - Homelessness Prevention (High Performing Communities Only)
- HUD: CoC - Permanent SupportiveHousing
- HUD: CoC - Rapid Re-Housing
- HUD :CoC - Supportive Services Only
- HUD: CoC - Transitional Housing
- HUD: CoC - Safe Haven
- HUD: CoC - Single Room Occupancy (SRO)
- HUD: CoC - Youth Homeless Demonstration Program (YHDP)
- HUD: CoC - Joint Component TH/RRH
- HUD: ESG - Emergency Shelter (operating and/or essential services)
- HUD: ESG - Homelessness Prevention
- HUD: ESG - Rapid Re-housing
- HUD: ESG - Street Outreach
- HUD: Pay for Success
- HUD: Public and Indian Housing (PIH) Programs
- HUD: Rural Housing Stability Assistance Program
- HUD: HOPWA - Hotel/Motel Vouchers
- HUD: HOPWA - Housing Information
- HUD: HOPWA - Permanent Housing Placement (facility based or TBRA)
- HUD: HOPWA - Permanent Housing Placement
- HUD: HOPWA - Short-Term Rent, Mortgage, Utility assistance
- HUD: HOPWA - Short-Term Supportive Facility
- HUD: HOPWA - Transitional Housing (facility based or TBRA)

- HUD: HUD/VASH
- HHS: PATH - Street Outreach & Supportive Services Only
- HHS: RHY - Basic Center Program (prevention and shelter)
- HHS: RHY - Maternity Group Home for Pregnant and Parenting Youth
- HHS: RHY - Transitional Living Program
- HHS: RHY - Street Outreach Project
- HHS: RHY - Demonstration Project
- VA: CRS Contract Residential Services
- VA: Grant Per Diem - Bridge Housing
- VA: Grant Per Diem - Case Management/Housing Retention
- VA: Grant Per Diem - Clinical Treatment
- VA: Grant Per Diem - Hospital to Housing
- VA: Grant Per Diem - Low Demand
- VA: Grant Per Diem - Service Intensive Transitional Housing
- VA: Grant Per Diem - Transition in Place
- VA: Community Contract Safe Haven Program
- VA: Supportive Services for Veteran Families
- Local or Other Funding Source (Please Specify)