



## REQUEST TO ADD NEW PROJECT / AGENCY FORM

### 1. AGENCY INFORMATION

AGENCY NAME: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Agency Executive Director/CEO: \_\_\_\_\_ Agency Phone Number: \_\_\_\_\_

Agency Website: \_\_\_\_\_

### 2. PROJECT INFORMATION

PROJECT NAME: \_\_\_\_\_ Project Geocode: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Project HMIS User: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

What is the funding source for the project? \_\_\_\_\_

What Project Category does it fall under? \_\_\_\_\_

### 3. PROJECT SITE INFORMATION

How is the project site(s) configured? \_\_\_\_\_

What type of service does the project provide? \_\_\_\_\_

What type of housing does the project provide? \_\_\_\_\_

### 4. TARGET POPULATION

Which household type does the project serve?

Households with at least one adult and one child

Households without children

Households with Only Children

**Target Population A**

**What target population does the project/service serve?** \_\_\_\_\_  
(At least 75% of clients fall into the category)

**Target Population B**

**Does this project target one of the following populations?** \_\_\_\_\_  
(At least 75% of clients fall into the category)

**Does your project receive any funds from the HUD McKinney Vento?** Yes No

**5. PROJECT DESCRIPTION**

**6. ELIGIBILITY CRITERIA**

**7. TYPE OF SERVICES PROVIDED BY THE PROJECT (ONLY BY THIS PROJECT)**

- Alcohol or Drug Abuse    Case Management    Child Care    Education    Employment Assistance  
Employment Services-Job Search    Employment Training    Housing Placement Assistance  
Life Skills outside Case Management    Mental Health Services    Transportation  
Other: \_\_\_\_\_

**8. HMIS PARTICIPATION**

**Does project participate in Homeless Management Information System (HMIS)?** Yes No

a. If no, are you interested in participating in HMIS?  Yes No

b. Please briefly explain the reason why project does not participate in HMIS?

**9. BED AND INVENTORY INFORMATION**

**What type of beds do you provide (Emergency Shelter Only)?**

Facility Based       Vouchers       Other: \_\_\_\_\_

**Bed Inventory Chart – Please Complete Below:**

	# of Year Round Beds			# of Seasonal Beds Emergency Shelter Only	# of Overflow Beds Emergency Shelter Only
	Emergency Shelter	Transitional Housing	Permanent Supportive Housing		
<b>Project Start Date</b>					
<b>Project End Date</b> (If applicable)					
Bed Inventory for <b><u>Single Adults</u></b>					
Bed Inventory for <b><u>Families with Children</u></b>					
# of <b><u>Units</u></b> for <b><u>Families with Children</u></b>					
Bed Inventory for <b><u>Households of Only Children</u></b>					
<b><u>Chronic Homeless</u></b> Bed Inventory (Permanent Housing Only)					

**Form Completed By:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

Thank you for taking the time to complete this form.

**Please complete ONE form FOR EACH AGENCY/PROJECT** where you provide housing, shelter, and services.

**Please E-mail** the completed form to **Manjit Kaur** at [mkaur@sacstepsforward.org](mailto:mkaur@sacstepsforward.org)

## **INSTRUCTIONS TO COMPLETE HOUSING INVENTORY COUNT (HIC)**

**Please take a moment to read these instructions prior to completing this form. These instructions provide valuable information that will allow you to complete the Form quickly and more efficiently.**

### **BACKGROUND**

We are required to have each CoC Member Agency/Project, at least once annually to complete this form, regarding changes in service delivery and operations in order to properly complete the Continuum of Care (CoC) application for funding as well as to comply with federal reporting requirements.

### **INSTRUCTIONS**

Please complete **ONE** of these forms **FOR EACH SITE** that you provide housing, shelter, or services through.

### **PROJECT INFORMATION**

Please be sure to fill out the address specific to the project that you have selected for this survey. Please remember that if there are multiple sites that are on separate projects, fill out an additional survey for that project. Scattered Site projects please list the administrative office as the address.

**Geocode:** The geocode associated with the geographic location of the principal provider project service site. Geocodes must be updated annually. Scattered-site housing provider projects should record the Geocode where the majority of beds are located or where most beds are located as of the inventory update.

**What is the funding source for the project:** Please choose the MOST appropriate source.

**What Project Category does the project fall under:** Please choose the MOST appropriate project type that describes your site service.

### **PROJECT SITE INFORMATION**

**How is the project site(s) configured?**

- Single Site, Single Building: your housing units or service encounters are centrally located in one building structure.
- Single Site, Multiple Buildings: your project is centrally located on one site, but there are multiple buildings on that site, (e.g. single apartment complex with multiple buildings and project units in two or more buildings).
- Multiple Sites: your sites consist of multiple buildings that are not centrally located (Scattered Site).

### **What type of service does the project provide?**

- **Non-residential**: projects that do not offer overnight stays.
- **Residential (Special Needs Only)**: residential projects (projects that do offer overnight stays), but do accept clients with substance abuse problems, mental illness issues, persons with HIV/ AIDS, persons with physical disabilities, and/or elderly persons, and clients without special needs.
- **Residential (Special needs and non-special needs)**: residential project accepts BOTH clients with substance abuse problems, mental illness issues, persons with HIV/ AIDS, persons with physical disabilities, and/or elderly persons, and clients without special needs.

### **What type of housing does the project provide?**

- **Mass shelter/ Barracks**: Multiple individuals and/or family households sleep in a large room with multiple beds.
- **Dormitory/Hotel/Motel**: Most individuals and/or families share small to medium sized sleeping rooms or have private sleeping rooms. Persons may or may not share a common kitchen, common bathrooms, or both.
- **Shared Housing**: Most individuals and/or families reside in one or more shared housing units that house up to 8 individuals or 4 families. Each unit includes a kitchen and a bath. Each family generally has a private sleeping room, though more than one individual may share sleeping space.
- **Single room occupancy (SRO)**: Most individuals reside in a private unit with a sleep/living room intended for one occupant that contains no bathroom or kitchen, or contains either, but not both.
- **Single Apartment**: Most individuals and/or families reside in a self-contained apartment intended for one individual or family household that includes a private kitchen and bathroom.
- **Single homes/townhomes/duplexes**: Intended for one individual or family household.
- **Not Applicable: Non-Residential Project**: Projects that do not provide residential services.

### **TARGET POPULATION**

#### **Which household type does the project serve?**

The number of beds and units available for each of the following household types:

- **Households without children**: Beds and units are intended for households with adults only. This includes households composed of unaccompanied adults and multiple adults.
- **Households with at least one adult and one child**: Beds and units intended for households with (at least) one adult and one child.
- **Households with only children**: Beds and units intended for households composed exclusively of persons under age 18, including one-child households, multi-child households or other household configurations composed only of children.



**Target Population A:** Please choose the MOST appropriate population that your site serves. It should represent 75% of the clients served by the project.

**Target Population B:** Please choose the MOST appropriate specialty population that your site serves.

**Does your project receive any funds from the HUD McKinney Vento?** Identify whether or not the project receives any funds from the HUD McKinney-Vento.

- HUD McKinney Vento projects include: Emergency Shelter Grant (ESG), Shelter Plus Care (SPC), Section 8 Moderate Rehab Single-Room Occupancy (SRO), and Supportive Housing Project (SHP).

**PROJECT DESCRIPTION:** Briefly describe project's scope of services.

**PROJECT ELIGIBILITY CRITERIA:** Describe project's eligibility requirements.

**TYPE OF SERVICES PROVIDED BY THE PROJECT (ONLY BY THIS PROJECT):** Please choose ALL of the services this project provides.

**HMIS PARTICIPATION:**

**Does this project participate in HMIS?**

**What is a Homeless Management Information System (HMIS)?**

HMIS is a database application that allows agencies within the continuum of care (CoC) to better provide services to the homeless population, by collecting basic demographic and other information in a secure site. HMIS allows organizations providing services to the homeless to collect client information electronically. HMIS is designed to be flexible, secure and protect client confidentiality. HMIS allows organizations providing services to the homeless to:

- Collect individual client information (demographics)
- Collect household information (housing status, services provided, income, etc.)
- Dynamically query individual/household data
- Selectively share client data with other service providers
- Produce reports required by funding agencies

## **BED AND INVENTORY INFORMATION**

**Bed Type (*Emergency Shelter Only*):** The Bed Type describes the type of beds offered by emergency shelter provider projects according to the following:

- **Facility Based:** Beds (including cots or mats) are located in a residential homeless assistance facility dedicated for use by persons who are homeless.
- **Voucher:** Beds are located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payment.
- **Other:** Beds are located in a campground, church or other facility not dedicated for the use by persons who are homeless.

## **Bed Inventory Chart**

**Step #1:** Begin by identifying when your beds are available. The choices are:

- **Year Round:** Beds are available for a full 12 months.
- **Seasonal: *Emergency Shelter Only:*** Beds available on a planned basis with a set start and end date during periods of high demand. ***If in a 12 month period, your bed inventory changes, please record all beds available in the chart below under seasonal and/or year round.***
- **Overflow: *Emergency Shelter Only:*** Beds available during high demand that exceeds available bed inventory.

**Step #2:** Under the appropriate category please record the following data:

- **Start Date:** the date when the bed and unit inventory number first available.
- **End Date:** the date the bed and unit inventory is no longer available.
- **Bed Inventory:** the number of beds available for use between the start date and end date by household type (Single Adults/Couple, Families with Children, Household with only children)
- **Chronic Homeless Bed Inventory: *Permanent Supportive Housing Only:*** the number of beds available for use of Chronic Homeless persons between the start date and end date.
- **Unit Inventory:** the number of units available between the start date and end date