

HMIS Grant Setup Form

Instructions:

This Grant form must be filled out **COMPLETELY** otherwise you will not get an accurate APR. This form is Specific for HUD SHP grants, but will also collect information required for any non SHP funding. **Grant name** is what you call the Grant. **HUD Project** name is what HUD calls the grant. Please if you have any questions when filling out this form send an email to **HMISTech@gmail.com** or call **(209) 557-2086**

GRANT NAME: _____

I Am A Funding Organization Grantee Sub-Grantee

ORGANIZATION INFORMATION

Organization Name: _____

Organization Address: _____

Organization City: _____ State _____ Zip Code _____

SPECIFIC GRANT INFORMATION

I Am a Grantee/Sub-Grantee to _____

HUD Project Name _____

HUD Project ID: _____ Begin Date: _____ End Date: _____

Previous Project ID

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Grant Type

Program Component

Program Type

- | | | |
|--|--|---|
| <input type="checkbox"/> VA - Grant and Per Diem Program | <input type="checkbox"/> Innovative Supportive Housing | <input type="checkbox"/> Emergency Shelter |
| <input type="checkbox"/> Supportive Housing Program | <input type="checkbox"/> Perm Housing for Homeless Per. W/Disab. | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Shelter Plus Care | <input type="checkbox"/> Supportive Services Only: W/O Outreach | <input type="checkbox"/> Permanent Supportive Housing |
| <input type="checkbox"/> PATH | <input type="checkbox"/> Supportive Services Only: With Outreach | <input type="checkbox"/> Street Outreach |
| <input type="checkbox"/> ESG | <input type="checkbox"/> Transitional Housing | <input type="checkbox"/> HPRP |
| <input type="checkbox"/> HPRP | <input type="checkbox"/> Project-Based Rental Assistance(PRA) | <input type="checkbox"/> Service Only Type Program |
| <input type="checkbox"/> HOPWA | <input type="checkbox"/> Single Room Occupancy (SRO) | <input type="checkbox"/> Permanent Housing (e.g., Mod Rehab SRO, subsidized housing without services) |
| <input type="checkbox"/> CDBG | <input type="checkbox"/> Sponsor-Based Rental Assistance(SRA) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> Tenant-Based rental Assistance (TRA) | |

Projected number Served

Number of Singles Not in Family _____

Number of Adults in Family _____

Number of Children in Family _____

Number of Families _____

If you are a **FUNDING ORGANIZATION** or you have a **Sub-Grantee** please write in the name of the Sub-Grantee for this grant Below.

_____ Sub-Grantee Name

FOR HMIS STAFF USE ONLY	
GRANT ID: _____	GRANT TYPE: VA HPRP ESG SHP CDBG SPC
FUNDING SOURCE: CoC STAN MOD HCD TLK NON PATH OTHER _____	