

HMIS Grant Information Setup Form

Grant Setup

Grant Description: _____

Grantee Agency: _____

Address: _____

Address 2: _____

Zip Code: _____

City: _____

State: _____

Additional Details

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: _____

Accessing Organization – The organization listed below will be able to access this grant.

Accessing Organization: _____

Grant Program & Grant Program Component:

- HHS: PATH
 - Street Outreach
 - Supportive Services
- HHS: RHY
 - Basic Center Program (BCP-ES)
 - Basic Center Program (BCP-HP)
 - Transitional Housing (TLP)
 - Street Outreach (SOP)
 - Maternal Group Home (MGH)
 - Demonstration Program (DP)
- HUD-CoC
 - Homeless Prevention
 - Permanent Supportive Housing
 - Rapid Re-Housing
 - Safe-Haven
 - Supportive Services Only
 - Transitional Housing
- HUD: Rural Housing Stability Assistance Program
- Emergency Solutions Grant (ESG)
 - Emergency Shelter
 - Homeless Prevention
 - Rapid Re-Housing
 - Street Outreach

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- Housing Opportunities for People with AIDS (HOPWA)
 - Permanent Housing
 - Short-Term Housing
 - Tenant Based Rental Assistance
 - Permanent Housing Placement
 - Transitional Housing
 - Hotel/Motel Vouchers
 - Housing Information
 - Short Term Rent, Mortgage, Utility Assistance

- HUD: VASH

- VA: VA Funded Transitional Housing
 - Grant and Per Diem Program (GPD)
 - Compensated Work Therapy Transitional Residence

- VA – Supportive Services for Veteran Families
 - Homeless Prevention
 - Rapid Re-Housing
(Priority 1: Yes or No)

- VA: Health Care for Homeless
 - Community Contract Emergency Housing
 - Community Contract Residential Treatment
 - Domiciliary Care
 - VA Community Contract Safe Have Program

- CDBG

- EFSP
 - Rental Assistance
 - Hotel/Motel Vouchers

- County General Funds

- Private

Project Name: _____

Project Sponsor Agency: _____

Number of Singles not in Family: _____

Numbers of Adults in Family: _____

Number of Children in Family: _____

Number of Families: _____