

# HMIS Project and Grant Setup Form

The Continuum of Care is required to collect and store data in a Homeless Management Information System (HMIS) database. An HMIS software must collect all the data elements within the HMIS Data Standards, support the system logic, and ensure that data elements' visibility is appropriate to the Project Type and Funding Sources for projects. Additional information regarding the HMIS data standard requirements can be found at <https://www.hudexchange.info/programs/hmis/hmis-data-standards/>

To remain in compliance with the data collection requirements, agencies must complete one project and grant setup form for each project.

Note: Missing fields will delay setting your projects up in the HMIS System.

## Program and Grant Setup Form

**Organization Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

**Project Grant ID Number:** \_\_\_\_\_ **Grant Amount:** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_

**Contact Phone number:** \_\_\_\_\_

**Organization Main Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **Primary Number: ( )** \_\_\_\_\_

**Name of Agency Director or Program Manager:** \_\_\_\_\_ **Project** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Project End Date:** \_\_\_\_\_ **Program Capacity (Max # of Beds):** \_\_\_\_\_

**Other Accessing Organizations: (That will access/enroll clients into this same program):**

**Agency Name** \_\_\_\_\_ **Agency Name** \_\_\_\_\_

**Project is Coordinated Entry Access Point:**    **Yes**    **No**

**Provided by CE Project (check all that apply):**  
Homelessness Prevention Assessment, Screening, and/or Referral  
Crisis Housing Assessment, Screening, and/or Referral  
Housing Assessment, Screening, and/or Referral  
Direct Services (search and/or placement support)

**Project Receives CE Referrals:**    **Yes**    **No**

**CE Participation Status Start Date** \_\_\_/\_\_\_/\_\_\_\_

**CE Participation Status End Date** \_\_\_/\_\_\_/\_\_\_\_

**What is the Housing Type of this project? (Check one):**

Emergency Shelter	Transitional Housing Homeless	Permanent Housing (Disability Required)
Street Outreach	Services Only Program	Homeless Prevention
Rapid Rehousing	Permanent Housing w/ Services (no disability required for entry)	Voucher Safe Haven
Other		

If this is a Assistance Services Only Program or RRH: Services Only Program, is this project affiliated with a residential project?  
**Yes**    **No**

**Residential Project Name(s):** \_\_\_\_\_

Tracking Method (For Emergency Shelters Only):    Entry/Exit Date                      Night-by-night

Housing Type:    Site-based – single site                      Site-based – clustered/multiple sites                      Tenant-based – scattered site

**\*If “Site-based – single site” selected, provide Main Site address (DV providers NOT required):**

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

**\*If “Site-based – clustered/multiple sites” selected, provide the address for the site where most beds and units are located, including the street address, city, state and zip code (DV providers NOT required):**

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

**\*If “Scattered site” selected, provide only the Zip code where most project beds and units are**

**located: Zip Code: \_\_\_\_\_**

**This section is completed by Victim service provider Only:** While DV Providers are exempt from entering address information, enter only the zip code that reflects the location of the project’s principal site, or for multiple site or scattered site projects, the location in which most of the project’s clients are housed.

Zip Code: \_\_\_\_\_

**What is the GEO code?** GEO code: \_\_\_\_\_

Enter the Geocode associated with the geographic location of the principal provider project service site. Scattered-site housing projects should record the Geocode where most of beds are located or where most beds are located as of the inventory update. A list of GEO Codes can be found at: <https://www.hud.gov/sites/dfiles/CPD/documents/CoC/FY-2023-GeoCodes-Report.pdf>

**Is this project HUD McKinney-Vento Funded?**

*\*Note: Only select S+C, SRO, or SHP as the McKinney-Vento funding source if your project still has funding and use requirements associated with that funding. Projects that were originally funded under those programs but are currently being renewed under the CoC Program should only identify CoC as the funding sources.*

Not HUD McKinney-Vento Funded

HUD: ESG - Emergency Shelter

HUD: ESG - Rapid Re-Housing

HUD: ESG - CV- County

HUD: ESG - CV - City

HUD: CoC – Safe Haven

HUD: CoC – Transitional Housing [Use also for legacy SHP-TH]

HUD: CoC – Permanent Supportive Housing [also for legacy SHP-PSH]

HUD: CoC – Rapid Re-Housing

HUD: CoC – Single Room Occupancy

HUD: CoC – Joint Component TH/RRH

HUD: CoC – Youth Homeless Demonstration Program (YHDP)

HUD: HUD/VA Supportive Housing (HUD/VASH)

HUD: Rural Housing Stability Assistance Program

**Is this project receiving Other Federal Funding Sources?** (\*Please indicate all funding sources for this project)

VA: Supportive Services for Veteran Families Program (SSVF) - Prevention

VA: Supportive Services for Veteran Families Program (SSVF)-Rapid Re-Housing [Priority 1 (Y/N)]

VA: Grant and Per Diem Program (GPD) – Bridge Housing

VA: Grant and Per Diem Program (GPD) – Low Demand

VA: Grant and Per Diem Program (GPD) – Hospital to Housing

VA: VA Funded Transitional Housing

VA: Health Care for Homeless

VA: Grant and Per Diem Program (GPD) – Clinical Treatment

VA: Grant and Per Diem Program (GPD) – Service Intensive Transitional Housing

VA: Grant and Per Diem Program (GPD) – Transition in Place

VA: VA Funded Transitional Housing - Compensated Work Therapy Transitional Residence

VA: Grant and Per Diem Program (GPD) – Case Management/Housing Retention

VA: CRS Contract Residential Services

VA: Community Contract Safe Haven Program (HCHV/SH)

HHS: RHY Basic Center Program (BCP)

HHS: RHY Transitional Living Program (TLP)

HHS: RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)

HHS: RHY Demonstration Project

CDBG: Community Development Block Grant

EFSP: Emergency Food and Shelter Program

EHAP: Emergency Housing and Assistance Program

HEAP: Homeless Emergency Aid Program

HHAP: Homeless Housing, Assistance and Prevention ( CoC, City, or County Funding)

HHAP-1 HHAP-2 HHAP-3 HHAP-4

ERF: Encampment Resolution Funding Program ( CoC, City, or County Funding)

ERF-1 ERF-2-L ERF-2-R ERF-3-L ERF-3-R

HDAP: Housing and Disability Advocacy Program

CESH: California Emergency Solutions and Housing

County General Funds

Private Funding

**Is this project receiving Other Federal Funding Sources? (\*Please indicate all funding sources for this project)**

HUD: HOPWA - Hotel/Motel Vouchers

HUD: HOPWA - Housing Information

HUD: HOPWA - Permanent Housing (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 Public and Indian Housing (PIH) programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons.

Other (Specify) \_\_\_\_\_

**Funding Recipient Type (Check One):**

Direct Recipient

Subrecipient (If sub-recipient provides direct recipient agency name \_\_\_\_\_)

Sub-contracted Agency (provide direct recipient agency name \_\_\_\_\_)

*\*Note:* Agencies entering data into HMIS are responsible for generating and sending program specific HMIS reports to their funders. If you are a funder (direct recipient) whom have contracted out client services to another agency (sub-recipient or subcontracted agency), please contact your sub-recipient or sub-sub-recipient for reporting needs.

**Target Population - {Please select one option- if at least 75% of clients fall into the population category)**

DV: People who are Survivors of Domestic Violence

HIV: Persons with HIV/AIDS

N/A: Not Applicable

\_\_\_\_\_  
Authorized Signature (HMIS Administrator/Alternate)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

# BED AND UNIT INVENTORY

(Required for Emergency Shelter, Permanent Supportive Housing, Rapid Rehousing, and Transitional Housing Projects Only)

**Bed Type of All beds is:**

Facility-based                  Voucher                  Other                  N/A

**How many beds and units does your project have? (Complete the tables listed below)**

**Total number of Beds (Year-Round + Overflow beds)**

Number of Beds intended for <b>Households With (at least) one Adult and one Child</b>	# of beds: _____
- How many units designated for Households with (at least) one adult and one child?	# of units: _____
Number of Beds intended for <b>Households Without Children (Adults only)</b>	# of beds: _____
Number of Beds intended for <b>Households with Only Children (Under the age of 18)</b>	# of beds: _____
Total # of Year-Round beds	<b>Total # of YR beds:</b> _____
Total # of Units	<b>Total # of Units:</b> _____
<b>Total number of beds</b>	<b>Total:</b> _____

**Of your *Total beds* listed above, do you have any beds that are dedicated for:**  
(The number of dedicated beds is a subset of the *total beds* and *must be equal to or less than total beds*)

**Veterans**

- Number of beds intended for **Households With (at least) one Adult and one Child:** \_\_\_\_\_ (Chronically Homeless: \_\_\_\_\_)
- Number of beds intended for **Households Without Children (Adults only):** \_\_\_\_\_ (Chronically Homeless: \_\_\_\_\_)
- Any other veteran beds: \_\_\_\_\_ (Chronically Homeless: \_\_\_\_\_)

**Youth under age 18 only**

- Number of beds intended for **Households with Only Children:** \_\_\_\_\_ (Chronically Homeless: \_\_\_\_\_)

**Youth age 18 to 24 only**

- Number of Youth beds intended for **Households Without Children:** \_\_\_\_\_ (Chronically Homeless: \_\_\_\_\_)
- Number of Youth beds intended for **Parenting Youth Households:** \_\_\_\_\_ (Chronically Homeless: \_\_\_\_\_)
- How many Units are intended for **Parenting Youth Households?** \_\_\_\_\_ (Chronically Homeless: \_\_\_\_\_)

<b>Total number of Seasonal Beds</b>	<b>Total #:</b> _____
--------------------------------------	--------------------------

What are the start date and end date when Seasonal beds are available?

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

## Key Terms

**Adults:** Persons age 18 and older

**Child:** Persons under age 18

**Youth:** Persons under age 24. HUD collects and reports youth data based on persons under 18 and persons between ages 18 and 24.

**Parenting Youth:** A youth who identifies as the parent or legal guardian of one or more children who are present with or sleeping in the same place as that youth parent, where there is no person over age 24 in the household.

### **Bed Type (Emergency Shelter Only):**

**Facility-based:** Beds (including cots or mats) located in a residential homeless assistance facility dedicated for persons who are homeless.

**Voucher:** Beds located in a hotel or motel and made available by the homeless assistance project through vouchers or other forms of payments.

**Other:** Beds located in a church or other facility not dedicated for use by persons who are homeless

### **Overflow Beds (Emergency Shelter Only):**

Beds that are available on an ad hoc or temporary basis in response to demand that exceeds planned bed capacity. For the HIC, identify the number of overflow beds that are only used when the "regular" beds are full on the night of the count if there is no fixed number of overflow beds.

### **Seasonal Beds:**

Beds that are NOT available year-round, but instead are available on a planned basis, with set start and end dates.

### **Beds dedicated to Veterans:**

Beds that are reserved for homeless veterans and their household members (if applicable).

These beds must be filled by veterans and their households who qualify for the project unless there are no homeless veterans and their families located within the geographic area who qualify.

### **Beds dedicated to Youth:**

Beds that are reserved for homeless youth, including parenting youth and unaccompanied youth and their household members (if applicable). Those beds must be filled by a homeless youth (or member of their household) who qualifies for the project unless there are no homeless youth within the geographic area who qualify. For the HIC, the project must indicate if the dedicated beds are reserved only for youth under age 18, only for youth ages 18-24, or for all youth up to age 24.

### **Beds dedicated to Chronic Homeless (Permanent Supportive Housing Only):**

The PSH beds that are dedicated to house chronically homeless persons and their household members (if applicable). Those beds must be filled by chronically homeless persons (or member of their households) who qualify for the project unless there are no chronically homeless persons located within the geographic area who qualify.