

Agency Name: Click or tap here to enter text.

Grant Number: Click or tap here to enter text.

Program Name: Click or tap here to enter text.

Grant Information Form

Program Information

Number of units in the application: Click or tap here to enter text.

Number of units at the end of the most recent grant operating year: Click or tap here to enter text.

Number of units currently: Click or tap here to enter text.

Number of beds in the application: Click or tap here to enter text.

Number of beds at the end of the most recent grant operating year: Click or tap here to enter text.

Number of beds currently: Click or tap here to enter text.

Number of units dedicated for chronically homeless households: Click or tap here to enter text.

If the number of units currently is less than that proposed from the application, please explain why and provide the process for meeting the proposed numbers in the application:

Click or tap here to enter text.

Please explain how your program works with your region's coordinated assessment system.

Click or tap here to enter text.

Does the program only accept referrals through coordinated assessment?

Yes No

Please provide a step-by-step description of how your program offers services to individuals enrolled in the program, including assessments, housing stability and services plans, daily interactions and case management, and ongoing evaluation of progress.

Click or tap here to enter text.

Agency Information

Does your Board of Directors have a currently or formerly homeless individual as a member?

Yes No

If so, please provide the person's name and how long they have served on the Board:

Click or tap here to enter text.

Did the organization have an independent financial audit completed for its last fiscal year?

Yes No

If so, please provide an electronic copy of the audit.