



# HEARTLAND CONTINUUM OF CARE REQUEST TO ADD NEW PROJECT TO HMIS

DATE OF REQUEST: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_  
EXECUTIVE DIRECTOR: \_\_\_\_\_  
AGENCY ADDRESS: \_\_\_\_\_  
AGENCY PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
AGENCY WEBSITE: \_\_\_\_\_

NEW PROJECT NAME: \_\_\_\_\_  
(THIS MUST REFLECT ANY GRANT FUNDING NAMING CONVENTIONS)  
NEW PROJECT ADDRESS(S) IF THERE ARE MULTIPLE LOCATIONS FOR SCATTERED SITE PROJECTS, PLEASE LIST ALL ADDRESSES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INCLUDE ADDITIONAL SHEET IF MORE SPACE IS NEEDED.

PRIMARY CONTACT FOR THIS PROJECT \_\_\_\_\_  
PHONE # FOR THIS PERSON \_\_\_\_\_  
EMAIL \_\_\_\_\_

WHAT IS THE OPERATING START DATE FOR THIS PROGRAM? \_\_\_\_\_

SELECT THE PROJECT TYPE FOR THIS PROGRAM

HOUSING TYPE

TARGET POPULATION

TARGET POPULATION A (OPTIONAL)

PROVIDER GRANT TYPE

VICTIM SERVICE PROVIDER

COC CODE IL-513 GEOCODE 176648 ZIP CODE \_\_\_\_\_ GEOGRAPHY TYPE

IS THIS A CONTINUUM PROJECT?

"Continuum Project refers to a distinct unit of an organization, which may or may not be funded by HUD or the federal partners, that provides services and/or lodging for the homeless and is identified by the Continuum as part of its service system. [Note: a project funded by the HUD's CoC Program may be referred to then as a "CoC Program-funded continuum project".

WHAT TYPE OF SERVICES DOES THIS PROGRAM PROVIDE? (THIS WILL BE INCLUDED IN THE RESOURCES SECTION OF HMIS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE THESE SERVICES ONLY AVAILABLE TO THE CLIENTS ENTERED INTO THE PROGRAM OR GENERAL PUBLIC? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PROJECT INVENTORY (BEDS AND UNITS)

IF SERVING MORE THAN ONE HOUSEHOLD TYPE, PLEASE COMPLETE THIS SHEET FOR EACH TYPE

LIST HOUSEHOLD TYPE

WHAT TYPE OF BED IS THIS INVENTORY?

WHAT IS THE AVAILABILITY?

INVENTORY START DATE

INVENTORY END DATE

OF THE TOTAL BEDS, HOW MANY BEDS ARE DEDICATED TO:

CHRONICALLY HOMELESS VETERANS BEDS \_\_\_\_\_

YOUTH VETERANS BEDS \_\_\_\_\_

ANY OTHER VETERANS BED INVENTORY \_\_\_\_\_

CHRONICALLY HOMELESS YOUTH BEDS \_\_\_\_\_

ANY OTHER YOUTH BEDS \_\_\_\_\_

ANY OTHER CHRONICALLY HOMELESS BED \_\_\_\_\_

NON-DEDICATED BEDS \_\_\_\_\_

TOTAL UNITS (APTS, ROOMS OR HOUSE) \_\_\_\_\_ TOTAL BEDS \_\_\_\_\_

DOES YOUR PROJECT RECEIVE ANY HUD MCKINNEY VENTO FUNDS?

### **COORDINATED ENTRY**

DOES THIS PROJECT PARTICIPATE IN COORDINATED ENTRY AS AN ACCESS POINT?

DOES THIS PROJECT RECEIVE COORDINATED ENTRY REFERRALS FOR HOUSING?

### **FEDERAL PARTNER PROGRAM AND COMPONENTS**

GRANT START DATE

GRANT END DATE

GRANT IDENTIFIER \_\_\_\_\_

FEDERAL PARTNER PROGRAM

-IF NO FUNDING IS DERIVED FROM ANY OF THESE OPTIONS, PLEASE SELECT "LOCAL OR OTHER FUNDING SOURCES" AND LIST THAT SOURCE HERE (EX; COMMUNITY, CHURCH, CIVIC ETC)

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### **DOES THIS PROJECT REQUIRE SPECIAL DATA COLLECTION REQUIREMENTS OUTSIDE OF HUD?**

PLEASE SELECT ALL THAT WOULD APPLY HERE

IDHS TALLYS WITH CASE NOTES

USE OF ACTIVITIES (ADDING MULTIPLE SERVICES VIA EVENTS LIKE CLASSES, LUNCH, TRANSPORT ETC)

SELF SUFFICIENCY MEASUREMENTS

(IF YES, I WOULD NEED TO KNOW WHICH OF THE 18 STANDARDS WOULD BE UTILIZED FOR THIS PROGRAM).

CUSTOM DATA COLLECTION ASSESSMENT. (PLEASE CONTACT ME DIRECTLY FOR MORE INFORMATION)