

NEW PROJECT FORM

INSTRUCTIONS

The New Project Form is to be used to notify COHHIO that a new homeless dedicated project is beginning or has begun to serve clients in the Ohio Balance of State Continuum of Care (BoSCoC) or Mahoning County CoC. For HMIS-participating new projects, the Agency Administrator should submit this form whenever a new project begins to serve clients. HMIS non-participating projects should also submit this form when the project begins to serve clients.

OHIO BALANCE OF STATE COC PROJECTS

Please send this form plus the HIC Verification Report (if necessary) to ohioboscoc@cohhio.org. Upon approval by Ohio BoSCoC staff, the HMIS team will update HMIS.

MAHONING COUNTY COC PROJECTS

Please send this form plus the HIC Verification Report (if necessary) to colleen.kosta@mahoningcountyoh.gov. Upon approval by the Mahoning County CoC, the COHHIO HMIS team will update HMIS.

For information about the HIC Verification Report and its uses, please visit <http://hmis.cohhio.org/index.php?pg=kb.page&id=119>.

APPLICANT INFORMATION

Complete the fields below with information about the person submitting this form.

Applicant Name	
Applicant Title	
Applicant Role	<input type="checkbox"/> HMIS Agency Administrator <input type="checkbox"/> HIC/PIT County Contact for _____ County <input type="checkbox"/> Other (specify) _____
Telephone	
Email Address	
Explanation of New Project	

NEW PROJECT INFORMATION

Complete the fields below with information about the new project.

<p>Organization Name</p>	
<p>New Project Name</p>	
<p>Homeless Dedicated Check all three boxes to indicate that all three conditions are met.</p>	<p><input type="checkbox"/> Yes, the primary intent of the project is to serve homeless persons. <input type="checkbox"/> Yes, the project verifies homeless status as part of its eligibility determination. <input type="checkbox"/> Yes, the actual project clients are predominantly homeless.</p>
<p>New Project Program Type</p>	<p><input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Street Outreach <input type="checkbox"/> Homelessness Prevention <input type="checkbox"/> Services Only</p>
<p>First Date Project Will Serve Clients</p>	<p>*This date impacts bed utilization for HMIS participating projects.</p>
<p>Project End Date Seasonal Projects Only</p>	<p>*This date impacts bed utilization for HMIS participating projects.</p>
<p>HMIS Participation</p>	<p><input type="checkbox"/> Yes, the project will participate in HMIS. <input type="checkbox"/> No, the project will not participate in HMIS.</p>
<p>HMIS Users List the first and last names of current HMIS Users who will need to be added to the project in HMIS.</p>	
<p>Target Population</p>	<p><input type="checkbox"/> Domestic Violence Victims <input type="checkbox"/> Persons with HIV/AIDS <input type="checkbox"/> Not Applicable</p>
<p>Housing Type</p>	<p><input type="checkbox"/> Site-based (single site) <input type="checkbox"/> Site-based (multiple sites) <input type="checkbox"/> Tenant-based (scattered sites)</p>
<p>Street Address Leave this field blank if the new project is a domestic violence shelter.</p>	
<p>City and ZIP Code</p>	

BED AND UNIT COUNTS

Fill in the table below with the number of beds and units. When recording bed and unit counts, COHHIO HMIS Team members should check McKinney-Vento when the funding source is CoC.

Adults Only Beds should match Adult Only Units.	Number of Beds	Number of Units	EMERGENCY SHELTERS ONLY	
Households with Children At least 1 adult and 1 child	_____	_____	Bed Type Check one	<input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal <input type="checkbox"/> Overflow
Adults Only Unaccompanied adults or multiple adults	_____	_____	Availability Check one	<input type="checkbox"/> Facility-based <input type="checkbox"/> Voucher <input type="checkbox"/> Other (a bed located in a church or other facility not dedicated for use by persons who are homeless)
Children Only Households Head of Household is less than 18 years old, Can be unaccompanied or multiple children	_____	_____		
Total	_____	_____		

ALL PROJECT TYPES: SUBPOPULATIONS

Fill in the table below with the number of dedicated beds. This table's total should match the total beds above.

Bed Dedication	Number of Beds
Chronically Homeless Veteran Bed Inventory	_____
Youth Veterans Bed Inventory	_____
Any Other Veteran Bed Inventory	_____
Chronically Homeless Youth Bed Inventory	_____
Any Other Youth Bed Inventory	_____
Any Other Chronically Homeless Bed Inventory	_____
Non-Dedicated Bed Inventory	_____
TOTAL	_____

FUNDING SOURCES

Fill in the Grant Start Date for current funding sources only.

<p>Grant Start Date</p>	<p>If there are multiple grant start dates due to multiple funding sources, please describe:</p>
<p>Funding Source</p>	<ul style="list-style-type: none"> <input type="checkbox"/> HHS: PATH - Street Outreach & Supportive Services Only <input type="checkbox"/> HHS: RHY - Basic Center Program (prevention and shelter) <input type="checkbox"/> HHS: RHY - Street Outreach Project <input type="checkbox"/> HHS: RHY - Transitional Living Program <input type="checkbox"/> HUD :CoC - Supportive Services Only <input type="checkbox"/> HUD: CoC - Joint Component TH/RRH <input type="checkbox"/> HUD: CoC - Permanent Supportive Housing <input type="checkbox"/> HUD: CoC - Rapid Re-Housing <input type="checkbox"/> HUD: CoC - Transitional Housing <input type="checkbox"/> HUD: CoC - Youth Homeless Demonstration Program (YHDP) <input type="checkbox"/> HUD: ESG - CV <input type="checkbox"/> HUD: ESG - Emergency Shelter (operating and/or essential services) <input type="checkbox"/> HUD: ESG - Homelessness Prevention <input type="checkbox"/> HUD: ESG - Rapid Re-housing <input type="checkbox"/> HUD: ESG - Street Outreach <input type="checkbox"/> HUD: HUD/VASH <input type="checkbox"/> Local or Other Funding Source (Please specify) _____ <input type="checkbox"/> VA: CRS Contract Residential Services <input type="checkbox"/> VA: Grant Per Diem - Bridge Housing <input type="checkbox"/> VA: Grant Per Diem - Case Management/Housing Retention <input type="checkbox"/> VA: Grant Per Diem - Clinical Treatment <input type="checkbox"/> VA: Grant Per Diem - Hospital to Housing <input type="checkbox"/> VA: Grant Per Diem - Low Demand <input type="checkbox"/> VA: Grant Per Diem - Service Intensive Transitional Housing <input type="checkbox"/> VA: Grant Per Diem - Transition in Place <input type="checkbox"/> VA: Supportive Services for Veteran Families

SIGNATURE

Please sign and date.

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