



# 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](mailto: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](mailto: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.

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

## NEW PROJECT INFORMATION

Complete the fields below with information about the new project.

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

### 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	
<b>Households with Children</b> At least 1 adult and 1 child	_____	_____	<b>Bed Type</b> Check one	<input type="checkbox"/> Year-round <input type="checkbox"/> Seasonal <input type="checkbox"/> Overflow
<b>Adults Only</b> Unaccompanied adults or multiple adults	_____	_____	<b>Availability</b> 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)
<b>Children Only Households</b> Head of Household is less than 18 years old, Can be unaccompanied or multiple children	_____	_____		
<b>Total</b>	_____	_____		

### 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
<b>Chronically Homeless Veteran Bed Inventory</b>	_____
<b>Youth Veterans Bed Inventory</b>	_____
<b>Any Other Veteran Bed Inventory</b>	_____
<b>Chronically Homeless Youth Bed Inventory</b>	_____
<b>Any Other Youth Bed Inventory</b>	_____
<b>Any Other Chronically Homeless Bed Inventory</b>	_____
<b>Non-Dedicated Bed Inventory</b>	_____
<b>TOTAL</b>	_____

**FUNDING SOURCES**

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

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

**SIGNATURE**

Please sign and date.

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