

HMIS Grant Set Up

For All State, Federal, or Local/Private Funding

Instructions: To Add or Renew a Grant in HMIS, you must complete one HMIS Grant Set Up form for each separate Funding Source. All sections must be completed and return with an accompanied HMIS Project Set Up form. If you have any questions, please contact HMIS Support or email HMIS@stancounty.com				
Grantee Agency Information <i>(The organizations listed below will be able to access this grant)</i>				
Organization Complete <i>(Name as listed on Grant Application)</i>				
Address:				
Phone Number:				
Contact Person:				
Email:				
Grant Setup <i>(If this is a grant related to specific federal programs, enter the following information. Select the Federal Grant Program and Grant Program Component.)</i>				
Application: <i>(is this a new funding source for your agency)</i>		<input type="checkbox"/> New <input type="checkbox"/> Renewal		
Project Name: <i>(Name of project associated with this Grant?)</i>				
Date Range: <i>(The Grant will only be active and available to Users for transactions where the data entry date falls within this date range.)</i>				
Begin Date:		End Date:		
Federal Grant Program: <i>(If this is a grant related to specific federal programs, enter the following information. Select the Federal Grant Program and Grant Program Component.)</i>				
<input type="checkbox"/> HUD CoC	<input type="checkbox"/> HUD HUD/VASH	<input type="checkbox"/> VA Grant Per Diem		
<input type="checkbox"/> HUD Pay for Success	<input type="checkbox"/> HHS PATH- Street Outreach & Supportive Services only	<input type="checkbox"/> VA Community Contract Safe Haven Program		
<input type="checkbox"/> HUD Public and Indian Housing (PIH) Programs	<input type="checkbox"/> HHS RHY	<input type="checkbox"/> VA Supportive Services for Veteran Families		
<input type="checkbox"/> HUD Rural Housing Stability Assistance Program	<input type="checkbox"/> VA SSVF	<input type="checkbox"/> N/A		
<input type="checkbox"/> HUD HOPWA	<input type="checkbox"/> VA CRS Contract Residential Services	<input type="checkbox"/> Local or Other Funding Source		
		<input type="checkbox"/> Please Specify: _____		
Grant Program Component:				
<u>HUD CoC:</u>				
<input type="checkbox"/> Permanent Supportive Housing	<input type="checkbox"/> Supportive Services Only	<input type="checkbox"/> Single Room Occupancy (SRO)		
<input type="checkbox"/> Rapid Re-Housing	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Youth Homeless Demonstration Program		
		<input type="checkbox"/> Joint Component TH/RH		
<u>HUD ESG:</u>				
<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Homeless Prevention	<input type="checkbox"/> Rapid Re-Housing	<input type="checkbox"/> Street Outreach	
<u>HHS RHY:</u>				
<input type="checkbox"/> Basic Center Program (prevention shelter)	<input type="checkbox"/> Maternity Group Home for Pregnant & Parenting Youth	<input type="checkbox"/> Transitional Living Program	<input type="checkbox"/> Street Outreach Project	<input type="checkbox"/> Demonstration Project
<u>VA Grant Per Diem (GPD):</u>				
<input type="checkbox"/> Bridge Housing	<input type="checkbox"/> Hospital to Housing	<input type="checkbox"/> Service Intensive Transitional Housing		
<input type="checkbox"/> Low Demand	<input type="checkbox"/> Clinical Treatment	<input type="checkbox"/> Transition in Place		
		<input type="checkbox"/> Case Management/Housing Retention		
<u>Local or Other Funding Source (Please Specify):</u>				
<input type="checkbox"/> Other	Please Specify Funding: _____			
	Please Specify Program Component: (Shelter, RRH, etc.) _____			
For HMIS Administration Use Only:				
Received Date:				
HMIS Staff Name Completing Set up:				
Request Completed in HMIS Date:				