2020 Grant Overview Questionnaire

Your Name: ______________________________
Your Title: ______________________________
Your Email: _____________________________
Your Phone Number: _____________________
Agency Name: __________________________
Project Name: __________________________
HMIS ID: _______________________________

Introduction
The purpose of the grant overview questionnaire is to provide RTFH with the context and background information about the HUD CoC grant which is needed to successfully complete the two monitoring components. If an agency has multiple projects selected for monitoring, the agency will submit a separate grant overview questionnaire for each project.

Instructions
The agency receives the link to the grant overview questionnaire in SurveyGizmo on the first day of the monitoring window. RTFH will pre-populate any information that is already maintained about the project and request the agency to complete the missing information and submit by day 3 of the monitoring window. If there are questions about the information submitted, RTFH will reach out by phone or email for clarification.

1. Grant Number (FY19 GIW): ______________
2. Grant Start & End Date: ________________
3. HUD Program Model Type: ______________
4. RTFH Program Type: _________________
5. Grant Amount: ______________
6. Number of units: _______________
7. Number of beds: _________________
8. Budget Lines:
   ______ Leasing
   ______ Rental Assistance
   ______ Supportive Services
   ______ Operating Costs
   ______ HMIS
   ______ Admin

9. How old is the grant? ________________
10. Did the agency inherit the grant? If so, when? ________________
11. Are any units dedicated to the chronically homeless? If so, how many? ________________

12. Does the agency own the units? ________________

13. Is the housing project-based or scattered-site? ________________

14. If the program has a rental assistance budget, is the rental assistance tenant-based, project-based, or sponsor-based rental assistance? ________________

15. Does this program combine funding from other sources? If so, please explain the sources, what the other funding supports, and if there are any conflicting funding requirements.

16. Does the program serve families? ________________

17. Does the program have a special population focus? If so, please describe.

18. Please provide any additional information you would like us to know about the project.

19. Upload a copy of the most recent executed grant agreement.

   File Upload: