

2024 Grant Overview Questionnaire

2024 GRANT OVERVIEW QUESTIONNAIRE

Introduction

The purpose of the grant overview questionnaire is to provide RTFH with the context and background information about the HUD CoC grant. If an agency has multiple CoC funded projects, the agency will submit a separate grant overview questionnaire for each project.

Instructions

All monitoring tools are due on Day 1 of your Cohorts Monitoring Start Date via Alchemer.If there are questions about the information submitted, RTFH will reach out by phone or email for clarification.

1. Your Name *

2. Your Title *

3. Your Email *

4. Your Phone Number *

5. Agency Name *

6. Project Name *

7. HMIS Project Name (As seen in HMIS)

8. Grant Number (FY22 GIW) *

9. Grant Start and End Date *

11. Grant Amount *

12. Number of Units

13. Number of Beds

14. Budget Line: Leasing

15. Budget Line: Rental Assistance

16. Budget Line: Supportive Services

17. Budget Line: Operative Costs

18. Budget Line: HMIS

19. Budget Line: Admin

20. How old is your grant?*

21. Did the agency inherit the grant? If so, when and from who?

22. Are any units dedicated to the chronically homeless? If so, how many?

23. Does the agency own the units?

24. Housing Type (Site-based- single site, Site-based- clustered/multiple sites, or Tenant-based- scattered site)?

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

26. 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.

27. Does the program serve families?

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

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

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

Browse...

Thank You!

Thank you for taking our survey. Your response is very important to us.