2023 GRANT OVERVIEW QUESTIONNAIRE

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 *

10. HUD Project Component (FY22 GIW) *

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.

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