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 to HMIStech@unitedwayplains.org

Grantee Agency Information *(The organizations listed below will be able to access this grant)*

Organization Complete *(Name as listed on Grant Application)*	
Address:	
Phone Number:	
Contact Person:	
Email:	

Grant Setup
(If this is a grant related to specific federal programs, enter the following information. Select the Federal Grant Program and Grant Program Component.)

Application: *(is this a new funding source for your agency)*	□ New □ Renewal
Project Name:*(Name of project associated with this Grant?)*	

Date Range*: (The Grant will only be active and available to Users for transactions where the data entry date falls within this date range.)*

Begin Date:		**End Date:**	

Federal Grant Program:
(If this is a grant related to specific federal programs, enter the following information. Select the Federal Grant Program and Grant Program Component.)

□ HUD CoC	□ HUD HUD/VASH	□ VA Grant Per Diem
□ HUD Pay for Success	□ HHS PATH- Street Outreach & Supportive Services only	□ VA TIP
□ HUD Public and Indian Housing (PIH) Programs	□ HHS RHY	□ VA Supportive Services for Veteran Families
□ HUD Rural Housing Stability Assistance Program	□ VA SSVF	□ N/A
	□ VA CRS Contract Residential Services	□ Local or Other Funding Source
□ HUD HOPWA		□ Please Specify: _____

Grant Program Component:

HUD CoC:

□ Permanent Supportive Housing □ Rapid Re-Housing	□ Supportive Services Only □ Transitional Housing	□ Single Room Occupancy (SRO) □ Youth Homeless Demonstration Program □ Joint Component TH/RH

HUD ESG:

□ Emergency Shelter	□ Homeless Prevention	□ Rapid Re-Housing	□ Street Outreach

HHS RHY:

□ Basic Center Program (prevention shelter)	□ Maternity Group Home for Pregnant & Parenting Youth	□ Transitional Living Program	□ Street Outreach Project	□ Demonstration Project

VA Grant Per Diem (GPD):

□ Bridge Housing □ Low Demand	□ Hospital to Housing □ Clinical Treatment	□ Service Intensive Transitional Housing □ Transition in Place □ Case Management/Housing Retention

Local or Other Funding Source (Please Specify):

□ 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:	