

# A. Applicant Information

Please provide the following information.

1. Name of Organization: \_\_\_\_\_

2. Project Name: \_\_\_\_\_

3. Funding Category/Project type

PSH     TH     SSO-SO     SSO     Youth CE

4. Please complete the table below:

<b>Project Milestones</b>	<b>Days from Execution of Grant Agreement</b>
New project staff hired, or other project expenses begin?	
Participant enrollment in project begins?	
Participants begin to occupy leased or rental assistance units or structure(s), and supportive services begin?	
Leased or rental assistance units or structure, and supportive services near 100% capacity?	
If applicable, closing on purchase of land, structure(s), or execution of structure lease? Rehabilitation started?	
If applicable, rehabilitation completed?	
If applicable, new construction started?	
If applicable, new construction completed?	

5. For all supportive services available to participants, indicate who will provide them and how often they will be provided.

Supportive Service	Provider (Applicant, Partner or Non-partner) <i>Applicant must be selected if Supp. Service dollars are being requested as part of this grant</i>	Frequency (Daily, Weekly, Monthly, Bi-annually, Annually, As Needed)
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		
Housing Search and Counseling Services		
Legal Services		
Life Skills Training		
Mental Health Services		
Outpatient Health Services		
Outreach Services		
Substance Abuse Treatment Services		
Transportation		
Utility Deposits		

# Data for Households

Please provide the following information.

6. Use tables below to enumerate the Population to be Served in the Project (Point-in-Time)

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24				
Persons ages 18-24				
Accompanied Children under age 18				
Total Persons				

**Project Participants - Subpopulations**

7. Use table below to enumerate the Persons in Households with At Least One Adult and One Child –

Characteristic	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Substce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Phys. Disblty	Dvlpmntl Disblty	Persons Not Other-wise Represented
Adults over age 24									
Persons ages 18-24									
Children under age 18									
Total Persons									

8. Use table below to enumerate the Persons in Households without Children

Characteristic	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Substce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Phys. Disblty	Dvlpmntl Disblty	Persons Not Other-wise Represented
Adults over age 24									
Persons ages 18-24									
Children under age 18									
Total Persons									

9. Use table below to enumerate the Persons in Households with Only Children

Characteristic	Chron. Homlss Non-Vets	Chron. Homlss Vets	Chronic Substce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	DV	Phys. Disblty	Dvlpmntl Disblty	Persons Not Other-wise Represented
Adults over age 24									
Persons ages 18-24									
Children under age 18									
Total Persons									

10. Describe the “Persons Not Otherwise Represented” referred to above:

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