



Project Set-up Form

Thank you for your interest in adding a project to the OC HMIS. Please complete the form below for each new project at your agency, and e-mail to ederycke@211oc.org. If you have any questions about this form, please call (714) 589-2360. Thank you!

Agency/Organization Name:

Project:

Project

Type:

(Please choose only one)

Emergency Shelter

Other

Transitional Housing

Safe Haven

Day Shelter

PH - Rapid Re-housing

Street Outreach

PH - Housing Only

Services Only

PH - Permanent Supportive Housing (disability required for entry)

PH - Housing with services (no disability required for entry)

Homelessness Prevention

Coordinated Assessment

Continuum Project:

Yes

No

Method for Tracking ES Utilization:

Entry/Exit Date

Night-by-Night

N/A

Project Description (optional):

A target population should be selected if the project is designed to serve that population and at least three-fourths (75 %) of the clients served by the provider project fit the target group descriptor. If none of the target populations apply to the project, this question can be left blank.

Target Population A: (Please choose only one)

SM Single Males 18 and Over

SF Single Females 18 and Over

SMF Single Males and Females 18 and Over

CO Couples Only, No Children

SM + HC Single Males and Households with Children

SF + HC Single Females and Households with Children

HC Households with Children

YM Unaccompanied Young Males under 18

YF Unaccompanied Young Females under 18

YMF Unaccompanied Young Males and Females under 18

SMF + HC Single

Males/Females/Households with Children

Target Population B: (Please choose only one)

HIV/AIDS

DV

NA

Project Location

Please complete this page for each location within the project. If all of the clients in the project are served from one location (one building), fill out this section once. If the project serves clients in multiple locations, please fill out this section for each location. Projects without a principal project service site (e.g., scattered-site housing projects) should record the address of their administrative office. Please replicate this page as necessary.

If project location is the same as Main Office location, please check here.

Address: Address 2:

City: State: Zip Code:

Housing Type: (please choose one only)

Mass Shelter/Barracks
 Single Apartments (non-SRO) Units
 Dormitory/Hotel/Motel
 Single Homes/Townhouses/Duplexes
 Shared Housing
 Not Applicable: Non-Residential Project
 Single Room Occupancy (SRO) Units

Project Contact

First Name: Last Name:

Work Phone: Cell Phone: Fax:

Email:

Contact Type: Director Manager's Secretary Director's Secretary Case Worker Manager Security Officer

Title: Mr Ms Mrs Dr Miss

Bed and Unit Inventory

	Households with Children and Adults	Households without Children	Households with Only Children	Total
Beds				
Units				

Milestones

Milestones are the goals the clients in the project are trying to achieve. If there are Performance Measures in the contract, the milestones should help the project to meet those Performance Measurements.

Milestone Title	Milestone Description (optional)	Milestone Verification (optional)	Which Performance Measure is the Milestone attached to?

Please complete the remainder of this document for each separate funding source associated with this project.

Funding Source

If a contract has been created for this funding source, please send a copy of the contract.

Funding Source: Contract Type:

Contract Number: Contract Amount: Contract Length:

Contract Code: New Renewal Extension
 Payment Type: Reimbursement Fee for Service Advance

Contract Start Date: Contract End Date:

Performance Measure 1 in Contract:

Performance Measure 2 in Contract:

Performance Measure 3 in Contract:

Funding Source Contact

First Name: Last Name:

Work Phone: Cell Phone: Fax:

Email:

Title: Mr Ms Mrs Dr Miss

Contact Type: Primary Contact Project Sponsor Grantee Program Analyst

Clerical Grantee Official Sponsor Official

Activity Name	Activity Type	Activity Unit Type	Number of Units Per Service Provided	Unit Cost (to the program)	Description (optional)
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			
	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			
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	<input type="checkbox"/> Service <input type="checkbox"/> Case <input type="checkbox"/> Session	<input type="checkbox"/> Minutes <input type="checkbox"/> Days <input type="checkbox"/> Units <input type="checkbox"/> Cost			