

Grant Overview Questionnaire

**Introduction**

The purpose of the grant overview questionnaire is to provide the Alliance 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 type**. (For Example, if you have 2 PSH, 1 TH and 3 RRH projects, your agency would send in 1 for PSH, 1 for TH and 1 for RRH).

**Instructions**

All monitoring tools are due via email to [acuniberti-alliance@oaklandhomeless.org](mailto:acuniberti-alliance@oaklandhomeless.org) If there are questions about the information submitted, the Alliance will reach out will reach out by phone or email for clarification.

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| 1. | Your Name: |
| 2. | Your Title: |
| 3. | Your Email: |
| 4. | Your Phone Number: |
| 5. | Agency Name: |
| 6. | Project Name: |
| 7. | HMIS Project Name (s)(As seen in HMIS): |
| 8. | Grant Number(s): |
| 9. | Grant Start & End Date (s): |
| 10. | HUD Project Component: |
| 11. | Grant Amount (s):  Match mount (s): |
| 12. | Number of units (list project name and type with number of units): |
| 13. | Number of beds (list project name and type with number of beds): |
| 14. | Budget Line Item – Leasing |
| 15. | Budget Line Item - Rental Assistance: |
| 16. | Budget Line Item – Supportive Services: |
| 17. | Budget Line Item – Operating Costs: |
| 18. | Budget Line Item – HMIS: |
| 19. | Budget Line Item – Admin: |
| 20. | How old is the grant? |
| 21. | Does the agency inherit the grant? If so, when and from who? |
| 22. | Are any units dedicated to the chronically homeless? If so, how many (name grant with number of units) |
| 23. | Does the agency own 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.  What does your match mount consist of (in-kind, cash) and sources: |
| 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 |