

New Project Cover Sheet

The Verification Form is to be used annually for the Housing Inventory Count plus any time of year that a change to your project occurs. During the Housing Inventory Count, projects are to be submitted regardless of whether or not there is anything we need to change. During other times of the year, use the Verification Form to submit changes.

The New Project Form is to be used at any time of year (especially for Housing Inventory Count) to add projects to the CoC, whether they're HMIS participating or not.

For more information about this report and its uses, please visit <http://hmis.cohhio.org/index.php?pg=kb.page&id=119>.

Please print this page plus either the Verification Form(s) or the New Project Form(s) and send to ohioboscoc@cohhio.org or the address listed below. The Balance of State CoC staff will review and approve changes and then the HMIS team will update HMIS.

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COHHIO
175 S. Third Street, Suite 58C
Columbus, OH 43215

Enter the name and contact information for the person submitting the form(s). (Please print clearly)

Name	
Title	
Email	
Phone	
Check One:	<input type="checkbox"/> HIC/PIT County Contact for _____ County <input type="checkbox"/> HMIS Agency Administrator
Please explain any requested changes	

Signed: _____ Date: ____/____/____

Housing Inventory Count: New Project Form (for NEW PROJECTS ONLY)

GENERAL INFORMATION	
Organization Name	
New Project Name	
Homeless Dedicated? (meets all 3 conditions):	1. The primary intent of the project is to serve homeless persons 2. The project verifies homeless status as part of its eligibility determination 3. The actual project clients are predominantly homeless [] Yes [] No
Program Type of new project	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Street Outreach <input type="checkbox"/> Homelessness Prevention <input type="checkbox"/> Services Only
When project will begin entering:	HMIS participating? [] Yes [] No
Target Population	<input type="checkbox"/> HIV (persons with HIV/AIDS) <input type="checkbox"/> DV (Domestic violence victims) <input type="checkbox"/> Not Applicable
Housing Type:	<input type="checkbox"/> Site-based- single site <input type="checkbox"/> Site based- multiple sites <input type="checkbox"/> Tenant-based (scattered site)
Street Address (unless DV agency)	City, ZIP

FAMILY BEDS ONLY	ENTER BED COUNTS					
	Facility Based or Scattered Site		Voucher- ES Only		Other- ES Only	
	Beds	Units	Beds	Units	Beds	Units
Year-Round Beds						
Seasonal- ES Only						
Overflow- ES Only						

INDIVIDUAL BEDS ONLY	ENTER BED COUNTS	
	Facility Based	Voucher- ES Only
Year-Round Beds		
Seasonal- ES Only		
Overflow- ES Only		

SUBPOPULATIONS	Vet Dedicated	Chronic Dedicated	Youth HoHs
Of the above beds, how many are:			

FUNDING SOURCES- (enter Grant Start Date for current funding sources)	Grant Start
HHS:PATH - Street Outreach & Supportive Services Only	
HHS:RHY - Basic Center Program (prevention and shelter)	
HHS:RHY - Street Outreach Project	
HUD:CoC - Permanent Supportive Housing	
HUD:CoC - Rapid Re-Housing	
HUD:CoC - Safe Haven	
HUD:CoC - Supportive Services Only	
HUD:CoC - Transitional Housing	
HUD:ESG - Emergency Shelter (operating and/or essential services)	
HUD:ESG - Homelessness Prevention	
HUD:HOPWA - Housing Information	
HUD:HOPWA - Permanent Housing (facility based or TBRA)	
HUD:HOPWA - Permanent Housing Placement	
HUD:HOPWA - Short-Term Rent, Mortgage, Utility assistance	
HUD:HOPWA - Transitional Housing (facility based or TBRA)	
HUD:HUD/VASH	
N/A	
ODSA: HCRP ES	
ODSA: HCRP HP RR	
ODSA: Supportive Housing Program	
VA: CRS Contract Residential Services	
VA: Grant and Per Diem Program (Retired)	
VA:Supportive Services for Veteran Families	

Name and Title (printed)	
Phone number	
Signature:	Date:

Prompts Selected:

Provider:	
County:	
HMIS-Participating?	

Complete List of Funding Sources (Please email hmis@cohhio.org to request to add other funding sources.)
HHS:PATH - Street Outreach & Supportive Services Only
HHS:RHY - Basic Center Program (prevention and shelter)
HHS:RHY - Street Outreach Project
HUD:CoC - Permanent Supportive Housing
HUD:CoC - Rapid Re-Housing
HUD:CoC - Safe Haven
HUD:CoC - Supportive Services Only
HUD:CoC - Transitional Housing
HUD:ESG - Emergency Shelter (operating and/or essential services)
HUD:ESG - Homelessness Prevention
HUD:HOPWA - Housing Information
HUD:HOPWA - Permanent Housing (facility based or TBRA)
HUD:HOPWA - Permanent Housing Placement
HUD:HOPWA - Short-Term Rent, Mortgage, Utility assistance
HUD:HOPWA - Transitional Housing (facility based or TBRA)
HUD:HUD/WASH
N/A
ODSA: HCRP ES
ODSA: HCRP HP RR
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