**Date:**

**Agency Name:**       **Agency Representative:** **Phone:** **Email:**

**Project Lead:** **Phone:****Email:**

# Project Information

**Project Name:**

**Operating Start Date:**

**Victim Services Provider: Yes** **No** **Continuum Project: Yes** **No**

**Project Type:**  **HMIS Participant: Yes No**

**Housing Type:**

**Emergency Shelter Tracking Method:**

**Target Population:**

**Target Population A (optional):**

# Funding Information

**Federal Partner Program and Components (**Choose one option)

**HUD CoC/ESG Funding:**

**HUD Other Funding:**

**HHS/VA/Other Funding:**

**If Local/Other Funding, please specify:**

**Grant Identifier (contract):** **Grant Start Date:** **Grant End Date:**

# Additional HMIS Capacity

**Will this project use ShelterPoint to track bed/rooms (Housing Projects only)? Yes No**

**Will this project use ActivityPoint to schedule and track activities/classes for clients? Yes No**

**Will this project track services and/or referrals in HMIS? Yes No**

**If yes to tracking Service/Referrals, list Services being tracked:**

**Other Information:**

***Completed requests should be emailed or sent to:***

***Mendocino County HHSA, HOMe Team, PO Box 839 Ukiah, CA 95482***

# Bed and Unit Inventory

The following project types must complete the Bed/Unit Inventory page:

* **Emergency Shelter**
* **PH Housing Only**
* **PH Housing with Services**
* **PH Permanent Supportive Housing**
* **PH Rapid Re-Housing**
* **Transitional Housing**

**NOTE:** You must complete a separate Bed/Unit Inventory for each household type as defined below:

1. Households with Children 2) Households without Children 3) Households with Only Children

**Household Type:**   **Bed Type:**

**Availability:**   **McKinney Vento Funding: Yes No**

**Total Unit Inventory:       Total Bed Inventory:**

# Dedicated Bed Information

**Chronically Homeless Veteran Bed Inventory:**

**Youth Veterans Bed Inventory:**

**Any Other Veteran Bed Inventory:**

**Chronically Homeless Youth Bed Inventory:**

**Any Other Youth Bed Inventory:**

**Any Other Chronically Homeless Bed Inventory:**

**Non-Dedicated Bed Inventory:**

***Please contact your HMIS Lead Agency with any questions you may have regarding the completion of the Bed/Unit Inventory page.***

# **Bed and Unit Inventory 2**

# For projects serving more than one household type, please complete for each household type(s) as defined above

**Household Type:**   **Bed Type:**

**Availability:**   **McKinney Vento Funding: Yes No**

**Total Unit Inventory:       Total Bed Inventory:**

# Dedicated Bed Information

**Chronically Homeless Veteran Bed Inventory:**

**Youth Veterans Bed Inventory:**

**Any Other Veteran Bed Inventory:**

**Chronically Homeless Youth Bed Inventory:**

**Any Other Youth Bed Inventory:**

**Any Other Chronically Homeless Bed Inventory:**

**Non-Dedicated Bed Inventory:**

# **Bed and Unit Inventory 3**

# For projects serving all three household types

**Household Type:**   **Bed Type:**

**Availability:**   **McKinney Vento Funding: Yes No**

**Total Unit Inventory:       Total Bed Inventory:**

# Dedicated Bed Information

**Chronically Homeless Veteran Bed Inventory:**

**Youth Veterans Bed Inventory:**

**Any Other Veteran Bed Inventory:**

**Chronically Homeless Youth Bed Inventory:**

**Any Other Youth Bed Inventory:**

**Any Other Chronically Homeless Bed Inventory:**

**Non-Dedicated Bed Inventory:**