



PROGRAM DESIGN

EMERGENCY SOLUTIONS GRANT PROGRAM

Emergency Shelter

APPLICANT NAME & DATE:

Please answer the following in as much detail as necessary. Additional pages may be added and inserted behind this page to respond to emergency shelter questions. One Program Design form should be completed for each shelter/agency to receive assistance.

PROJECT/PROGRAM INFORMATION

1. PROJECT/PROGRAM MANAGER'S NAME:		
2. PROJECT/PROGRAM MANAGER'S ORGANIZATION:		
3. STREET ADDRESS:		
4. CITY:	5. STATE:	6. ZIP CODE:
7. PROJECT/PROGRAM MANAGER PHONE:	8. PROJECT/PROGRAM MANAGER EMAIL:	9. PROJECT/PROGRAM MANAGER FAX:

EMERGENCY SHELTER QUESTIONS

1. How many households do you plan to serve during this application period? How many beds does your project include?
2. Describe how you determine and document eligibility for program participants.
3. Describe how you implement a low-barrier approach into your project design.
4. Describe your strategy to rapidly resolve a household's current living situation and divert them from needing shelter services.
5. Describe how your program rapidly moves individuals and families from emergency shelter to permanent housing?
6. Describe how you connect program participants with high services needs to specialized providers (substance use disorder, mental disorders, physical disability, trauma, etc.).
7. Is the shelter ADA compliant? If not, what accommodations are made so that you are not denying someone services.
8. If you are requesting funds for renovations, describe the scope of the project and how it addresses code deficiencies, expansion of bed capacity, emergency efficiency, or ADA compliance.

