



# PROGRAM DESIGN

## EMERGENCY SOLUTIONS GRANT CARES PROGRAM

### HMIS

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 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:

#### HMIS QUESTIONS

1. Describe in detail how the HMIS funds will be used for each eligible activity you are seeking: staffing, training, equipment, hardware, software, leasing office space, rent, utilities.
2. If you are requesting funds for staffing, please detail the number of staff the funds will support and the responsibilities of those staff as well as the number of hours per week devoted to HMIS.
3. Please describe how you are completing data entry, data analysis and ensuring that the data is accurate and entered meeting timeliness requirements.
4. If you are a Victim Service Provider (VSP) do you have a comparable database established that meets HUD's requirements? If not, will you be using funds to set-up your database?

