PROGRAM DESIGN
EMERGENCY SOLUTIONS GRANT PROGRAM
Rapid Rehousing

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 rapid rehousing questions. One Program Design form should be completed for each subrecipient//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:

RAPID REHOUSING QUESTIONS

1. How many households do you plan to serve during this application period? How many beds?

2. Describe how you determine and document eligibility for program participants.

3. Describe how you implement housing first into project design.

4. Describe your project's landlord recruitment and retention strategy.

5. Describe how the project ensures individuals are connected rapidly to benefits and employment opportunities.

6. Describe the policies and methodology for how each project determines the amount, length, caps, and timing of rental assistance provided to program participants.

7. How are you leveraging health and housing resources into the project?