



PROGRAM DESIGN

EMERGENCY SOLUTIONS GRANT PROGRAM

Street Outreach

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 street outreach 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:

STREET OUTREACH QUESTIONS

1. How many people do you anticipate serving during this application period?
2. Describe your strategy for identifying and documenting households who are eligible for supportive services.
3. Describe how you are building relationships with households receiving street outreach services with the intent on placing them into permanent housing, temporary housing, or an emergency shelter stay.
4. Describe how the project ensures individuals are connected rapidly to mainstream resources and employment opportunities.
5. How are you leveraging health and housing resources into the project?

