

HMIS NEW PROJECT SETUP FORM

Project Name

Agency/Organization:

Funding Source (ESG, PATH,
HOPWA, etc.):

Project Type (ES, TH,
RRH, PSH, Services
Only, etc.):

Project Manager Name:

Email:

Phone Number:

Date of Request:

Due Date:

Required Details of the New Project

Grant/Contract #:

Target Population (Single Adult Females, Single Adult Males,
Household w/children, etc.) & Subpopulation (HIV/AIDS, DV,
Vets, etc.):

Selectable services for this
Project:

Initial date clients will be accepted to this project/when will
the project be scheduled to open:

Will this project be required
to report back to any federal
agencies on an annual basis?
(HUD, VA, etc.)

If this is a housing shelter/facility, how many beds will
be available? Also note whether the beds are meant
for families, singles, or both:

Approval

**This form must be signed before any further action is
taken.**

Department Head Signature & Date