2021 Grant Overview Questionnaire

Your Name: _____

Your Title: _____

Your Email: _____

Your Phone Number: _____

Agency Name: _____

Project Name: _____

HMIS ID: _____

Introduction

The purpose of the grant overview questionnaire is to provide RTFH with the context and background information about the HUD CoC grant which is needed to successfully complete the three monitoring components. If an agency has multiple projects selected for monitoring, the agency will submit a separate grant overview questionnaire for each project.

Instructions

The agency receives the link to the grant overview questionnaire in SurveyGizmo on the first day of the monitoring window. RTFH will pre-populate any information that is already maintained about the project and request the agency to complete the missing information and submit by day 3 of the monitoring window. If there are questions about the information submitted, RTFH will reach out by phone or email for clarification.

1. Grant Number (FY18 GIW): _____

2. Grant Start & End Date: _____

3. HUD Program Model Type: _____

4. Chicago Program Type: _____

5. Grant Amount: _____

6. Number of units: _____ 7. Number of beds: _____

8. Budget Lines:

    _____   Leasing
    _____   Rental Assistance
    _____   Supportive Services
    _____   Operating Costs
    _____   HMIS
    _____   Admin

9. How old is the grant? _____

10. Did the agency inherit the grant? If so, when? _____

11. Are any units dedicated to the chronically homeless? If so, how many? _____

12. Does the agency own the units? _____

13. Is the housing project-based or scattered-site? _____

14. If the program has a rental assistance budget, is the rental assistance tenant-based, project based, or sponsor-based rental assistance? _____

15. Does this program combine funding from other sources? If so, please explain the sources, what the other funding supports, and if there are any conflicting funding requirements. _____

16. Does the program serve families? _____

17. Does the program have a special population focus? If so, please describe. _____

18. Please provide any additional information you would like us to know about the project.

19. Upload a copy of the most recent executed grant agreement. 📄File Upload:

20. RTFH will conduct brief staff interviews during the on-site client file review covering implementation of best practices/proven approaches. Please submit a list of staff members who work on this project and RTFH will notify you at least 1 week before the visit which staff members are requested to be available for a 30-minute interview. In the list of staff, please include all staff members and managers involved in the delivery of the program and its services (i.e., case managers, intake staff, housing specialists, clinical staff, etc.). You do not need to include staff that indirectly support the project (i.e., finance department, human resources, etc.). Provide the following details for each staff member: first and last name, title, approximate length of employment at the agency, and the approximate length of employment in the current role (if the person's role has changed since becoming employed at the agency). To submit the list, you may choose whether to complete the chart below or upload a file.

Name (Last, First)	Title	Length of employment	Length of time in current role

📄File Upload: