CY NAME						
CT NAME		PROJECT TYPE:				
AC PERSC	DN:					
E:		EMAIL:				
1.	Provide a detailed description of you what it does, who it serves, number					
	understand what the purpose of the program is.					
2.	Describe how this program has adopt describe how your program encourabe mandated, are important for clie	ges clients to engage in services th				
	, ,	·				
3.	Provide examples of how your agend	cy partners or coordinates with oth	er agencies to enhai			
	services provided to the clients.					
4.	What steps does the program take t					
	services? For example, access to De Medicare/Medicaid, disability benef the program SOAR certified (SSI/SSD program's plans to have staff certified	its, etc. In addition, are any of the DI/OUTREACH, ACCESS, RECOVERY)	staff who work with			
5.	How does your program/agency use services?	feedback from persons with lived	experience to impro			
6.	What steps does your program take agency/program examining if divers					

PHONE	:		EN	MAIL:			
	7.		plicable, briefly describe your agencies efforts to engage and strengthen relationships external landlords.				
	8.	Were	e there any findings that came about during your last	monitoring? If so	o, what steps did the		
		program take to resolve them?					
	9.	Spec	ribe your financial and management capacity and exp ifically, what experience does senior management hav ar grants?	•			
	What were the grant funds awarded for this past year?						
	How much has been draw down (give 12-month projection)						
	If you are not projected to draw down all of the awarded funds, please explain why:						

PROJECT TYPE:

AGENCY NAME PROJECT NAME:

CONTAC PERSON:

The following table consists of various HUD performance measures that applicants will be scored and ranked on. These are measures that agencies should be reviewing annually. The HUD target threshold is listed within the table. Have your HMIS data coordinator pull the needed figures and add them into the table in the spaces provided. In the last column, provide a narrative to note why your program may not be meeting the threshold.

AGENCY NAME		
PROJECT NAME:	PROJECT TYPE:	
CONTAC PERSON:		
PHONE:	EMAIL:	

HUD PERFORMANCE MEASURE	HUD	PROGRAM	NARRATIVE
	TARGET	MEASURE	
Average # days participants are placed in	30 days or		
housing after project entry	fewer		
linearing arrest project errary			
Percentage clients moving to Permanent	90% or		
Housing	greater		
% of participants returning to homelessness	10% or less		
within 12 mths of exit to Permanent Housing			
% of PROJECT STAYERS with new or increased	8% or		
EARNED INCOME	greater		
% of PROJECT STAYERS with new or increased	10% or		
NON-EMPLOYMENT INCOME	greater		
% of PROJECT LEAVERS with new or increased	15% or		
EARNED INCOME	greater		
% of PROJECT LEAVERS with new or increased	25% or		
NON-EMPLOYMENT INCOME	greater		
% Chronically Homeless participants	90% or		
	greater		
% of project entries from Coordinated Entry	95% or		
referrals	greater		