EMERGENCY SHELTER

Emergency Shelters provide temporary shelter and/or services for households experiencing homelessness.For more information about eligible services, client populations, and ESG requirements, please see the DOA website.

# Eligible Activities

* **Shelter Services**
* **Shelter Operations**
* **Motel Vouchers**
* **Shelter Rehabilitation**
* A “Shelter Rehabilitation” funding request has significantly different requirements than other types of funding requests; applicants interested in applying under this category are required to contact the EHH Program Manager before applying.

# Part 1: Applicant Information

|  |  |
| --- | --- |
| Agency Name |  |
| Project Name |  |
|  |  |
| Primary Contact Name |  |
| Phone Number |  |
| E-Mail |  |
| Mailing Address |  |
|  |  |
| Local Continuum of Care |  |
| Primary Cities or Counties Served |  |

# Part 2: Shelter Funding Request

Fill out the chart below with the request for funding. Work with other applicants to ensure that your shelter funding request, when combined with all other funding requests, abides by all maximums.

|  |  |
| --- | --- |
| Activity | ESG Funding Request |
| Shelter Services |  |
| Shelter Operations |  |
| Shelter Motel Vouchers |  |
| Shelter Rehabilitation |  |
| **Overall Total** |  |

# Part 3: Project Information

## Shelter Type

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Type | Motel/Hotel Vouchers  Day Shelter  Drop-In  Services-Only  Other | | |
| Populations Served | Single Men  Single Women  Men and Women (no children)  Family  Subpopulation | | |
| *If subpopulation*, type of subpopulation | | Veterans  Victims of Domestic Violence  Elderly  Youth | |
| HIV/ AIDS  Chronically Homeless  Mentally Ill  AODA | |
| Other *(describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | |
| Availability | Year Round  Seasonal (*Dates Available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | | |
| Staffing | 24 Hours a Day  Daytime Only  Nighttime Only | | |
| Is case management assigned to each household? | | | Yes  No |

## Description

Describe the project/shelter for which funding is being requested. Include project details and the need addressed by the project. Describe the populations targeted and how the populations are reached. If the project is new describe when it began or will begin and how it complements other services in the continuum of care.

|  |
| --- |
| Description of the Project |
|  |

## Budget and Staffing

Enter information about the project for your agency’s last fiscal year. If you did not have this project in the last year, write N/A.

|  |  |
| --- | --- |
| Fiscal Year |  |
| Total Shelter/ Project Budget |  |
| Total Homeless Program Budget |  |
| Total Agency Budget |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Staff (# of individuals) | | | | Volunteers (# of individuals) | |
| Full-Time |  | Part-Time |  | Volunteers |  |

## Project Design

|  |
| --- |
| Does this project incorporate screening requirements to enter the shelter, such as income eligibility requirements, sobriety, background checks, or credit checks? If so, please describe the screening requirements, and explain why they are necessary. |
|  |

|  |
| --- |
| Describe the provision of case management and homeless and mainstream services to clients. |
|  |