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 |  |
| Location of Project (city and county) |  |
|  |  |
| 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.

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

# Part 3: Project Information

## Shelter Type

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| --- | --- | --- |
| Project Type | Shelter Facility  Motel Vouchers  Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |
| Facility Type | All-Day Shelter  Overnight-Only Shelter  Day-Only Shelter  Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |
| Populations Served | Households with children  Subpopulation  Households without children | |
| *If subpopulation*, type of subpopulation | | Single Men  Single Women  Victims of Domestic Violence  Youth  Veterans  Elderly  AODA  People with Mental Illness  Other *(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* |
| Availability | Year Round  Seasonal (*Dates Available \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)* | |
| Staffing | 24 Hours a Day  Daytime Only  Nighttime Only | |

## Description

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| **Describe the project for which funding is being requested. Include project details, the need addressed by the project, and the populations to be served.** |
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## 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

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| **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.** |
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| **Describe the provision of case management and homeless and mainstream services to clients.** |
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| **Describe how the project complies with the Equal Access and Gender Identity Rule. If your program only serves persons of one gender, explain how your project is still compliant with the rule.** |
|  |