



REQUEST TO ADD NEW PROJECT / AGENCY FORM

1. AGENCY INFORMATION

AGENCY NAME: _____

New Agency Name: _____

Agency Address: _____

Agency Executive Director/CEO: _____ Agency Phone Number: _____

Agency Website: _____

2. PROVIDER PROFILE

PROVIDER NAME: _____

Provider AKA: _____

Copy Provider: _____

HUD/HMIS Provider ☐ AIRS Complaint ☐ Uses ServicePoint ☐ Operational ☐

Project Address: Physical _____

Mailing _____

Contact Numbers *(Select only one as Primary below, number will display in ResourcePoint)*

Description _____ Number _____ ☐ Primary Phone Number

Description _____ Number _____ ☐ Primary Phone Number

Description _____ Number _____ ☐ Primary Phone Number

Contact Personnel *(Select only one as Primary)*

Name _____

Description _____

Title _____

Email Address _____

Phone Number _____

☐ Hide from Provider Profile

☐ Primary Contact

Name _____

Description _____

Title _____

Email Address _____

Phone Number _____

☐ Hide from Provider Profile

☐ Primary Contact



Additional Information:

Website Address _____

Hours _____

Volunteer _____

☐ Handicap Access ☐ Brochures ☐ Show on Public Site ☐ Is Shelter

3. STANDARDS INFORMATION

Operating Start Date

Project Type

Housing Type

Principle Site ☐ Yes ☐ No Target Population

Victim Services Provider ☐ Yes ☐ No

Method of Tracking Emergency Shelter Utilization

Continuum Project (funded by HUD) ☐ Yes ☐ No

Grant Type ☐ HOPWA ☐ PATH ☐ RHY ☐ SSVF ☐ N/A

Service Transaction Workflow (Provider does not use Entry/Exit) ☐ Yes ☐ No

COC Code:

COC Code **MD-601**

Geocode _____

COC Code Start Date

ZIP Code _____

COC Code End Date

Geography Type

4. TARGET POPULATION

Which household type does the project serve?

☐ Households with at least one adult and one child

☐ Households without children

☐ Households with Only Children

5. BED AND INVENTORY INFORMATION

What type of beds do you provide?

☐ Facility Based

☐ Vouchers

☐ Other: _____

What is the availability?

☐ Year-Round

☐ Seasonal

☐ Overflow

Bed Inventory _____ **Inventory Start Date**

HMIS Participation Beds



HMIS Participation Start Date

Does your project receive any funds from the HUD McKinney Vento? ☐ Yes ☐ No

Bed Inventory Chart – Please Complete Below:

	# of Year Round Beds			# of Seasonal Beds Emergency Shelter Only	# of Overflow Beds Emergency Shelter Only
	Chronic Homeless (PSH Only)	Veteran	Youth		
Project Start Date					
Project End Date (If applicable)					
Bed Inventory					

6. **FUNDING SOURCE**

Federal Partner Program

Grant Identifier _____ Grant Start Date

7. **TYPE OF SERVICES PROVIDED BY THE PROJECT** (ONLY BY THIS PROJECT)

Services	Primary	Secondary	Occasional
Alcohol or Drug Abuse			
Case/Care Management			
Child Care			
Education			
Employment Assistance			
Basic Needs			
Transportation			
Health Care			
Food			

☐ Other: _____

Provider Specific Services _____

Provider Service Unit Type _____

8. **HMIS PARTICIPATION**



Does project participate in Homeless Management Information System (HMIS)? ☐ Yes ☐ No

a. If no, are you interested in participating in HMIS?

b. Please briefly explain the reason why project does not participate in HMIS?

9. User Updates

Please enter the names of users who will need access to this project.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Form Completed By: _____

Phone #: _____

Thank you for taking the time to complete this form.

Please complete ONE form FOR EACH AGENCY/PROJECT where you provide housing, shelter, and services.

Please E-mail the completed form to **HMIS Team** at HMIS@montgomerycountymd.gov