

**HMIS RENEWAL APPLICATION [PROJECT COMPONENT]**

Project Name:	HUD Project Grant # (list all grant numbers):
Grant Start & End Dates:	
Primary Contact Information for Application	
Contact Name:	Title:
Email Address:	Phone:
Project Type: <input type="checkbox"/> HMIS	Contract Name/Staff position being renewed
<p>How many organizations are you proposing to serve in the contracts for which you are applying? - _____</p> <p>How many organizations did you serve in your most recent contracts? Explain the increase or decrease</p>	

1. Has the applicant been designated by the CoC to serve as the HMIS lead?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Recipient Performance</b>	
1. Has the recipient successfully submitted an APR, on time for the most recently expired grant term?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the recipient have any unresolved HUD monitoring or OIG Audit findings concerning any previous grant term related to this renewal request? <b>If yes, attach explanation of findings and how they have been resolved.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the recipient maintained consistent quarterly drawdowns for the most recent grant term related to this renewal request. <b>Attach drawdowns for the last four quarters</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request? <b>If yes, amount and percentage of overall project budget</b>  4a. <b>If yes, Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Project Description</b>	
<b>Provide a project description that addresses the entire scope of the proposed project. The description must include: 2000 character limit</b>	

<ul style="list-style-type: none"> <li>• The target audience for HMIS</li> <li>• The system used by HMIS</li> <li>• Geographic scope of HMIS</li> <li>• The process for engaging Community-based organizations with HMIS,</li> <li>• The number of organizations and end users. Describe the changes in numbers of organizations or end users in the last two years</li> <li>• The staffing structure for HMIS, including whether the staffing structure meets national standards for ratio of staff to end user</li> <li>• Number and types of training that were provided in the last grant term</li> <li>• Process for receiving and incorporating feedback from end users. Identify any program changes that have been made based on this feedback</li> <li>• The types of HMIS reports made public and frequency of their production</li> <li>• Projected outcomes</li> </ul> <p><b><i>The narrative is expected to describe the project at full operational capacity. The description should be consistent with and make reference to other parts of this application.</i></b></p> <p><b>Note: this project description will account for a substantial part of your Project Component score and so ensure that it is clear, concise, and comprehensive.</b></p>	
<b>4. HMIS Standards</b>	
<p><b>1.</b> Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice? If no, provide an explanation in 500 words or fewer</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>2.</b> Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells, and data for CAPER/ESG reporting, etc) If no, provide an explanation in 500 words or fewer</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>3.</b> Can the HMIS currently search client records to determine if a client is actively receiving services in the CoC?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>4.</b> Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>5.</b> Does the HMIS Lead have a security officer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>6.</b> Does your organization conduct a background check on all employees who access HMIS or view HMIS data?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>7.</b> Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>8.</b> Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>9.</b> How long does it take to remove access rights to former HMIS users?</p>	<input type="checkbox"/> = or < 24 hours <input type="checkbox"/> = or < 48 hours

	<input type="checkbox"/> > 48 hours
10. Does the HMIS lead have current MOU's with every CoC provider agency	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does the HMIS lead agency have resources and accommodations that capture data that identifies clients with specialized resource needs such as physical, cognitive, or behavioral disabilities and provide reasonable accommodations for clients with linguistic and/or cultural challenges.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Financials	
1. Complete budget forms below	
2. What is the total cost per end user (HUD funding)?	
3. What is the total cost per end user (total project funding)? What other resources are included in the total project funding?	

**HUD CoC Budget Forms (Summary and Services)**

**Note: All budget line items must be the same as what was affirmed in the 2017 GIW.**

**CoC Summary Budget**

CoC Budget Line Items	Total
1. HMIS	
2. Administrative Costs (up to 10%)	
Cash Match (25%) Pledged	
<b>Total HUD Request</b>	

**HMIS Project 1**

HMIS Services Costs	Description/Quantity	CoC Request
1. Equipment		
2. Software		
3. Services		
4. Personnel - HMIS Administrator		
5. Space and Operations		
Total CoC Request		
Total Project Budget		

**DOCUMENTATION OF EXPECTED CASH MATCH**

Match is expected to be 25% for all budget line items except for leasing. Information regarding the **expected** resource or cash match to be provided by this agency should be provided in the chart below and provided to HUD based on the instructions in the NOFA. Please create additional charts for additional contributions.

2018 NOFA RENEWAL [PROJECT COMPONENT]

**MATCH – 25%**

Name of organization providing contribution	
Type of Contribution (cash or in-kind). If in-kind, then describe the type of in-kind contribution.	
Total Value of the Contribution	
Date the contribution will be available. For renewals, this date must coincide with your 2019-2020 operating year.	[ _____ ],2019 through [ _____ ],2020
Name of person authorized to commit these resources	
Title of person authorized to commit these resources.	

**Certification**

By entering the Authorized Representative's name in the space below, I certify that the information throughout the application is true, complete, and accurate to the best of my knowledge.

**Authorized Representative**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_