



2019 Grant Overview Questionnaire

Your Name: _____
Your Title: _____
Your Email: _____
Your Phone Number: _____
Agency Name: _____
Project Name: _____
HMIS ID: _____

Introduction

The purpose of the grant overview questionnaire is to provide All Chicago with the context and background information about the HUD CoC grant which is needed to successfully complete the three monitoring components. If an agency has multiple projects selected for monitoring, the agency will submit a separate grant overview questionnaire for each project.

Instructions

The agency receives the link to the grant overview questionnaire in SurveyGizmo on the first day of the monitoring window. All Chicago will pre-populate any information that is already maintained about the project and request the agency to complete the missing information and submit by day 3 of the monitoring window. If there are questions about the information submitted, All Chicago will reach out by phone or email for clarification.

1. Grant Number (FY18 GIW): _____
2. Grant Start & End Date: _____
3. HUD Program Model Type: _____
4. Chicago Program Type: _____
5. Grant Amount: _____
6. Number of units: _____
7. Number of beds: _____
8. Budget Lines:

- _____ Leasing
- _____ Rental Assistance
- _____ Supportive Services
- _____ Operating Costs
- _____ HMIS
- _____ Admin

9. How old is the grant? _____
10. Did the agency inherit the grant? If so, when? _____



11. Are any units dedicated to the chronically homeless? If so, how many? _____
12. Does the agency own the units? _____
13. Is the housing project-based or scattered-site? _____
14. If the program has a rental assistance budget, is the rental assistance tenant-based, project-based, or sponsor-based rental assistance? _____
15. Does this program combine funding from other sources? If so, please explain the sources, what the other funding supports, and if there are any conflicting funding requirements.

16. Does the program serve families? _____
17. Does the program have a special population focus? If so, please describe.

18. Please provide any additional information you would like us to know about the project.

19. Upload a copy of the most recent executed grant agreement.

 File Upload:

20. All Chicago will conduct brief staff interviews during the on-site client file review covering implementation of best practices/proven approaches. Please submit a list of staff members who work on this project and All Chicago will notify you at least 1 week before the visit which staff members are requested to be available for a 30-minute interview. In the list of staff, please include all staff members and managers involved in the delivery of the program and its services (i.e., case managers, intake staff, housing specialists, clinical staff, etc.). You do not need to include staff that indirectly support the project (i.e., finance department, human resources, etc.). Provide the following details for each staff member: first and last name, title, approximate length of employment at the agency, and the approximate length of employment in the current role (if the person’s role has changed since becoming employed at the agency). To submit the list, you may choose whether to complete the chart below or upload a file.

Name (Last, First)	Title	Length of employment	Length of time in current role

 File Upload: