

2020 Housing Inventory Count (HIC) ES, TH, and PSH Projects

10. Organization Contact Information

Executive Director	
Executive Director Phone Number	
Executive Direct Email	
Additional Contact	
Additional Contact Email	
HMIS Contact	
HMIS Contact Email	
Person completing this form	
Person completing this form Email	

11. Does this specific project receive Continuum of Care (CoC) or Emergency Solutions Grant (ESG) funding (i.e. HUD McKinney-Vento Funds)? (see Q13 for a list of McKinney-Vento funding sources)
If no, skip to Q14.

Yes No

12. If this project receives Continuum of Care (CoC) or Emergency Solutions Grant (ESG) funding, please list the grant number (e.g., KY0115 for a CoC project or ES19-0036-01 for ESG) for this project.

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13. If you answered yes to Q11, what type of CoC or ESG funding do you receive for this specific project? [FYI: Emergency Solutions Grant=ESG; Continuum of Care=CoC] For TH/RRH joint funding projects select CoC Joint Component TH/RRH. For YHDP projects, select CoC - YHDP

- | | |
|--|---|
| <input type="checkbox"/> ESG-ES: Emergency Shelter (operating and/or essential services) | <input type="checkbox"/> CoC – Youth Homelessness Demonstration Program (YHDP) |
| <input type="checkbox"/> CoC-PSH: Permanent Supportive Housing | <input type="checkbox"/> CoC – Joint Component TH/RRH |
| <input type="checkbox"/> CoC-TH: Transitional Housing | <input type="checkbox"/> SRO: Section 8 Moderate Rehabilitation Single-Room Occupancy |

**Note: CoCs should only select SRO as the McKinney-Vento funding source if they still have funding and use requirements associated with that funding. Projects that were originally funded under those programs but are currently being renewed under the CoC Program should only identify CoC as the funding source.*

14. Does this specific project receive any other Funding Sources? (see Q15 for examples)

Yes No

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15. If you answered yes, what type(s) of other funding does this specific project receive (select all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> HOPWA – Hotel/Motel Vouchers | <input type="checkbox"/> VA – CRS Contract Residential Services |
| <input type="checkbox"/> HOPWA – Housing Information | <input type="checkbox"/> VA – Grant Per Diem - Bridge Housing |
| <input type="checkbox"/> HOPWA – Permanent Housing (facility based or TBRA) | <input type="checkbox"/> VA – Grant Per Diem – Low Demand |
| <input type="checkbox"/> HOPWA – Permanent Housing Placement | <input type="checkbox"/> VA – Grant Per Diem – Hospital to Housing |
| <input type="checkbox"/> HOPWA – Short-Term Rent, Mortgage, Utility assistance | <input type="checkbox"/> VA – Grant Per Diem – Clinical Treatment |
| <input type="checkbox"/> HOPWA – Short-Term Supportive Facility | <input type="checkbox"/> VA – Grant Per Diem – Service Intensive Transitional Housing |
| <input type="checkbox"/> HOPWA – Transitional Housing (facility based or TBRA) | <input type="checkbox"/> VA – Grant Per Diem – Transition in Place |
| <input type="checkbox"/> HUD/VASH | <input type="checkbox"/> VA – Grant Per Diem – Case Management/Housing Retention |
| <input type="checkbox"/> PATH – Street Outreach & Supportive Service Only | <input type="checkbox"/> VA – Community Contract Safe Haven Program |
| <input type="checkbox"/> RHY – Basic Center Program (prevention and shelter) | <input type="checkbox"/> VA – Supportive Services for Veteran Families |
| <input type="checkbox"/> RHY – Maternity Group Home for Pregnant and Parenting Youth | <input type="checkbox"/> Local or Other Funding Source (Please Specify) |
| <input type="checkbox"/> RHY – Transitional Living Program | <input type="text"/> |
| <input type="checkbox"/> RHY – Street Outreach Project | |
| <input type="checkbox"/> RHY – Demonstration Project | |

16. Household Target Population: A population is considered a “target population” if the project is intended to serve that population and at least three-fourth (75%) of the clients served by the project fit that target group. Select only one target population from the list below.

- | | |
|---|--|
| <input type="checkbox"/> SM-Single Males 18 yrs old and over | <input type="checkbox"/> SFHC-Single Females 18 yrs old and over and Households with Children |
| <input type="checkbox"/> SF-Single Females 18 yrs old and over | <input type="checkbox"/> SMF+HC Single Males and Females 18 yrs old and over plus Households with Children |
| <input type="checkbox"/> SMF-Single Males and Females 18 yrs old and over | <input type="checkbox"/> YM-Youth Males under 25 yrs old |
| <input type="checkbox"/> CO-Couples Only, No Children | <input type="checkbox"/> YF-Youth Females under 25 yrs old |
| <input type="checkbox"/> HC-Households with Children | <input type="checkbox"/> YMF-Youth Males and Females under 25 yrs old |
| <input type="checkbox"/> SMHC-Single Males 18 yrs old and over and Households with Children | |

17. Other Target Population: A population is considered a “target population” if the project is intended to serve that population and at least three-fourths (75%) of the clients served by the project fit that target group. Select only one target from the list below.

- DV-Domestic Violence Victims
 HIV-Persons with HIV/AIDS
 NA-Not Applicable

18. Project’s Housing Type

- Site-based – single site
 Site-based – clustered/multiple sites
 Tenant-based – scattered site

19. Inventory Type for your project’s beds/units:

- Current Inventory: beds and units that were available for occupancy on January 29, 2020.
 Under Development: beds and units that were fully funded but not available for occupancy as of January 29, 2020.

20. Year-Round Bed/Unit Inventory

List the total number of **beds** this project has on a year-round basis:

List the total number of **units** this project has on a year-round basis:

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21. Complete the charts below.

A. BED AND UNIT DISTRIBUTION BY HOUSEHOLD TYPE

Of the total number of **year-round** beds and units you have listed in Q20, please indicate how many beds and units are available (either always “dedicated” or “on average” for each household type listed (Households With Children, Households Without Children, and Households With Only Children). **The 2020 HIC Guidance Document includes specific directions. Please read it!**

HH **WITH** children

Beds	Units

HH **WITHOUT** children

Beds	Units

HH with **ONLY** children <18 yrs

Beds	Units

B. DEDICATED BEDS BY SUBPOPULATION WITHIN EACH HOUSEHOLD TYPE (IF APPLICABLE)

This section should only be completed if your project “dedicates” (i.e. “reserves”, sets-aside”) beds for specific subpopulations. For each HH Type, list the number of beds dedicated for veterans, parenting or unaccompanied youth, and/or chronically homeless, if applicable. In addition, include beds as “dedicated” for family members of veterans (e.g., a wife or children), parenting youth (e.g., a child being parented by the youth) and chronically homeless. Total beds per HH type below should not exceed the number of beds per HH type you listed in Section A above. There are specific definitions for “dedicated”, “parenting/unaccompanied youth”, and “chronically homeless” included in the 2020 HIC Guidance Document. Please read it!

HH **WITH** children

Dedicated Beds Only		
Veterans Beds (plus family beds)	Parenting Youth Beds (plus their children)	Chronic Beds

HH **WITHOUT** children

Dedicated Beds Only		
Veteran Beds (plus family beds)	Unaccompanied Youth Beds	Chronic Beds

HH with **ONLY** children <18 yrs

Chronic Beds

22. **K-Count:** How many people were in your project on the night of the Point-In-Time Count (K-Count), January 29, 2020?

If you are an **emergency shelter or transitional housing project**, this K-Count number must match the total number of people you submitted for the K-Count (either through your HMIS report or Counting Us). If you are a **Permanent Supportive Housing Project**, use the **CoC APR** to get these numbers. For more information, please see the 2020 HIC Guidance Document.

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Questions 23-28 are for Emergency Shelter Only

23. Emergency Shelter Only – Bed Type:

- Facility-based: beds located in a residential homeless assistance facility dedicated for use by persons who are homeless
- Voucher: beds located in a hotel/motel and made available by the homeless assistance project through vouchers
- Other: beds located in a church or other facility not dedicated for use by persons who are homeless

24. Emergency Shelter Only – Availability: *(Select all the apply)*

- Year-Round beds and units are available on a year-round basis
- Seasonal Beds: beds are not available year-round, but instead are available on a planned basis, with set start and end dates, during an anticipated period or higher demand **(please answer Q25 and 26)**
- Overflow: beds are available on an ad hoc or temporary basis during the year in response to demand that exceeds planned bed capacity **(please answer Q26 and 27)**

25. Emergency Shelter Only – If your beds are available on a **seasonal** basis, please list the number of beds, you have and the timeframe (start/end date) these beds are available for occupancy.

Number of beds	Start Date	End Date
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26. Are these seasonal beds entered into HMIS?

- Yes No

27. Are overflow beds entered into HMIS?

- Yes No

28. Emergency Shelter Only – If you selected yes to “**overflow**,” how many beds do you have?