STREET OUTREACH

Street Outreach is aimed at locating, identifying and building relationships with unsheltered persons experiencing homelessness for the purpose of providing immediate support, intervention, and connections to homeless or housing programs.For more information about eligible services, client populations, and project requirements, please see the DOA website.

## Eligible Activities

* Engagement
* Case Management
* Emergency Health Services:
* Emergency Mental Health Services
* Transportation

# Part 1: Applicant Information

|  |  |
| --- | --- |
| **Agency Name** |  |
| **Project Name** |  |
|  |  |
| Project Contact Name |  |
| Phone Number |  |
| E-Mail |  |
| Mailing Address |  |

# Part 2: Project Design

## 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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## Project Design

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| **Identify where outreach will occur, when it will occur, and what methods will be utilized to engage the targeted population.** |
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| **Describe how homeless and mainstream resources/services will be provided to those engaged through street outreach.** |
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# Part 3: Dane CoC EHH Supplemental Questionnaire

1. Describe the agency’s experience in administering this type of program. Describe the qualification of the staff assigned to the proposed program, including their knowledge and experience.
2. Was the program found not in compliance with the written standards for the proposed program by the funding administrator in the between July 1, 2020 and today? If yes, describe the nature of the issue and how the issue has been addressed.
3. Describe your agency’s efforts to improve service qualities and outcomes for the proposed program and other homeless programs. If it is a new program, describe your agency’s overall quality improvement efforts.
4. If the proposed program were recommended for a lower funding amount than what your agency requested, would your agency still accept the EHH funds? (YES/NO)

If yes, what is the lowest amount acceptable for this program to be functional at your agency?

Describe how receiving the lowest amount acceptable may change your program operation (e.g., the program will be able to serve 10 fewer households).

**ADDITIONAL QUESTIONS FOR EXISTING PROGRAMS CURRENTLY NOT FUNDED WITH EHH FUNDS\***

1. If this is an expansion of an existing program:
   1. What was the programs budget in the past program year?
   2. How many people were served in the past program year?
   3. What were the project outcomes in the past program year?
   4. How would the EHH funds change the program (e.g. number of people served, staff to client ratio, etc.)?

\*Please note that existing programs that are not currently funded with EHH but have performance outcomes reported in HMIS need to report the performance outcomes. Please contact Sarah Lim to receive instructions. If reporting outcomes, you do not have to complete the EHH New Project Application.

# Part 4: EHH Funding Request

Instruction: Provide a funding request for a full program year of 12 months.

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| --- | --- | --- |
| **Eligible Expenses** | **ESG**  **Request** | **Budget Narrative** (e.g. 0.5 FTE case manager, bus tickets for clients) |
| **STREET OUTREACH** | | |
| Engagement |  |  |
| Case Management |  |  |
| Emergency Health Services |  |  |
| Emergency Mental Health Services |  |  |
| Transportation |  |  |
| **TOTAL FUNDING REQUEST** |  |  |

# Part 5: ESG Match

ESG requires a one hundred percent match commitment ($1 of match for every $1 of ESG funds granted). Documentation of match must be submitted with the application forms. See the EHH Request for Proposals for details.

|  |  |
| --- | --- |
| Match Amount |  |
| Match Source (Check all that apply) | Other Non-ESG HUD Funds  Other Federal Grants  State Government  Local Governments  Private Funds  Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |