

CSP Program Implementation Request Form

Agency Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____ Contact email: _____

Please check one:

This program *is* funded through CSB and/ or CoC HUD or HOPWA.

This program is *not* funded through CSB or CoC HUD or HOPWA.

We intend to participate in CSP with the targeted implementation date of _____

Proposed CSP name of new program: _____

Designated Site Administrator: _____

Type of Program: _____

Program Description: _____

Data to be tracked: CSB Required Data Elements HUD Required Data Elements

Other, explain: _____

Will CSP be utilized to track service items and/or referrals for this program? Yes No

If yes, please describe services to be tracked and/or with whom referrals will be exchanged:

What kind of tracking/ reporting will the data be utilized for? _____

Will this data be shared with any other organization/ program? Yes No

If yes, list the organizations/programs and describe in what manner and for what purpose the data is being shared: _____

Please give the number of personnel on-staff that currently have CSP access authorization: _____

Please give the number of staff that will require access authorization to CSP for this program (not including personnel that already have access authorization to CSP): _____

I certify that the preceding information is true and accurate.

Agency Executive Director or Program Director

Date

—INFORMATION BELOW THIS LINE TO BE COMPLETED BY CSB DATABASE ADMINISTRATOR ONLY—

If this program is funded through CSB or HUD, please give starting contract period: _____

Is this a HUD Continuum of Care funded project? Yes No

If yes, give Project Type: _____ CoC Code: OH-503

Is this a Rebuilding Lives (RL) Program? Yes No

How many units are:

_____ Single Adult RL Units _____ Family RL Units _____ Non-RL Units

Will the Non-RL Units also be tracked in CSP? Yes No

If yes, will they be tracked under a separate program name?: _____

Please Note: Non-RL units are to be tracked in CSP under a separate program name. Please submit a separate implementation request form marked 'Non-Funded' Program.

If the Program Type is Emergency Shelter please indicate shelter level & capacity:

Shelter Level: Tier I Tier II

Capacity: _____ Regular Capacity _____ Winter Overflow Capacity

Will the HUD Assessment A/B be utilized for this program? Yes No

Will this program utilize a ShelterPoint bedlist? Yes No

Will this program be reviewed for quality assurance by CSB? Yes No

If applicable, to what group/system does this program belong? (i.e. PSH, ES/Men, ES/Family, etc.): _____

Please add any other important information below: