

Agency Profile

Date Completed: _____ By Whom: _____

1. Agency Information

Agency Name: _____

Address (physical): _____

Address (mailing): _____

City: _____ Zip Code: _____

Phone: _____ Fax: _____

General Email Address: _____ Website: _____

2. Project Contact

Contact Name: _____ Title/Function: _____

Phone: _____ Best Time to Call: _____

Email Address: _____ Fax: _____

3. Other Locations

Program/Location Name	Street	City
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Programs

Program Name	Program Type	Client Types	Funding Sources
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Legend

Program Types: Emergency Shelter, Domestic Violence Shelter, Transitional Housing, Permanent Supportive Housing, Supportive Services, Street Program (Outreach, Foodbank, Medical), Other

Client Types: Families, Men Only, Women Only, Women/Children, Youth, AIDS, SMI, Disabled, Veterans, Other

Funding Sources: SHP, ESG, CDBG, S+C, FEMA, HOPWA, HFT, HLI, HOME, Other

What are the contract (fiscal) dates (MM/YY – MM/YY) for each program? _____

5. Client Profiles

Describe your typical clients: _____

Number of clients you service on an average day: _____

What is the average time for a client to stay at your shelter/facility: _____

Does your clientele vary from night to night or is it consistent for several days/weeks/months?

Vary night to night

Consistent

Describe other services your agency provides: _____

6. Shelter/Facility Profile

Shelter/Facility Capacity (# of beds, units): _____

Describe how you track beds within your agency (i.e. location, unit, floor, room, bed, etc.)
