

## Gaston/Lincoln/Cleveland County Continuum of Care ESG Threshold Checklist

**These thresholds must be met to apply for ESG Program funding competition:**

1. Is the applicant a 501 (c) 3 organization or a unit of local government? Yes \_\_\_\_ No \_\_\_\_
  - a. if 501(c)3, attach 501(c)3 designation letter from the IRS)
  
2. Does the applicant organization have an active board of directors? Yes \_\_\_\_ No \_\_\_\_
  - a. If yes, attach a board listing and minutes from the 3 most recent meetings.
  
3. Does the applicant organization have an annual audit and/or audited financial statements?  
Yes \_\_\_\_ No \_\_\_\_
  - a. If yes, please submit a management letter and a copy of the audit from the most recent fiscal year
  - b. If no, please submit your 2015 IRS Form 990
  
4. Does the agency have the financial capacity to operate this project on a reimbursement basis?  
Yes \_\_\_\_ No \_\_\_\_
  - a. Attach the applicant organization's operating budget. If currently funded through ESG or CoC Program attach the current drawdown reports
  - b. Does the agency have a history of expending at least 85% of ESG allocation if funded During the 15-16 ESG Program. Yes \_\_\_\_ No \_\_\_\_
  
5. Has the agency been in operation for at least 3 years? Yes \_\_\_\_ No \_\_\_\_  
If No, date of incorporation (mm/dd/yyyy) \_\_\_\_\_
  
6. If the agency has other existing projects, are there any HUD monitoring findings currently associated with any of these projects? Yes \_\_\_\_ No \_\_\_\_
  - a. If Yes, findings must be resolved or explained in writing to the satisfaction of the Review Committee for the application to meet threshold. Please attach if applicable.
  
7. Does the agency currently participate in NC-HMIS or NCDV Database)? Yes \_\_\_\_ No \_\_\_\_
  - a. If not, does the agency commit to enter 100% of the beds and other data collection into HMIS (with client consent)? Yes \_\_\_\_ No \_\_\_\_
  
8. Which eligible activity will the applicant organization be requesting funding for?  
\_\_\_\_ Street Outreach \_\_\_\_ Emergency Shelter \_\_\_\_ Homeless Prevention \_\_\_\_ Rapid-Rehousing
  
9. The organizations letter of intent submitted to NC-DHHS by October 7<sup>th</sup> must be attached with applicable certifications. Indicate date submitted: \_\_\_\_\_
  
10. Amount of Funds being requested by agency \$ \_\_\_\_\_ Match Letter for ESG funding to be attached

Name of Agency/Organization: \_\_\_\_\_

Signature of Executive Director \_\_\_\_\_ Date \_\_\_\_\_

**Applicant thresholds for consideration by the Review Panel must be submitted **no later than October 7<sup>th</sup>, 2016 by 10 AM** in order to receive a review of the agency's application, please return this form immediately to Teresa Jacobs at [tjacobs@unitedwaygaston.org](mailto:tjacobs@unitedwaygaston.org)**