

## **NC-509 Gaston/Lincoln/Cleveland County Continuum of Care Threshold Requirements FY18 ESG Program funding competition:**

**1. Please attach a letter of intent signed by the Chairperson of the Board of Directors**

**2. Does the applicant agency have an active board of directors?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach:

- The Board listing, with name, address, email, phone number and affiliation of each member.
- All minutes from 2017-2018 fiscal year board meetings.
- Indicate which member is a homeless/previously homeless individual

**3. Is the applicant agency a 501c3 organization or a government entity?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach:

- Current 2018-501c3 IRS designation letter (non-profit)
- Attachment N/A for government entity

**4. Does the applicant agency have an annual independent audit?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a copy of the entire annual audit package. Including management letter if any.

If no, please attach the applicant agencies:

- 2017 operating budget
- 2017 IRS Form 990
- 2017 Revenue and Expenditures
- 2018 W-9

**5. Does the applicant agency have the capacity to operate on a reimbursement basis?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach a current agency budget detailing cash reserves for the current grant year and the 2018-2019 grant year.

**6. Is the applicant agency currently funded through the ESG Program?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please attach the most current drawdown reports

**7. Has the agency been in operation for at least 3 years?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If No, date of incorporation (mm/dd/yyyy) \_\_\_\_\_

**8. Does the named agency directly have the capacity to provide the services that will be needed?**

Rapid Rehousing Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Shelter Yes \_\_\_\_\_ No \_\_\_\_\_

Street Outreach Yes \_\_\_\_\_ No \_\_\_\_\_

Targeted Prevention Yes \_\_\_\_\_ No \_\_\_\_\_

**9. Does a third party manage your ESG grant(s)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

This notice and all documents mentioned in this notice are available  
for disabled individuals and individuals with limited English proficiency. Email [Tjacobs@unitedwaygaston.org](mailto:Tjacobs@unitedwaygaston.org)

If yes provide contract, MOU, or MOA with scope of services.

**10. If the agency has other existing projects, are there any HUD or ESG monitoring findings currently associated with any of these projects?**

Yes \_\_\_ No \_\_\_

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 a letter of satisfaction from ESG office.

**11. Does the agency have board approved policies that meet the HUD definitions as follows:**

**Housing First-** Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers.

**Fair Housing Act-** A law enacted as part of civil rights legislation that prohibits discrimination of home sales, rentals and financing based on race, color, national origin, religion, sex, familial status or those with disabilities

- Housing First- Yes \_\_\_ No \_\_\_
- Fair Housing- Yes \_\_\_ No \_\_\_

Provide a copy of these board approved policies

**12. Does the agency currently participate in NC-HMIS or NCDV Database Osnum)?**

Yes \_\_\_ No \_\_\_

- If yes, provide proof of 2Quarter QPR report
- If No, does the agency commit to enter 100% of the beds and other data collection into HMIS (with client consent)? Yes \_\_\_ No \_\_\_

**13. Counties served by providing services must serve minimum of one (check all that apply)**

\_\_\_Gaston \_\_\_Cleveland \_\_\_Lincoln

**14. Currently participating as a coordinated entry point trained in ERST & VISPDAT**

Yes \_\_\_ No \_\_\_

**15. Did your agency participate in 75% of CoC activities July 1, 2017 through June 30, 2018?**

If new to CoC do you intend to participate: Yes \_\_\_ No \_\_\_?

If No explain:

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**16. Please acknowledge the following:**

*NC-509 CoC available fair share funding is \$174,416*

We plan to submit an application for new funding through the Gaston/Lincoln/Cleveland CoC

Amount \*requested \$ \_\_\_\_\_

We plan to submit an application for renewal funding through the Gaston/Lincoln/Cleveland CoC

Amount \*requested \$ \_\_\_\_\_

**\*Requested amounts are not guaranteed and is subject to CoC review & ranking policies. Initial. \_\_\_\_\_**

17. \_\_\_\_\_ does agree to work with mainstream services including but not limited to HealthNet Gaston, DSS, Health Department, 2-1-1, and any other resource identified by the CoC services committee.

I acknowledge submitted threshold and supporting documentation is correct

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

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

Date \_\_\_\_\_

This threshold along with a letter of intent signed by the Chairperson of the Board of Directors must be submitted no later than 10:00 AM August 24, 2018 to the CoC Collaborative Applicant Coordinator Teresa Jacobs at [tjacobs@unitedwaygaston.org](mailto:tjacobs@unitedwaygaston.org) Threshold, letter of intent, and all requested documentation are required for the CoC Review Panel evaluation and determination of eligibility to apply.

**\*\*\* RFA Application Documents are found on the NCDHHS, Aging and Adult Service Grant Opportunities website located:**

<https://www.ncdhhs.gov/about/grant-opportunities/aging-and-adult-services-grant-opportunities>

**Review Chair & Collaborative applicant only:**

This Threshold meets the minimum requirements for the FY18 NOFA: Yes \_\_\_ No \_\_\_

This Threshold meets the CoC governance requirements: Yes \_\_\_ No \_\_\_