NC-509 Gaston-Lincoln-Cleveland Continuum of Care (GLC-CoC) FY 2021 CoC NOFO Threshold

This threshold along with a letter of intent signed by the Chairperson of the Board of Directors must be submitted no later than Tuesday, September 28, 2021 by 5:00pm to Steffi Travis, CoC Coordinator, at Stravis@kintegra.org. This threshold checklist, letter of intent, and all requested documentation are required for the local CoC Grants Review Committee to evaluate prospective applicants and determine the organization's eligibility to apply.

1.	Please attach a comprehensive 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 • Minutes from all 2020 – 2021 board meetings
3.	Is the applicant agency a 501(c)3 organization or a government entity? □ 501(c)3 organization □ Government Entity • If a 501(c)3 organization, attach the 501(c)3 IRS designation letter (non-profit) Note: Attachment N/A for government entity
4.	Does the applicant organization have an approved Code of Conduct posted on HUD's website? Yes No No I If Yes, attach a screenshot from the HUD website If No, attach a copy of the applicant organization's Code of Conduct *If the applicant organization does not have a Code of Conduct, the requirements are found here: https://www.hud.gov/program_offices/spm/gmomgmt/grantsinfo/conductgrants
5.	Does the applicant agency have an annual independent audit? Yes □ No □ If Yes, attach a copy of the most recent year-end annual audit package If no, attach the applicant agency's: • 2020 and 2021 operating budget(s) • IRS Form 990 (Oct. 2018 Version) • 2020 Year-end Revenue and Expenditures
6.	Does the applicant agency have the capacity to operate on a reimbursement basis? Yes □ No □ If Yes, attach the agency's most recent month-end financial statement detailing cash reserves
7.	Is the applicant agency currently funded through the HUD Continuum of Care Program? Yes No I If Yes, please attach the most current HUD e-loccs drawdown report(s)

8.	If the application is a renewal, does the applicant organization wish to seek consolidation of any existing grants?		
	Yes If Yes, have you c	No 🗖 onsulted with the local HUD field office representative?	
	Yes	No □	
	Name and e-mail	of HUD field office representative:	
٩	If the applicant a	gency is a DV organization, does the applicant agency intend to apply for the DV bonus funding?	
<i>J</i> .	Yes	No Not Applicable (not DV agency)	
10.). Does (or will) a the Yes □	nird party manage your CoC grant(s)? No No O	
	If Yes, attach the	contract, MOU, or MOA with scope of services outlined	
11.	Does the applica	nt agency have outstanding HUD monitoring findings? No No Output Description:	
		ust be resolved or explained in writing to the satisfaction of the Grants Review Committee for the et threshold. Attach latest communication from HUD showing resolution.	
12.	2. Does the agency Yes □	currently participate in HMIS or a DV comparable database? No No	
13.	. Current counties	served by the applicant agency (check all that apply):	
		☐ Lincoln ☐ Cleveland	
14.	Is the applicant of Yes ☐	rganization currently participating in Coordinated Entry? No No	
15.		icant's NC-509 Gaston-Lincoln-Cleveland CoC membership status: Good Standing member member member member member member member member member member member member member member member member member member member member member member	
		membership. Send the Membership Application to me	
I ac	cknowledge that	the submitted Threshold and supporting documentation are correct.	
Nar	nme of Agency/Org	anization:	
Sig	gnature of Execut	ive Director:	
Dat	ate:		
	Fo	r Use by: Grants Review Committee Chair & Collaborative Applicant only:	
		is Threshold meets the minimum requirements for the FY21 NOFA: ☐ Yes ☐ No	
	Th	is Threshold meets the GLC-CoC governance requirements: ☐ Yes ☐ No	