

# Salt Lake County Continuum of Care

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Application for SSO-CE  
Renewal Projects

Annual Continuum of  
Care NOFO



END UTAH  
HOMELESSNESS  
Salt Lake Valley

**Applicant Organization:**

**Project Name:**

**Project Type:**

**Total Amount Requested:**

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**What type of Renewal project are you applying for?**

SSO-Coordinated Entry



**Capacity**

**1. Has your agency had any audit or monitoring findings or concerns (fiscal or program) from funders or independent auditors within the past three years? If so, please describe.**

**2. Describe your agency's grant management system for complying with government grant requirements.**

**3. Describe your agency's involvement in the local homeless housing & services system and the Salt Lake Valley Coalition to End Homelessness OR your experience with the local low-income housing and services system**

**4. Describe your agency's experience with effectively administering government funded housing programs for homeless persons. Please reference utilization rate, budget expenditure, and eligibility record keeping.**

**Need**

**5. System Function- Describe the process for prioritization and referral in the current implementation.**

**6. Provide an inclusive plan for coordination w/ stakeholders**

**7. Describe how the system design will be accessible for all persons seeking information regarding homelessness assistance**

**8. Describe the strategy for advertising the program to reach homeless persons with the highest barriers**

**9. Describe the standardized assessment process that will be used and how training and coordination will be.**

**10. Describe how the project will ensure that participants are directed to appropriate housing and services.**