Salt Lake County Continuum of Care

Application for SSO-CE Renewal Projects

Annual Continuum of Care NOFO

Applicant Organization:

Project Name:

Project Type:

Total Amount Requested:

What type of Renewal project are you applying for?

☐   SSO-Coordinated Entry

Budget

CoC Project Budget	HUD CoC Dollars	Match
Capital Costs		
Leasing		
Rental Assistance		
Supportive Services		
Operating Costs		
HMIS		
Administration		
Total		

Budget & Project Description Narrative

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.**