

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.