**Attachment C:** CoC Planning Unsheltered Homelessness Set Aside

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| Please use the attached Request for Funding to provide the CoC with information about your proposed project that will be sufficient enough for the Rating and Ranking Committee to evaluate. A completed, signed questionnaire must be received at Glenn County Community Action Department, via email to gccad@countyofglenn.net no later than October 13, 2022 |

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| --- |
| 1. **Legal Name of Applicant Organization:**
 |
| 1. **Contact Name:**
 | **Phone:** | **Fax:** | **Email:** |
| 1. **Physical Address:**
 |  |
| 1. **Agency UEI Number:**
 |  |
| 1. **Agency Tax ID Number:**
 |  |
| 1. **Does the Agency have any outstanding delinquent Federal Debts? Yes** [ ]  **No 󠅅**[ ]
2. **Does the Agency have an accounting system? Yes 󠅅**[ ]  **No 󠅅**[ ]
 |
| **Name of Project** | **Amount Requested** | **Source of Match Funds** | **Match Amount** |
|  | $ |  | $ |
| **Application Component Type (Select only 1):** |
| [ ]  **CoC Planning (Collaborative Applicant/Lead Only)** |
| **Provide a description that addresses the entire scope of the proposed project and how the Collaborative Applicant will use grant funds to comply with 24 CFR 578.7:** |
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| **Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.** |
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| **How will the requested funds improve or maintain the CoC's ability to evaluate the outcome of CoC and ESG projects?** |
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| **CoC Governance: Complete the questions below:** |
| How often does the CoC conduct meetings of the full CoC membership? \* 2. Does the CoC include membership of a homeless or formerly homeless person? \* 2a. For members who are homeless or formerly homeless, what role do they play in the CoC membership? (Select all that apply)

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| --- | --- |
| Participates in CoC meetings: |  |
| Votes, including electing Coc Board: |  |
| Sits on CoC Board: |  |
| None: |  |

3. Does the CoC's governance charter incorporate written policies and procedures for each of the following\* 3a. Written agendas of CoC meetings? \* 3b. Coordinated Entry? (Also known as centralized or coordinated assessment) \* 3c. Process for monitoring outcomes of ESG recipients? \* 3d. CoC policies and procedures? \* 3e. Written process for board selection? \* 3f. Code of Conduct for board members that includes a recusal process? \* 3g. Written standards for administering assistance? \* 4. Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the past 12 months?  |
| **Provide information for up to five of the most active CoC-wide planning committees, subcommittees and/or workgroups, to address homeless needs in the CoC’s geographic area that recommend and set policy priorities for the CoC, including a brief description of the role and the frequency of the meetings. Only include committees, subcommittees and/or workgroups, that are directly involved in CoC-wide planning and not the regular delivery of services.** |
| **Name of Group** | **Role of Group** | **Meeting Frequency** |
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| **Budget**  |
| **Budget Detail**  |
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| --- | --- | --- |
| **Eligible Cost** | **Quantity and Description** | **Amount** |
| Coordination Activities |  |  |
| Project Evaluation |  |  |
| Project Monitoring Activities |  |  |
| Participation in the Consolidated Plan |  |  |
| CoC Application Activities |  |  |
| Determining Geographical Area to Be Served by the CoC |  |  |
| Developing a CoC System HUD Compliance Activities  |  |  |
| Total |  |

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| Executive Director Name | Executive Director Signature | Date |

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