# Attachment A: HMIS RFF Questionnaire

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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 September 14, 2022 |

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| 1. Legal Name of Applicant Organization: | | | | | | |
| 1. Contact Name: | Phone | | Fax | | Email | |
| 1. Agency DUNS Number: | | |  | | | |
| 1. Agency Tax ID Number: | | |  | | | |
| 1. Intent to Apply for Funds for HMIS | | | | | | |
| 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: |
|  | | $ | |  | | $ |
| Provide a description that addresses the entire scope of the proposed project. Including:   * A detailed description of the scope of the project including the community needs, the design and implementation of the HMIS system, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. * A description of how the HMIS funds will be expended in a way that is consistent with the CoC’s strategy for HMIS and furthers the CoC’s HMIS implementation   *Add space and delete attachment pages as needed* | | | | | | |

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| Executive Director Name | Executive Director Signature | Date |

# Attachment B: Coordinated Entry RFF Questionnaire

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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 September 14, 2022 |

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| 1. Legal Name of Applicant Organization: | | | | | | |
| 1. Contact Name: | Phone | | Fax | | Email | |
| 1. Agency DUNS Number: | | |  | | | |
| 1. Agency Tax ID Number: | | |  | | | |
| 1. Intent to Apply for Funds for Coordinated Entry | | | | | | |
| 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: | | Amount of Match: |
|  | | $ | |  | | $ |
| Provide a description that addresses the entire scope of the proposed project. Including:   * A detailed description of the scope of the project including the project plan for addressing coordinated entry needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. * A description of how the CES funds will be expended in a way that is consistent with the CoC’s strategy for CES and furthers the CoC’s CES implementation:   *Add space and delete attachment pages as needed* | | | | | | |

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| Executive Director Name | Executive Director Signature | Date |

# Attachment C: DV Bonus RFF Questionnaire

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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 September 14, 2022 |

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| 1. Legal Name of Applicant Organization: | | | | | | |
| 1. Contact Name: | Phone | | Fax | | Email | |
| 1. Agency DUNS Number: | | |  | | | |
| 1. Agency Tax ID Number: | | |  | | | |
| 1. Intent to Apply for Funds for DV Bonus Activities | | | | | | |
| 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: | | Amount of Match: |
|  | | $ | |  | | $ |
| Check the CoC eligible component that this project will address:  Rapid Rehousing  Joint TH & RRH Supportive Services - Coordinated Entry | | | | | | |
| Provide a description that addresses the entire scope of the proposed project. Including:   * A detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s) and milestones, coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. * A description how eligible program participants (paragraph 4 of the homeless definition (24 CFR 578.3)) will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.   *Add space and delete attachment pages as needed* | | | | | | |

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| Executive Director Name | Executive Director Signature | Date |