# Attachment B: HMIS RFF Questionnaire

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| A completed, signed questionnaire must be received at Glenn County Community Action Department, via email to gccad@countyofglenn.net no later than November 5, 2021.  |

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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 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: |

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| Executive Director Name | Executive Director Signature | Date |

# Attachment C: Coordinated Entry RFF Questionnaire

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| A completed, signed questionnaire must be received at Glenn County Community Action Department, via email to gccad@countyofglenn.net no later than November 5, 2021. |

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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 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: |

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| Executive Director Name | Executive Director Signature | Date |