

FY24 CoC Project Threshold Requirements – New Application



Project Name: _____

Organization Name: _____

Project Type: _____

Funding Requested: _____

UEI Number: _____

I. HUD Threshold Requirements

Requirement	Yes	No	Please Submit
Active SAM Registration	<input type="checkbox"/>	<input type="checkbox"/>	Current SAM Registration
Good Standing with Secretary of State	<input type="checkbox"/>	<input type="checkbox"/>	Current SOS Filing
CoC Program Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	501c3 Status
Financial Management Capacity	<input type="checkbox"/>	<input type="checkbox"/>	Most Recent Audit
No Outstanding Delinquent Federal Debts	<input type="checkbox"/>	<input type="checkbox"/>	
No Debarments/Suspensions	<input type="checkbox"/>	<input type="checkbox"/>	
Financial Management System	<input type="checkbox"/>	<input type="checkbox"/>	Please specify software/process used for financial management
Project is financially feasible	<input type="checkbox"/>	<input type="checkbox"/>	

II. CoC Threshold Requirements

Requirement	Yes	No	Notes
Coordinated Entry participation	<input type="checkbox"/>	<input type="checkbox"/>	Please confirm that this project will participate in CAAS if funded.
HMIS/Comparable Database	<input type="checkbox"/>	<input type="checkbox"/>	Please confirm that your program will enter client data in HMIS.
Housing First/Low Barrier Implementation	<input type="checkbox"/>	<input type="checkbox"/>	Please confirm this project will adhere to Housing First if funded.
Documented, secured minimum match	<input type="checkbox"/>	<input type="checkbox"/>	Please submit Match Commitment Letter.
Applicant is an active CoC Participant	<input type="checkbox"/>	<input type="checkbox"/>	Please confirm that you are or will become a member of the NHC Providers and Stakeholders Association.
NHC Partnership Agreement	<input type="checkbox"/>	<input type="checkbox"/>	Please confirm that this project will adhere to the requirements of the NHC Partnership Agreement.

I certify that all HUD and CoC threshold requirements have been met as documented in the application submission.

Project Applicant Signature

Date

I certify that all threshold requirements have been reviewed by the CoC Collaborative Applicant.

Collaborative Applicant Signature

Date