



NC-506 CONTINUUM OF CARE
CONSENT FOR THE RELEASE OF INFORMATION

I, _____, as authorized agent for (partner agency name) _____, authorize **the Board of the Wilmington/New Hanover/Brunswick/Pender Continuum of Care NC-506 Board (the CoC) and its Designee, the CoC Program Director of the Cape Fear Council of Governments** to obtain information necessary to assess my agency's performance as a grant recipient, determine my agency's financial strength, and to determine whether my agency is compliant with federal, state, and/or local requirements for the grant programs in which I participate.

Information to be Released: Information including, *but not limited to*: Financial Statements and audits, monitoring letters from federal/state/local agencies, information on substantial changes in organizational leadership, and notices of sanctions/debarments/recapture.

For the Purpose of: Information will be used to conduct reviews of my agency's compliance with Federal, State, and local agencies, including Tri-HIC and the CoC, rules, regulations, and ethics requirements.

Conditions of participation: I understand that my authorization is required if my agency wishes to apply for grants administered by or in collaboration with the CoC and/or participate as a member of the CoC Board.

Expiration of Release: I understand that this release expires 15 months from the date that this released is signed. Board members, grant applicants, and grant recipients will be required to sign a new form annually.

Signature: _____ Date: _____

Printed Name: _____

Title: _____