



NC-506 CONTINUUM OF CARE

CONSENT FOR THE RELEASE OF INFORMATION

I, _____, as authorized agent for (partner agency name) _____, authorize **the Board of the Cape Fear Homeless Continuum of Care NC-506 (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 Cape Fear Homeless Continuum of Care (CFHCoC), 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 CFHCoC 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: _____