

Cape Fear Homeless Continuum of Care **Returning** Project Applicant Submission Requirements



Applications that are incomplete or not in the required order will not be scored.

Review the following list carefully. Required documents must be submitted in the order outlined below. Create a "Tab" page for each item.

Applications must be submitted into a secure folder. Obtain the link from CoC Administrative Staff.

The CoC LSA to pull needed reports for renewal applicants based on the information in the non-binding letter of interest..

Tab

	A	Completed CoC Project Application - Printed from e-SNAPS - Signed and Dated by Authorized Agency Staff
	B	Completed Renewal Project Narratives.
	C	Project Operations Manual and other relevant polices and procedures with the most recent revision date clearly noted, including those addressing the agency's commitment to gender and racial equity.
	D	Project APR & Caper for CY 2023, ART Rpts: 213, 713 and Demographics Report (HMIS Lead can assist), Referral Report for RRH, PSH & TH-RRH (as applicable). FOR HMIS: PROVIDE COPY OF CE CAPER for Lead Agency.
	E	Board of Directors Information - Identify the Board Officers and the Board member with lived homelessness experience. If the Board does not have a lived experience member, explain how you satisfy this requirement.
	F	Grant Spending Report from eLoccs for the last 5 years.
	G	Results of the Agency's monitoring from HUD (or other federal agency)/NC ESG/COC/Local Government (as applicable) within the last 5 years. If there were findings, include a copy of the agency's Corrective Action Plan or proof that the findings have been resolved to the monitoring agency's satisfaction. If funds are owed for recapture of ineligible expenses, provide proof funds have been repaid to the funding agency(ies).
	H	Staff Development Checklist with supporting documentation
	I	MOUs with Partner Organizations
	J	Evidence of how the agency will make Match = 25% of grant amount - in-kind match must be tied to the project, explain as necessary (500 word max.)
	K	If applicable: Narrative addressing Grievances/complaints made against the agency and how they were resolved.
	L	COC's <i>Agency Release of Information Form</i> signed by the agency's authorized signer

The Ranking Committee will consult with the CoC Oversight Committee on grievances, complaints and compliance issues.