



**2022 Continuum of Care Competition  
Renewal Project Threshold Criteria**

(Required but not scored. If “no” for any criteria, the project is ineligible for renewal).

Item
<p><b>HMIS Implementation:</b> Projects that do not participate in HMIS are not eligible for funding unless the project is a victim services agency.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA- Victims Services Agency</p>
<p><b>Coordinated Entry:</b> Projects that have not agreed to participate in Coordinated Entry are not eligible for funding.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Compliance with 10 Year Homeless Action Plan:</b> Project aligns with priorities in CoC’s 10 Year Action Plan.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Equal Access Rule:</b> The project ensures equal access for program participants regardless of their race, color, national origin, religion, sex, sexual orientation, gender identity, age, familial status, or disability. The project complies with all federal and state civil rights and fair housing laws including the Fair Housing Act, Title VI of the Civil Rights Act, and the Equal Access Rule.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Training and Technical Assistance:</b> All projects must agree to be responsive to training and technical assistance from the Collaborative Applicant.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Match:</b> The agency has committed to match 25% of the grant except for leasing funds.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Key Personnel Change:</b> All projects agree to inform the CoC Coordinator if they have changes in staffing for key senior/fiscal management or substantial changes to programs (such as participant population, admissions criteria, etc.).</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Recent Financial Statements:</b> Projects must provide most recent audited financial statements.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Agency Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_