

**CHARLOTTE-MECKLENBURG CONTINUUM OF CARE
2019 NOTICE OF FUNDING APPLICATION (NOFA)
CHECKLIST FOR ALL PROJECT APPLICATIONS**

A completed project application package for the 2019 NOFA Application will include the following documents.

Document	PSH & RRH Renewal Project	CE Renewal Projects	HMIS Renewal Project	New Projects
PDF Version of the Project Application completed in e-snaps (do not hit submit at this time).	X	X	X	X
Latest Agency Audit Summary Report.	X	X	X	X
LOCCS voucher for latest completed grant period (this should be the same as APR submitted) & plan to address spending rates if not expending funds in a consistent manner.	X	X	X	
Agency Self-Monitoring Checklist	X	X	X	
HMIS Data Completeness Report for July 1, 2018 – June 30, 2019	X			
HMIS Data Report: Avg LOS and Time to Housing_All Project Types (Run report for date range July 1,2018-June 30, 2019)	X			
HMIS Data Report: ##Discharge Destination DQ Report -Provider Agency (chronic tab) (Run report to match APR date range)	X			
HMIS Data Report: #Count & Demographics - All Clients - Provider Agency (other fields tab) (Run report to match APR date range)	X			
Documentation on how project upholds HMIS privacy procedures	X	X		
Latest version of Annual Performance Report (APR)	X	X	X	
Project description of mechanism by which consumers have a voice into how the program is shaped.	X			X (n/a HMIS & CE)
Project description of the type and scale of supportive services available to meet the client's needs. (Funding for these activities do not have to be through this grant).	X			X (n/a HMIS & CE)
Project description of how clients are assisted with obtaining and accessing mainstream benefits.	X			X (n/a HMIS & CE)
Project description of how clients are assisted in increasing employment and/or income to maximize ability to remain housed with limit or no subsidy.	X			X (n/a HMIS & CE)
Project description of how CoC funding fits into their larger agency budget. Includes information on if this project is contingent on other funding and if so, how will project be sustained if other funding is reduced.	X			

Evidence to demonstrate that it meets an existing gap in the continuum of services.	X			
Project demonstrates effective community partnerships/collaborations to maximize program impact.	X			X (n/a HMIS & CE)
Project description of how agency staff participates in Continuum of Care meetings and work groups.	X			X (n/a HMIS & CE)
Project description of how data generated from a HMIS comparable database is used to evaluate project effectiveness. (DV providers only)	X			X (n/a HMIS & CE)
Project description of how services provided improve safety for person fleeing Domestic Violence, Dating Violence, Sexual Assault and Stalking Survivors. (DV providers only)	X			X (n/a HMIS & CE)
Project description of strategies to diversify location and access to permanent housing units.				X (n/a HMIS & CE)
Written statement from agency to their willingness to participate in entering data into HMIS (or equivalent system if DV provider).				X (n/a HMIS & CE)
Project description of how it will be utilizing a Housing First implementation approach including 1) eligibility criteria, 2) process for accepting new clients, 3) process and criteria for exiting clients.				X (n/a HMIS & CE)
Project description of agency leadership experience and effectiveness.				X (n/a HMIS & CE)
Project description of the experience of the agency in working with the proposed populations and in providing housing similar to that proposed in application.				X (n/a HMIS & CE)
Project description of front line staff's experience in providing homeless services.				X (n/a HMIS & CE)
Project description of 1) an identifiable gap/need that project will be filling; 2) understanding the needs of the clients to be served; 3) how the type, scale, and location of the housing fit the needs of clients to be served.				X (n/a HMIS & CE)
Project describes strategies to diversify location and access to permanent housing units.				X (n/a HMIS & CE)
Proposed targets, outcomes and evaluation plan.				X (n/a HMIS & CE)
Plan for rapid implementation of the program.				X (n/a HMIS & CE)