

2019 COC PROJECT CERTIFICATION

Agency/Activity Information

1. Agency Name, Address, and Phone (include area code): () -	2. Employer ID Number: - -
3. Program/Project Name	4. Amount of CoC Assistance Requested
5. State the name and location (street address, City and State) of the project or activity:	

Meets the Threshold for Application:

- a. Attend 75% of CACH general membership or CACH Committee meetings Yes___ No___
- b. **Attached** List of HOME RUN Blueprint Objectives & Goals this Activity Meets Yes___ No___
- c. Consistent with City & County Consolidated Plans Yes___ No___
- d. Consistent with applicable Comprehensive Plan and Zoning. Yes___ No___
- e. Consistent with County Human Services Plans Yes___ No___
- f. Participates or if new project will participate in Coordinated Entry Yes___ No___

Grant Performance Status

- a. APR completed on time Yes___ No___
- b. Grants funds drawn on time Yes___ No___
- c. Abides by “HUD Equal Access and Non-Family Separation” requirement Yes___ No___
- d. Serves the Required Population per CoC Grant Agreement Yes___ No___
- e. No Lead-Agency CoC Compliance Findings Yes___ No___
- f. No HUD Findings Yes___ No___

Agency Experience and Capacity

- a. Most Recent Audited Financial Statements **Attached** Yes___ No___
- b. Board Member List **Attached** Yes___ No___
- c. Homeless or Formerly Homeless Board Member Yes___ No___
- d. Agency Resume **Attached** Yes___ No___

Certification

I certify that this information is true and complete.

Signature:	Date: (mm/dd/yyyy)
Printed Name, Title:	