

**FY22 NC Emergency Solutions Grant (NC ESG)
Request for Applications (RFA) – Annual Program Competition
NC-509 Gaston-Lincoln-Cleveland Continuum of Care (GLC-CoC)**

THRESHOLD DOCUMENT & REQUIREMENTS

This Threshold and supporting documentation help the NC-509 Continuum of Care Grants Review Committee evaluate and determine the prospective applicant agency's eligibility to apply for the NC ESG annual funds.

Please submit this Threshold and all required documentation **no later than 5:00pm, Tuesday, August 16, 2022**, via **e-mail with attachments in 1 PDF file** to Steffi Travis, Continuum of Care Coordinator, at stravis@kintegra.org | (704) 517-8807.

Agency/Organization Name:

Applicant Agency is:

- 501(c)(3) Non-Profit Organization
- Local Government Agency

1. Attach a **Letter of Intent (LOI)** signed by the agency's Chairperson of the Board of Directors that confirms the Board's approval to apply for NC ESG funding. Include the date of approval by the board. For government entity, provide a LOI signed by the Department and/or Division head.
2. In a separate document signed by the Executive Director or Department/Division Head, provide a **detailed explanation** that promotes the agency's capacity to implement one or more NC ESG Program projects. Include comprehensive and compelling data on the agency's leadership, number of clients served annually, financial capacity, and its successes in working with and serving the homeless populations. Consider this **your best marketing opportunity**. Do not assume that the Grants Review Committee is familiar with your agency and its programs/services delivery. Address your letter to Nancy Welch, Grants Review Committee Chairperson, Garland Municipal Business Center, 150 South York Street, Gastonia, NC 28052. Submit the document with your Threshold Documents – *do not e-mail to Nancy directly*.
3. Is the applicant agency a **New Applicant** or a **Returning Applicant** (current year annual grantee) of the NC ESG Program? (check one)
 - New Applicant
 - Returning Applicant
4. Attach the agency's **501(c)(3) IRS designation letter**. Note: An attachment is not applicable (N/A) for Government entity.
5. If the agency has been in operation for less than three (3) years, provide the **date of incorporation (month/day/year), here:**

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6. Does the agency have an **active Board of Directors**? YES NO

If Yes,

- Attach the agency's **Board of Directors Roster**, listing name, address, email, phone number and affiliation of each member.

If No, please explain, here:

7. How often does the agency's Board of Directors meet each year?

Monthly

Quarterly

Other (list dates)

- Attach all **meeting minutes for the 2021-2022** fiscal year Board of Directors meetings.

8. Is there a **person with lived homeless experience (PWLE)** serving currently on the agency's Board of Directors and/or Advisory Board? YES NO

If No, explain how the agency involves PWLE in the agency's decision making, here:

9. Does the agency have **board approved policies** that meet the HUD definitions for **Housing First** and **Fair Housing Act**?

- Housing First YES NO
- Fair Housing YES NO

If Yes,

- Attach copy of board approved policies

[*Housing First](#) - Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers.

[*Fair Housing Act](#) - A law enacted as part of civil rights legislation that prohibits discrimination of home sales, rentals and financing based on race, color, national origin, religion, sex, familial status or those with disabilities.

10. Is the agency a **member in good standing** of the Gaston-Lincoln-Cleveland Continuum of Care (GLC-CoC)?

YES NO

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To be a member in good standing, the agency must have a current Membership Application on file, participate in at least 3 of the 4 quarterly Membership Meetings annually, and serve on at least 1 GLC-CoC Committee. Provide the name(s) of the staff member(s) participating actively in the GLC-CoC and serving on which committee(s):

Name of Staff Member	GLC-CoC Committee

If No, does the applicant agency intend to apply for membership in the Continuum of Care? YES No

If yes, to whom should the **Membership Application** form be sent?

Name:

Email:

11. Does the agency have an **annual independent audit**? YES NO
If yes, attach a copy of the **entire annual audit package, including the management letter**, if any, for the agency's most recent ended fiscal year.

If No, attach the agency's:

- 2021/2022 operating budget(s)
- Most recent IRS Form 990
- Most recent year-end Revenue and Expenditures
- W-9 (Rev. Oct. 2018 Version - fillable version can be found on-line)

12. Does the agency have the **financial capacity** currently to operate on a reimbursement basis? YES NO

If Yes,

- Attach an agency budget detailing **cash reserves** for the current fiscal year and the previous fiscal grant year.

If No, does the applicant agency intend to secure a Fiscal Sponsor to supports its application to NC ESG? YES NO

13. If the agency has other HUD/ESG existing projects, are there any **HUD or ESG monitoring findings** currently associated with any of these projects?
 YES NO

If Yes, findings must be resolved or explained in writing to the satisfaction of the Grants Review Committee for the application to meet threshold.

- Attach a letter of satisfaction from HUD and/or ESG office, if applicable.

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14. Does the applicant agency participate currently in the **Homeless Management Information System (HMIS)** and/or **Domestic Violence (DV) Comparable Database**?

YES NO

If Yes,

- Attach the most recent Quarterly CAPER or Performance Report (QPR).

If No, does the agency commit to enter 100% of the beds and other data collection into HMIS and/or DV Comparable Database (with client consent)?

YES NO

15. In which of the tri-counties does the applicant agency provide services? (check all that apply – and **must serve in at least 1 GLC county**):

Gaston County Lincoln County Cleveland County

16. Which of the following **NC ESG eligible services** does the applicant agency provide and/or intend to provide in Calendar Year 2022? (check all that apply)

- Street Outreach
- Emergency Shelter
- Rapid Rehousing
- Targeted Homeless Prevention
- Homeless Management Information System (or DV Comparable Database)

17. Does the agency participate currently in the Continuum of Care **Coordinated Entry System**, including weekly case conferencing calls? YES NO

If No, does the agency commit to participate in the Coordinated Entry System and weekly case conferencing calls? YES NO

For the annual FY22 NC ESG RFA, HUD has determined a **“Fair Share Allocation”** of **\$189, 535** for the Gaston-Lincoln-Cleveland Continuum of Care.

\$113,721 (60%) - maximum total amount allocated for Emergency Services
\$ 75,814 (40%) - minimum total amount for Housing Stability

Indicate below, the applicant agency’s intended funding. Please note: Intended funding amounts described below are not guaranteed and are subject to the CoC review and ranking policies. If approved to advance forward, the Applicant Agency can revise intended funding amounts and/or projects during the application process.

New Funding: \$

Renewal Funding: \$

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I acknowledge the submitted Threshold and supporting documentation are correct:

Name of Agency/Organization:

Name of Executive Director:

Signature of Executive Director: _____

Date: _____

Deadline to Submit: Tues., August 16, 2022, 5:00pm

Submit this Threshold and all required documentation via **email with 1 PDF attachment** of all documents (in the order of items listed in the Threshold) to Steffi Travis, CoC Coordinator, at stravis@kintegra.org. For more information, contact:

- Nancy Welch, Grants Review Chairperson, at nancyw@cityofgastonia.com; and/or call (704) 866-6753 (office)
- Steffi Travis, CoC Coordinator, at stravis@kintegra.org; or call (704) 517-8807 (cell)

RFA Application Documents are found on the NC DHHS_DAAS Grant Opportunities website located:

<https://www.ncdhhs.gov/about/grant-opportunities/aging-and-adult-services-grant-opportunities>

For GLC-CoC Grants Review Committee, only:

Applicant Agency Passed Threshold Requirements

Applicant Agency Did Not Meet Threshold Requirements (list) for any of these reasons:

- 1.
- 2.
- 3.
- 4.

Applicant Agency Notified of Threshold Decision on _____ (date)

Applicant Agency Participated in Appeal Process on _____ (date)

Grants Review Committee Chairperson Signature: _____

Date: _____

All documents mentioned in this correspondence are available in formats suitable for people with disabilities and/or limited English proficiency. For assistance, contact Steffi Travis at Stravis@kintegra.org and/or (704) 517-8807 cell.