## Sonoma County Continuum of Care

c/o Sonoma County Department of Health Services, I 450 Neotomas Ave, Santa Rosa, CA 95405 Continuum of Care Coordinator (707) 565-4080 • <u>Karissa.White@sonoma-county.org</u> Homeless Projects Specialist (707) 565-4088 • <u>Araceli.Rivera@sonoma-county.org</u>

## 2023 Continuum of Care Competition Renewal Project Threshold Criteria

Required but not scored. If "no" for any criteria, the project is ineligible for renewal. Please complete

Project Name:	Agency:
-	<b>U</b> <i>i</i>
HMIS Implementation: Projects that do not participate in HMIS are not eligible for funding unless	
the project is a victim services agency.	
🗆 Yes	
🗆 No	
□ NA- Victims Services Agency	
<b>Coordinated Entry:</b> Projects that have not agreed to participate in Coordinated Entry are not	
eligible for funding.	
□ Yes	
<b>Compliance with 10 Year Homeless Action Plan</b> : Project aligns with priorities in CoC's 10 Year Action Plan.	
$\square$ Yes	
	ct ensures equal access for program participants regardless of their
	eligion, sex, sexual orientation, gender identity, age, familial status,
_	mplies with all federal and state civil rights and fair housing laws
	, Title VI of the Civil Rights Act, and the Equal Access Rule.
□ Yes	, , , ,
🗆 No	
Training and Technical Assistance: All projects must agree to be responsive to training and	
technical assistance from the	Collaborative Applicant.
🗆 Yes	
□ No	
Match: The agency has comm	nitted to match 25% of the grant except for leasing funds.
🗆 Yes	
□ No	
Key Personnel Change: 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 criteri	a, etc.).
□ Yes	
□ No	
<b>Recent Financial Statements</b> : Projects must provide most recent audited financial statements.	
□ Yes	
🗌 No	

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