

SOUTHERN ILLINOIS CONTINUUM OF CARE THRESHOLD
REQUIREMENTS

Please Answer Yes or No

1. Meet all HUD threshold requirements
2. Be an Active member of the Continuum to include:
 - a) Current Dues and Project fees paid
Indicate date 2018 dues paid _____
Indicate date project fees paid _____
 - b) Attend Meetings
List dates of last 12 months of agency attended meetings:
 - c) Serve on Committees and/or be an Officer within the last year
List Committees and/or Office held
3. Letter of Intent received on time
Date letter of intent was sent _____
4. Participate in 2018 Homeless Census Point in Time Count
Date PIT information was submitted to Continuum Regional
Representative _____
5. Participate in Coordinated Entry Process
6. Documented minimum match
Attach documentation to Letter of intent
7. Acceptable organizational audit/financial reviews
Attach Audit or IL 990 to Letter of Intent
8. Application is complete and data are consistent
9. Documented financial stability of applicant

Approved 5/3/18