

SOUTHERN ILLINOIS CONTINUUM OF CARE NETWORK THRESHOLD REQUIREMENTS

Please answer Yes or No

1. ____ Meet all HUD requirements
2. ____ Be an Active member of the Continuum to include:
 - ____ Current Dues and Project fees paid
Indicate date 2019 dues paid _____
Indicate date 2019 project fees paid _____
 - ____ Attend Meetings
List dates of last 12 months of agency attended meetings:
 - ____ 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 2019 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 IL 990 to Letter of Intent
8. ____ Application is complete and data are consistent
9. ____ Documented financial stability of applicant
10. ____ Victim service providers must use a comparable database that complies with the federal HMIS data and technical standards OR provide in-house generated answers to APR questions.