Home for Everyone - OH-501 Lucas County CoC Project Thresholds Checklist
FY23 Continuum of Care Competition

Please answer the following questions. Refer to the 2023 HUD NOFO for additional information as needed. An authorized representative of the organization must sign and date the Checklist. The completed and signed checklist must be emailed to communications@tlchb.org.

AGENCY NAME:			
YES	**NO**	**N/A**	1. Does the Applicant have an active registration in SAM? Please provide a copy of the SAM tracking or information page.
			2. Does the SAM registration include a Unique Entity Identifier (UEI)?
			3. Register with Dun and Bradstreet to obtain a DATA Universal Numbering System (DUNS) number, if they have not already done
			4. Is the Proposed Project consistent with the Consolidated Plan? Provide a reference to the section and page(s) in the Consolidated Plan for the jurisdiction. Include this as an attachment to the General Threshold Requirements Form. ***The CoC Lead will obtain the Certification of Consistency Form from the City of Toledo.***
			5. Has an Independent Audit been completed for the applicant agency during the last 18 months? Please submit a copy of the audit and any findings with this checklist.
			6. Do the Applicant and all sub-recipients agree to comply with all Fair Housing and Civil Rights Laws?
			7. Does the Applicant agree to ensure meaningful access to their programs and activities for persons with Limited English Proficiency?
			8. Has the Applicant provided evidence of a current Code of Conduct already recognized by HUD or included a current Code of Conduct with their application that will be submitted toHUD? Provide a copy as an attachment to the General Threshold Requirements Attachments Form (a) a screen-shot of HUD's webpage that shows your agency on the approved list, or (b) a copy of your current Code of Conduct that will be submitted via E-Snaps. Please note that HUD has specific requirements for Codes of Conduct.
			9. Does the Applicant commit to participation in the local HMIS system?
			10. Does the Applicant agree to comply with the HUD requirement for a Drug Free Workplace as defined in the General NOFO?
			11. Does the Applicant agree to comply with the HUD requirement for safeguarding of resident/client files as defined in the General NOFO?
			12. Does the Applicant agree to comply with the Equal Access to Housing Regardless of Sexual Orientation or Gender Identity requirement?
			13. Does the Applicant agree to comply with Lead-Based Paint Requirements?

			14.Does the Applicant agree to meaningfully include persons with Lived Experience in homelessness in agency or program development and decision-making
			15. Participate in the homeless PIT counts conducted by TLCHB on behalf of the Home for Everyone CoC
			16. Commit to adopting a Housing First approach, participate in Housing First trainings when offered, and agree to complete a Housing First Fidelity Assessment as a component of monitoring.
			17. Attend Home for Everyone CoC All-Membership and/or participate in CoC Committees, Subcommittees, and Workgroups
			18. All HUD Forms and Certifications in *e-snaps* are completed
			19. Applicants should also ensure that all required attachments correspond to the attachments as required in E-Snaps and contain accurate and complete information.
			20. Not turn away any household because they have previously resided in a differing Continuum. However, as these projects are funded to address homelessness in the Home for Everyone Continuum of Care, each project must demonstrate how they are targeting, providing outreach, and participating in local coordinated entry implementation areas (as applicable) to reduce homelessness in the Home for Everyone CoC
			21. Match Requirement of at least 25% attach to this checklist
			22. Project Type complies with HUD project quality threshold

TLCHB reserves the right to request any additional need information during the NOFO evaluation, ranking and review process in order to submit a quality community application t HUD.

Agencies are responsible to ensure any, and all HUD forms requested in e-snaps are complete, accurate and submitted.

AGENCY CERTIFICATION:
Organization Name:
As an authorized representative of the organization listed above, I have verified and attest to the Content of the General Threshold Requirements Checklist and attachments as indicated.
Typed Name and Title of Authorized Representative:

Signature	Date