

PROJECT THRESHOLD & SUMMARY

FY24 Continuum of Care (CoC) Builds

OKLAHOMA CITY CONTINUUM OF CARE (CoC OK-502)

Attach the following checklist and requested documents to the application. The application will not be processed without the following documents.

Documentation of 501 (c)(3) status from the US Internal Revenue Service

Current list of Board of Directors

Current Organizational Chart

Copy of most recent audited financial statements

Proof of active SAM registration with current information

Match Documentation

Agency information:							
Agency Name		#UEI					
Mailing Address	Phone						
City	State	Zip					
Person to contact about this application:							
Contact Name	Title	Title					
Email	Phone						
Person authorized to enter into agreement for this project:							
Name	Title						
Eligible Costs:							
CAPITAL COSTS							
SERVICE COSTS							
ADMINISTRATION							

Total Requested Amount

Estimated number of persons to be served

MATCH PROVIDED

Estimated number of households to be served

1.	Provide	briet (descriptio	n of the	proposed	project

2. Select all harder to serve homeless or at-risk of homeless populations this project will serve:

Mental Illness

Substance Abuse

Chronic Health Conditions

HIV

Developmental Disabilities

Physical Disabilities

Domestic Violence

Unaccompanied Youth (under age 18)

Unaccompanied TAY (ages 18 – 24)

3. Describe your agency's experience with federal, state, and/or local government grants and capacity of the organization and person(s) responsible for administering the project and overseeing all compliance requirements.

4. Housing First/Low Barrier

	Yes	No
Does the project require a background screening prior to project entry?		
Does the project prohibit persons with certain criminal		
convictions from entering the project?		
Does the project require participants to be clean and sober prior		
to project entry or during project stay?		
Does the project require participants to take alcohol/drug tests?		
Does a positive alcohol/drug test result in termination from the		
project or require participant to participate in substance abuse		
treatment and/or detox to resume project services?		
Does the project require participants to have a mental health evaluation prior to project entry?		
Does the project require project participants who demonstrate		
mental health symptoms to participate in mental health services		
and/or medication compliance as a condition of participation?		
Does the project require participants to have an income at time		
of project entry?		
Does the project require participants to obtain income as a		
condition of remaining in the project?		
Does the project require participants to participate in supportive		
services as a condition of continued services?		
Does the project require participants to be "progressing" in their goals to remain in the project?		
Does the project exclude or refuse project entry based on race,		
color, religion, national origin, disability, sex, sexual orientation, gender identity and/or gender expression?		
Does the project include any requirements, outside of those		
typically found in a lease agreement or in "community living" conduct rules?		
Do project participants have to travel to the agency's office(s) to		
receive the majority of their services, including case		
management, after they are housed?		
Does the project prohibit any member of a household, based on		
age, gender, biological relationship and/or marital status, from residing together at the project?		
Enter the Total # of "Yes" and "No" responses		