North Carolina
Balance of State Continuum of Care

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Supportive Services Only-Coordinated Entry Regional Application (FY24 CoC Program Grant Term)

Application Checklist

Refer to NCCEH's Coordinated Entry Regional Grant Request for Applications for more information about application requirements, grant requirements, and program design.

Project Description

☐ Complete written application (below)

☐ Detailed budget spreadsheet, available here

Project Application Information

Name of Organization: _____

Physical Address: _____

Mailing Address: _____

Telephone: _____

Website: _____

Federal Tax ID Number: _____

UEI #: _____

Organization type (check one): ☐ Nonprofit ☐ Government ☐ Faith-based ☐ Other: _____

Certification

To the best of my knowledge and belief, all information in this application is true and correct.

Authorized Official Name: _____

Title: _____

Signature: _____ Date: _____

Region(s)

Check the full region(s) your organization will cover with funding from the SSO-CE grant:

☐ Region 1 ☐ Region 2 ☐ Region 3 ☐ Region 4 ☐ Region 5

☐ Region 6 ☐ Region 7 ☐ Region 8 ☐ Region 9 ☐ Region 10

☐ Region 11 ☐ Region 12 ☐ Region 13

Mission

Agency Mission Statement (250 characters max):

Programs currently offered (check all that apply):

☐ Emergency Shelter ☐ Rapid Rehousing ☐ Permanent Supportive Housing

☐ Prevention / Diversion ☐ Street Outreach ☐ Other: _____

The project ensures that their project participants are not screened out based on the following. ☐ Yes ☐ No

- Having too little or no income
- Active or history of substance abuse
- Having a criminal record (with exceptions for state mandated restrictions)
- History of domestic violence (e.g., lack of protective order, separation from abuser, or law enforcement involvement)
- Failure to provide identification documents such as driver's license, social security card, or birth certificate

Does coordinated entry align with your mission? ☐ Yes ☐ No

Financial Capacity

Fiscal Year: _____

Does your organization have written financial control policies? ☐ Yes ☐ No

Does your organization conduct annual audits? ☐ Yes ☐ No

Most Recent Audit Year: _____

Has your organization had HUD/ESG findings in the past 3 years? ☐ Yes ☐ No

If yes, were corrective action plans approved? ☐ Yes ☐ No

Staff Capacity

Number of full-time staff supporting CE: _____

Number of part-time staff supporting CE: _____

Will new staff be hired for CE with this funding? ☐ Yes ☐ No

Name/position of Coordinated Entry Lead: _____

HMIS

Who is the HMIS Agency Administrator? _____

Employment status of HMIS Agency Administrator: ☐ Full-time ☐ Part-time

Is the HMIS Administrator's primary responsibility HMIS? ☐ Yes ☐ No

How often does your agency conduct HMIS data quality reviews?

☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Data Quality

NCCEH staff will review and score this section based on A020(s) submitted by July 31, 2025

A020 submitted on time ☐ Yes ☐ No

Average Timeliness at data entry ☐ 1 – 6 days ☐ 7 – 14 days ☐ 15 + days

Error Rate for CoC Enrollments: _____%

Error Rate for Relationship to Head of Household: _____%

Coordinated Entry Knowledge & Experience

Is your agency currently the CE lead for one or more of the Regional Committee?
☐ Yes ☐ No

Roles currently performed (check all that apply): **NCCEH staff will verify this section for calendar year 2025**

☐ Access point (Prevention/Diversion Screens)

☐ Conducts HARTs for enrolled clients

☐ Conducts HARTs for clients outside agency

☐ Participates in case conferencing

☐ Participates in the annual CE evaluation

Why is your agency best suited to serve as the SSO-CE grantee for the applicable regions? (short response, 500 characters):

By-Name List / Coordinated Entry System

Additional prioritization factors besides HART score (check all that apply):

☐ Unsheltered ☐ Length of Time Homeless ☐ Families ☐ Disability

Project Budget Request

Funding Requested: $_____

Will funding cover gaps in the CE system? ☐ Yes ☐ No

Activities to be supported (check all that apply):

☐ Annual assessment of service needs ☐ Case management ☐ Outreach

Does the funding request adequately cover a full year from December 1, 2025, through November 30, 2026? ☐ Yes ☐ No

Does the agency have a plan in place to spend all of the SSO-CE funding within one year, if granted? ☐ Yes ☐ No