

NW MINN. CONTINUUM OF CARE CERTIFICATION OF CONSISTENCY/LETTER OF SUPPORT REQUEST PROPOSAL SUMMARY

Housing developers requesting Certifications of Consistency from the NW CoC for funding applications to Minnesota Housing or other sources are requested to contact the CoC Coordinator 2 months (preferred) prior to the funder's due date and attend a CoC meeting to present on the project (phone participation is an option). Contact NW CoC Coordinator, Becky Schueller, via Text: (218) 760-9470 or email: nwmncoc@bemidjiconsulting.com

The NW CoC meets as a full board/membership every other month, generally on the 3rd Thursday from 10:00 a.m. to Noon. In 2019, full meetings are scheduled for February, April, June, August, October, and December.

The NW CoC includes: three tribes Leech Lake (areas in Beltrami and Hubbard), Red Lake (all), and White Earth (areas in Clearwater and Mahnomen) and the 12 counties of Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Mahnomen, Marshall, Norman, Pennington, Polk, Red Lake, and Roseau.

Please list the State/Federal Program/funding source your project is applying for:	
Date Signed Form is Needed:	
Name of Project:	
Project Location (full address, city, county):	
Name & Address of Applicant Agency:	
Contact Person & Title:	Tel:
Contact's Email:	
Name of Service Partners:	
Name of Housing Partners (if applicable):	
Is this proposal for new or existing services? (check all that apply) <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Renewal <input type="checkbox"/> Renovation	
Amount requested for homeless specific services or housing: \$	
Proposed Start Date:	Proposed End Date:
Target Population: <i>check all that apply</i> <input type="checkbox"/> singles <input type="checkbox"/> families <input type="checkbox"/> youth	Sub-populations (if any): <input type="checkbox"/> DV <input type="checkbox"/> veterans <input type="checkbox"/> disabled <input type="checkbox"/> youth <input type="checkbox"/> Other _____
Target Units: Total # units: _____ singles _____ families # homeless units: _____ singles _____ families	Target Households/Persons: _____ # of persons to be served: _____ # of households to be served:

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List how describe how project will assure affordability (housing only), harm reduction and low barrier access?

- Affordability:
- Harm Reeducation:
- Low Barrier Access:

Target Service Area(s) (list counties & cities included):

Support Services offered: (check all that apply)

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Case Management–Housing Focused | <input type="checkbox"/> Transportation | <input type="checkbox"/> Navigation |
| <input type="checkbox"/> Case Management–other | <input type="checkbox"/> Outreach | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Education | <input type="checkbox"/> Advocacy | <input type="checkbox"/> Supplies |
| <input type="checkbox"/> Employment/Training | <input type="checkbox"/> Prevention | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Other, please list: | <input type="checkbox"/> Utilities | |

How will this project help end homelessness in the region?

Please list efforts to include other local or regional partners?

Will this project enter date in HMIS? Yes No, please explain why not.

Will this project agree to utilize the regional Coordinated Entry System?

- Yes – all designated homeless units will be filled through CE
- Yes – Services will include serving as an access or assessment site.
- No, please explain why not:

Please list any other information that will help the CoC consider your project.