

Applicant name: \_\_\_\_\_

Project name: \_\_\_\_\_

River Valleys Continuum of Care (MN-502)

# Project Applicant Assurances

Applicants are required to affirm the following statements as part of the project application for HUD CoC funds through River Valleys Continuum of Care. Please read carefully and sign below.

- Applicant agrees to respond in a timely manner to requests from the Project Review and Rating Committee, including making any required corrections to the application identified in the applicant's Project Notification of Status and Ranking.
- Applicant agrees to respond in a timely manner to requests for data or updates during the CoC Collaborative Application process. This includes data for the CoC application, not just for the Applicant's project application.
- Applicant agrees to maintain compliance with threshold qualifying requirements for receipt of HUD CoC funds throughout all phases of the application, contracting, and grant periods.
- Applicant agrees to participate fully in the local Homeless Management Information System (HMIS). This includes meeting published timeliness and data quality standards. DV agencies using alternate databases must ensure equivalent data equality and timeliness standards.
- Applicant agrees to abide by CoC Written Standards applicable to the project.
- Applicant agrees to participate fully in the Coordinated Entry System, as described in the Policies & Procedures and Partner Agreement. All funded projects must prioritize households with the greatest need for the project type, and all project referrals must be made, received, and recorded via Coordinated Entry. In addition, all projects are expected to participate in list clean-up and update activities as requested during the PIT Count and other times during the year.
- Applicant understands that HUD funded homeless assistance projects are monitored by HUD and by the CoC and may include a site monitoring visit, as well as the submission of the program's most recent Annual Performance Report sent to HUD and the most recent audited financial statement with any management letters when submitting their application.
- Applicant understands that if funding is awarded, they are responsible to inform the CoC when:
  - Changes are made to an existing project, including changes in sub-population served that is significantly different than what was originally approved and any budget amendments submitted to HUD;
  - An increase/decrease of other funding to the project could affect projected numbers of participants served, program staffing, performance, etc.;
  - There are delays in the start-up of a new project; or
  - The program is having difficulty in meeting projected numbers served or performance outcomes.
- Applicant agrees to abide by all CoC Policies, including the CoC Development Fee policy.

As the duly authorized representative of the applicant, I hereby certify that applicant agrees to all terms above. I also certify that the answers included within e-snaps and all supplemental materials are true, and I am willing and able to provide supporting documentation when requested by the CoC's Collaborative Applicant.

\_\_\_\_\_  
Name of Authorized Signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant name: \_\_\_\_\_

Project name: \_\_\_\_\_

River Valleys Continuum of Care (MN-502)

# Project Contact Form

Please review the project contact information below and indicate if changes are needed for any of the contacts for this project.

**Application contact:**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**HMIS contact:**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Project management/  
performance contact:**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Fiscal/invoicing contact:**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Reporting contact:**

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other notes:**

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