**CoC Reconsideration Request Deadline 8/24/2023**

A. General Information

|  |  |
| --- | --- |
| Project name |  |
| Agency name |  |
| Grant amount |  |
| Grant operation dates |  |
| Contact person |  |
| Contact person email address |  |
| Contact person phone number |  |
| Project type (TH, RRH, PSH) |  |
| Counties served by the project |  |

B. BOS Board Scoring Tool

* What is your CoC Project Scoring Tool FY2023 percentage?
* List the areas the project lost points (where did the project get less than full points).
* Provide a detailed explanation for each area as to why this occurred and what the agency (if anything) has done to address these issues.

C. Impact of Project

* How does this project support the mission to end homelessness in Wisconsin?
* Explain how this project is the most efficient and effective use of funds for the population served.
* Explain how the need for this project in the community is determined.
* Explain why the project should not be reallocated into permanent housing (PSH or RRH).

D. Changes to the Project

* What changes have been made to this project since the submission of the last APR?
* Describe how those changes would have impacted the project’s score.

E. Past Performance

* Address any past performance issues and the steps used to correct them. This should include dates and names of people involved.

F. Compliance

* Describe your agency’s compliance with the housing first.
* Describe your agency’s compliance with the coordinated entry process.
* Who represents the agency on a committee? Include name of the person and the committee.

G. Evidence

* Attach any additional or supplemental evidence to support statements made in sections B-F.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit request and all supporting documentation by 8/24/23 to** [**wiboscoc@gmail.com**](mailto:wiboscoc@gmail.com)**.**

**CoC Director**

**Received:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reviewed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Decision:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_