WIBOSCOC

CoC Reconsideration Request

Deadline ~~August 4, 2017~~ August 21, 2017

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, SPC, SH)	
Counties served by the project	

B. BOS Board Scoring Tool

- What is your Board Scoring Tool (2017-2018) 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 August 4, 2017 to wiboscoc@gmail.com.

Board of Directors

Received: _____

Reviewed: _____

Decision: _____