Financial Assessment

Northeast Minnesota Continuum of Care – 504

**Please complete the below financial assessment for your CoC-funded project(s) and attach eLOCCS screenshots with draw dates and fund utilization for your last 3 completed grant terms (generate from eLOCCS). Screenshots must be clear and easy to read.**

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| --- | --- |
| **Agency Name:** |  |
| **CoC Project Name(s):** |  |
| **Name & Title of Person Completing this Form:** |  |

# eLOCCS Drawdowns

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| --- | --- |
| 1. **How often does your agency draw down funds from LOCCS? Check appropriate box.** | |
| Monthly | Quarterly |
| Every other month | Other: |

|  |
| --- |
| 1. **If your agency is drawing down less than quarterly per grant, provide an explanation below.** |
|  |

# Unspent Balances by Continuum of Care Project

1. **Has the agency returned any funds in the last 3 completed grant terms?**

Yes  No

**Please complete the chart(s) and answer the questions below for each of your CoC project(s). Information provided may be confirmed with HUD.**

**Project Name:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Year** | **Amount Returned** | **Reason for return** |
| 201X | Click here to enter text. | Click here to enter text. |
| 201X | Click here to enter text. | Click here to enter text. |
| 201X | Click here to enter text. | Click here to enter text. |

**Project Name:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Year** | **Amount Returned** | **Reason for return** |
| 201X | Click here to enter text. | Click here to enter text. |
| 201X | Click here to enter text. | Click here to enter text. |
| 201X | Click here to enter text. | Click here to enter text. |

# Explanation of Returned Funds

**If your CoC Project(s) returned any funds in the last 3 completed grant terms, complete the questions below. The CoC Ranking & Review Committee will consider this information in the project ranking process. If your CoC Project(s) did not return funds in the last 3 completed grant terms, you may skip to the end of this form.**

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| --- |
| 1. **Please provide an explanation for any returned CoC project funds within the last year:** |
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| --- |
| 1. **How does your project plan to improve spending in your current/future grant periods?** |
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| --- |
| 1. **Will you be voluntarily reallocating funds from your CoC-funded project(s) in the FY19 NOFA? If yes, please provide an explanation below about how this may affect your service population.** |
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