# Threshold Form

**Instructions:**

**PLEASE REACH OUT TO ANDREA (**[**andrea@vsha.org**](mailto:andrea@vsha.org)**) FOR QUESTIONS ON THIS FORM.**

Complete the following form for the YHDP RFP process. Applicants must answer YES to all HUD Threshold questions, if an applicant answers NO, an explanation MAY allow an agency to pass this threshold form to continue to the application process. For more information on HUD Thresholds: [YHDP FY18 NOFA Appendix A](https://www.hud.gov/sites/dfiles/SPM/documents/FY18_AppendixAFINAL_YHDP.pdf)

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| --- | --- | --- | --- | --- |
| Agency Name: | | | | |
| Primary Contact Information for Agency Component | | | | |
| Primary Agency Contact Name: | Title: | | | |
| Email Address: | Phone: | | | |
| AGENCY INFORMATION | | | | |
| 1. What is your total FY2018 agency budget? | | | $\_\_\_\_\_\_\_\_\_. | |
| 2. What percentage of your overall budget is Federal Funding? | | | \_\_\_\_\_\_\_\_\_\_% | |
| HUD THRESHOLD | | | | |
| 1. Does the agency provide for the participation of at least one homeless or formerly homeless individual on the board of directors or other equivalent policymaking entity or have an avenue for homeless or formerly homeless to provide feedback to the board? | | * Yes - Board * Yes - Other * No | | |
| *1a. If “yes, other,” please describe the entity, its nature, and how the person participates:* | |  | | |
| 2. Does the agency have an unqualified, independent financial audit completed within 6 months of the end of the fiscal year? | | * Yes * No | | |
| 1. Does your agency have a SAM.gov registration? | | * Yes * No | | |
| 1. Does your agency have an active DUNS number | | * Yes * No | | |
| 1. Does the agency have any delinquent federal debt? | | * Yes * No | | |
| 1. Does the agency provide clients with specialized resources to meet the unique needs of clients with physical, cognitive, or behavioral disabilities and provides reasonable accommodations for clients with linguistic and/or cultural challenges? (I.e. ramps, Spanish language forms, etc.)  * Yes * No | | | | |
| 7. Does the agency provide due process to clients who are asked to leave any program? | | | | * Yes * No |
| 8. Does the agency comply with Public Law 90-284 referring to the Fair Housing Act (42 USC 3601-20), as amended | | | | * Yes * No |
| 9. Does your agency have any unresolved Fair Housing or Civil Rights matters? If yes, explain. | | | | * Yes * No |
| 10. Has your agency updated its Code of Conduct so that it is compliant with 2 CFR Part 200 and submitted to HUD | | | | * Yes * No |
| 11. Is your agency under debarment or suspension from doing business with the Federal Government and/or on the Federal do not pay list? | | | | * Yes * No |
| 12. Is your organization in compliance with the prohibition against lobbying Section 1352, Title 31, U.S. Code? | | | | * Yes * No |
| 13. Does your organization comply with HUD directives regarding Equal access to housing Docket Number: HUD-2015-0104; Docket Name: FR–5863–P–01 | | | | * Yes * No |