Rural Nevada
CONTINUUM OF CARE

FY2026 LOCAL COMPETITION THRESHOLD REVIEW WORKSHEET

Application Information

Applicant Organization	
Project Name	
Project Type	
Reviewer	
Review Date	
Application ID	

Section 1 – Applicant Eligibility

Requirement	Pass	Fail	Comments
Eligible organization under FY2026 HUD CoC NOFO	☐	☐	
Eligible project type	☐	☐	
UEI active	☐	☐	
SAM.gov active (if applicable)	☐	☐	
Eligible to receive federal funding	☐	☐	

Section Result: ☐ Pass ☐ Fail

Section 2 – Application Completeness

Requirement	Pass	Fail	Comments
Submitted by deadline	☐	☐	
All required sections complete	☐	☐	

Narratives complete	☐	☐	
Budget complete (if applicable)	☐	☐	
Certifications signed	☐	☐	

Section Result: ☐ Pass ☐ Fail

Section 3 – Required Documentation

Requirement	Pass	Fail	Comments
Documentation Checklist	☐	☐	
Organizational Chart	☐	☐	
Board Roster	☐	☐	
Audit/Financial Statements	☐	☐	
Financial Policies	☐	☐	
Program Policies	☐	☐	
Conflict of Interest Policy	☐	☐	
Grievance Procedure	☐	☐	
HMIS/Comparable Database Documentation	☐	☐	
Match Documentation (if applicable)	☐	☐	
MOUs/Letters of Commitment (if applicable)	☐	☐	

Other HUD Required Documentation	☐	☐	

Section Result: ☐ Pass ☐ Fail

Section 4 – Grant Compliance (Renewals Only)

Requirement	Pass	Fail	Comments
Grant in good standing	☐	☐	
Required reports submitted	☐	☐	
Monitoring findings addressed	☐	☐	
No unresolved compliance issues	☐	☐	

Section Result: ☐ Pass ☐ Fail

Section 5 – Administrative Corrections

Administrative deficiencies identified:

_____

_____

Correction Requested	☐ Yes ☐ No
Date Requested	
Correction Received	

Section 6 – Final Threshold Determination

Applicant Eligibility	☐ Pass ☐ Fail
Application Complete	☐ Pass ☐ Fail
Documentation Complete	☐ Pass ☐ Fail
Grant Compliance (Renewals)	☐ Pass ☐ Fail
Overall Determination	☐ Pass ☐ Fail

☐ PASS – Advance to Rating & Ranking

☐ FAIL – Does Not Advance

Reason(s): _____

Reviewer Certification

I certify that this Threshold Review was completed in accordance with the RNCoC FY2026 Scoring & Ranking Policies and Procedures.

Reviewer	
Title	
Signature	
Date	

Competition Administration Only

Date Forwarded to Rating & Ranking	
Application Number	
Staff Initials	