

Attachment #2

2022/2023 Lancaster County Homeless Coalition Joint Funding Application

Acknowledgments:

- I understand that my program will be monitored based on the applicable outcomes above that are part of the Lanc Co MyHome Policies and Standards document (these are updated yearly) for future funding opportunities. Funded programs that fail to comply with any and all of these outcomes that program may be at risk of having a performance improvement plan developed and imposed, or loss of funding.
- I understand that all invoices submitted for payment to any funder are subject to accuracy standards and must match Empower Lancaster (aka as Caseworthy/ HMIS) reports in order to be paid.
- I understand that my program will be monitored through Empower Lancaster to ensure that we are serving populations without discrimination.

Organization: _____

Name (print): _____

Signature: _____

Title: _____

Date: _____