**AGENCY INFORMATION**

**To be completed for each COC grant**

|  |  |
| --- | --- |
| Name of Agency |  |
| Mailing Address |  |
| Grant Number |  |
| Operating Year |  |
| Component Type:  | Circle One: TH PH SSO |
| County: |  |
| Congressional District |  |
| ADD District |  |
| COC Region |  |
| Federal ID Number |  |
| UEI Number |  |

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| Name of Contact Person: \*\*\* |  |
| Telephone Number |  |
| Fax No. |  |
| E-Mail Address |  |
|  |  |

|  |  |
| --- | --- |
| Name of Executive Director |  |
| Telephone Number |  |
| Fax No. |  |
| E-Mail Address |  |
|  |  |

|  |  |
| --- | --- |
| Name of Board Chair |  |
| Telephone Number |  |
| Fax No. |  |
| E-Mail Address |  |
|  |  |

|  |  |
| --- | --- |
| Name of HMIS Contact |  |
| Telephone Number |  |
| Fax No. |  |
| E-Mail Address |  |
|  |  |

\*\*\* The person who can answer general questions regarding the grant.

P/Housing Contract Administration/Contract Management/tech sub/agency information forms