



## 2019 Iowa Balance of State (IA-501) Continuum of Care (CoC) Grantee Renewal Application

**Instructions:** Answer all questions that appear in the application, please be as complete as possible in your responses.

**Deadline for submissions:** JUNE 7, 2019 - 11:59PM

### APPLICANT NAME AND INFORMATION

**Organization Name: \***

**Renewal Project Name: \***

**Project Name(s) as appearing in HMIS/DVIMS: \***

"Grant Number"

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**Project Type: \***  
Permanent Supportive Housing (PSH)  
Rapid Rehousing (RRH)  
Transitional Housing (TH)

**Projected number of clients to be served in renewal grant period: \***

**Anticipated Renewal Amount: \***  
\$

**Verify current registration in federal System for Award Management: \***  
Yes    No

**DUNS #:** \*

**Counties Served by Project:** \*

**Address of Administrative Office:** \*

Address Line 1

Address Line 2

City

State

ZIP Code

**Primary Contact Name:** \*

First Name

Last Name

**Primary Contact Phone:** \*

**Primary Contact Email:** \*

**Secondary Contact Name:**

First Name

Last Name

**Secondary Contact Phone:**

**Secondary Contact Email:**

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