CONTINUUM OF CARE

Continuum of Care Region:

Project Name:

Ownership Entity Name:

Project Address:

Qualified Service Provider:

Provider Address:

Provider Phone Number:

|  |  |
| --- | --- |
| **Target Population(s) for Long-term Homeless Units** |  |
| **Household Type:** Family, Single Adults, Families with Youth |  |
| **Sub-Populations:** Chronic Homeless, Severely Mentally Ill, Chronic Substance Abuse, Veterans, Victims of Domestic Violence, HIV/Aids, Other (describe) |  |
| **Total Number of Housing Units** |  |
| **Total Long-term Homeless Units** |  |
| **Summary of Project** |  |

The Continuum of Care has been notified of the proposed project and had an opportunity to provide feedback to the Qualified Service Provider and/or Ownership Entity.

Yes  No

Authorized Continuum of Care Representative

Title

Signature of Representative

Date

**Continuum of Care Contact Information in Iowa**

**Des Moines/Polk County Continuum of Care:**

[www.polkcococ.org](http://www.polkcococ.org)

**Iowa Balance of State Continuum of Care (96 counties):**

<http://www.iowafinanceauthority.gov/Public/Pages/PC46LN13>

**Omaha/Council Bluffs Continuum of Care:**

[www.endhomelessnesstoday.org](http://www.endhomelessnesstoday.org)

**Sioux City/Dakota, Woodbury Counties Continuum of Care:**

<http://www.siouxlandhomeless.org>