**Austin/Travis County Continuum of Care Coordinated Entry**

Project Summary Addendum

|  |
| --- |
| project information: |
| Agency Name:  |
| Project Name:  |
| Contact Person:  |
| Project Type:  |
| Project Funding Source:  |
| Total Estimated Units/Capacity:  |
| Estimated Annual Vacancies:  |

Please check all that apply:

In HMIS: [ ]  YES [ ] NO In HIC: [ ]  YES [ ]  NO

| Target Population/Eligibility criteria:  |
| --- |
|  |

| Tenacy services provided: |
| --- |
|  |

| Other Project Notes/Descriptions: |
| --- |
|  |