**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: |
| --- |
|  |