**FORM 5 – CONTINUUM OF CARE (CoC) VERIFICATION**

**VERIFICATION OF PARTICIPATION**

TheVerification of Participation Form must be completed to include the number of CoC meetings held, the number of meetings attended by a representative of your agency, and a signature from the CoC’s authorized person.

GROUP INFORMATION

Name of CoC Attended:

Type of CoC Meetings Attended:

Regional Coalition

Committee

Subcommittee

Task Force

Workgroup

Name of CoC Authorized Person/Chair:

Authorized Person/Chair Email:

Authorized Person/Chair Phone Number:

AGENCY INFORMATION

Agency Name:

Name(s) of Staff that Attended Meeting(s):

MEETING INFORMATION (to be completed by the CoC Authorized Person)

Number of CoC Meetings Held:

Number of CoC Meetings Attended by Staff from this Agency:

Did the agency consult the CoC for project approval while preparing the 2023-24 NHAP application and its proposed activities?

YES NO

Do the agency’s proposed NHAP activities align with the CoC’s priorities for serving persons experiencing homelessness and persons at risk of homelessness?

YES NO

I verify the above information is accurate and current.

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Signature of CoC’s Authorized Person Date