2003 Application Summary

This is the first page of your application. Remove this page and place it in the front of your application.

Continuum of Care (CoC) Name: _____

CoC Contact Person and Organization: _____

Address: _____

_____

Phone Number: _____ E-mail Address: _____

Continuum of Care Geography

Using the Geographic Area Guide, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of ***every listed*** city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Adding in a jurisdiction that is not really part of your system is likely to significantly reduce your score. Before completing, please read the NOFA guidance and page 2 of this application regarding geographically overlapping Continuum of Care systems.

Geographic Area Name	6-digit Code
example: Syracuse	**366376**
example: Onondaga County	**369067**

Geographic Area Name	6-digit Code

Reproduce this page to include additional names and codes.

Form HUD-40076-CoC (2003)
OMB Approval No. 2506-0112 (exp. 06/30/2003)