



Continuum of Care Meeting Attendance | Community Initiatives Grant Programs

Instructions: Please have this form signed for every CoC meeting attended. This form should be submitted with the close out documentation. **Please note:** Agencies only need to complete one form for all MHDC Community Initiatives grants.

Agency:			
Continuum of Care:			
Date of Meeting	Agency Representative (Print)	CoC Representative (Print)	CoC Representative (Sign)
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