Agency Name:	
Program Name:	

2025 CoC Program Monitoring

ATTACHMENT B: POINT OF CONTACT FORM

Please complete this form and send to nv500monitoring@gmail.com no later than May 16. You can also submit this form manually at the Launch Meeting.

We understand that many people at your agency will be involved in program monitoring but ask that you designate a single employee to serve as the primary Point of Contact for the program(s) being monitored. This person will be responsible for:

- Gathering and sending requested documentation to the consulting team.
- Responding to inquiries and questions from the consulting team.
- Coordinating all monitoring-related activities across the program (and potentially multiple programs) so that the consulting team is not managing multiple email exchanges/threads from different program contacts.
- Internal communications within the organization/program so that the consulting team is not responding to questions from multiple people.
- Ensuring that your program submits all required forms and documents according to the monitoring timeline and completes other monitoring activities as needed.

Please indicate the person at your agency who will serve as the primary Point of Contact for all monitoring activities. If your agency must designate more than one person, you may add a second person. Please note that anyone that you designate will receive all information and will be responsible for delegation, distribution, and sharing within your agency.

PRIMARY MONITORING POINT OF CONTACT – required. This person will receive all monitoring-related correspondence and materials.	
Name	
Title	
Email Address	
Phone Number	

SECONDARY MONITORING POINT OF CONTACT – complete ONLY if necessary. If your agency prefers, you can add a second person who will also receive all monitoring-related correspondence and materials.	
Name	
Title	
Email Address	
Phone Number	