WI Balance of State Local Coalition Meeting Attendance

Coalition Name:	Meeting Name:	Date:
Length of Meeting:		
Meeting Summary :		

Type of Meeting:	☐ Coalition	☐ Community Planning	☐ Action Plan	☐ Workgroup/committee	☐ CoC Competition	☐ Other:

Attendance

*If your time is CoC funded, then your time cannot be used as Match for another CoC grant

Name	Agency name or write in Community Member	Time for meeting funded by CoC? (Y or N)	Can your time be used as match for CoC Grant? (Y or N)

Meeting Host Signature: _____ Date:_____

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Name	Agency name or write in Community Member	Time for meeting funded by CoC? (Y or N)	Can your time be used as match for CoC Grant? (Y or N)

Meeting Host Signature: _____ Date:_____