

CERTIFICATION OF CONSISTENCY
WITH THE TEN YEAR PLAN TO END HOMELESSNESS

I certify that the proposed project, as referenced below, is consistent with, and responsive to, local needs articulated in the County or jurisdiction's current, and approved *Ten Year Plan to End Homelessness*.

Project Name:

Project Sponsor:

Project Owner:

Project Location:

Certifying County or
Jurisdiction:

Certifying Official:

Title:

Signature:

Date:

Phone Number:

Email: