# **(5) Certification of Consistency with 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: |  |