OPTIONAL FORM – Not a Required Part of the Application

Central Florida Continuum of Care (CoC FL-507): 2018 Regional Application for HUD CoC Program Funding

Jurisdictional Representative Certification Form

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Section 1 (to be co	++++ mpleted by Appl		rized representative)	١.
Name of Applicant:	приесец ву Аррі	icant's author	<u>izeu representative</u>	<u>!-</u>
Name of Project:				
Brief Description of Project:				
Applicant's Role in Project:				
Check one of the following boxes th This is a county-specific Proj homelessness in a single cour outside of the single county). This is a regional Project (i.e. the in all 3 counties).	ect (i.e., the Pronty, or will incide	roject will ex dentally serve	clusively serve pers persons experienci	ing homelessness
Signature of Applicant's Authorized	l Representative	Date		
++++++++++++++++++++++++++++++++++++++				
Section 2 (to be comp Jurisdiction Represented (check only		<u>opriate juriso</u>	ictional representati	<u>ve):</u>
□ Orange County	☐ City of Or	lando		
☐ Osceola County	☐ City of Kis			
☐ Seminole County	☐ City of Sa			
Name of Jurisdictional Representati	ve:			
Title of Jurisdictional Representative	2:		_	
If Applicant indicated that Project i	s a Single-Count	y Project, che	— ck at least one box b	elow, but all that

If Applicant indicated that Project is a Single-County Project, check at least one box below, but all that apply:

 $\ \square$ The Project is the Jurisdiction's single highest priority for inclusion in the CoC FL-507 2017 submission to HUD.

☐ The Jurisdiction has provided financial support to homelessness assistance activities performed by the Applicant for any of the following periods (check all that apply):				
☐ FY 2017-18 List amount of funding provided through jurisdiction (if available):				
☐ FY 2016-17 List amount of funding provided through jurisdiction (if available):				
FY 2015-16 List amount of funding provided through jurisdiction (if available):				
□ None of the above statements apply.				
If Applicant indicated that Project is a Regional Project, check at least one box below, but all that apply:				
☐ The Applicant has a past history of serving persons experiencing homelessness within the				
jurisdiction.				
☐ The Project already serves persons who are experiencing homelessness within the jurisdiction.				
□ None of the above statements apply.				
Signature of Jurisdictional Representative Date				
Printed Name				