OPTIONAL FORM – Not a Required Part of the Application

Central Florida Continuum of Care (CoC FL-507): 2021 Regional Application for HUD CoC Program Funding

	Jurisdictio	hal Representative Certification I	-orm
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<u>Sect</u>	ion 1 (to be comp	leted by Applicant's authorized i	<u>representative):</u>
Name of Applicant:			
Name of Project:			
Brief Description of P	roject:		
Applicant's Role in Pr	oject:		
☐ This is a count	y-specific Project a single county, or	•	ect: ely serve persons experiencing periencing homelessness outside
☐ This is a regional in all 3 counties).	•	roject will substantially serve per	rsons experiencing homelessness
Signature of Applic	ant's Authorized Re	presentative Date	
		+++++++++++++++++++++++++++++++++++++++	
		ed by an appropriate jurisdiction	<u>al representative):</u>
Jurisdiction Represen		•	
☐ Orange Cou	•	☐ City of Orlando	
☐ Osceola Co	•	☐ City of Kissimmee	
☐ Seminole C	County	☐ City of Sanford	

Name of Jurisdictional Representative:

Title of Jurisdictional Representative:

If Appli	cant indicated t	that Project is a Single-County P	roject, check at least one box below, but all that			
apply:			•			
	The Project is t	the Jurisdiction's single highest p	riority for inclusion in the CoC FL-507 2017			
submiss	sion to HUD.					
		as provided financial support to ny of the following periods (chec	homelessness assistance activities performed by <i>k all that apply):</i>			
	FY 2020-21 FY 2019-20 FY 2018-19 None of the ab	List amount of funding provided	d through jurisdiction (if available): d through jurisdiction (if available): d through jurisdiction (if available):			
If Appli apply:			ect, check at least one box below, but all that			
	• • •	has a past history of serving	persons experiencing homelessness within the			
jurisdict						
	The Project already serves persons who are experiencing homelessness within the jurisdiction.					
	None of the above statements apply.					
	Signature of Juri	sdictional Representative	Date			

Printed Name