

Certification of Consistency with the Local HUD Consolidated Plan

Note – Duplicate this form for multiple submissions if requesting ESG funds for projects within multiple Consolidated Plan Jurisdictions

HUD Local Consolidated Plan Jurisdiction (Choose Only One):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Albany | <input type="checkbox"/> Cobb County
(including Marietta) | <input type="checkbox"/> Gainesville | <input type="checkbox"/> Savannah |
| <input type="checkbox"/> Athens-Clarke | <input type="checkbox"/> Columbus-Muscogee | <input type="checkbox"/> Gwinnett County | <input type="checkbox"/> Valdosta |
| <input type="checkbox"/> Atlanta | <input type="checkbox"/> Dalton | <input type="checkbox"/> Henry County | <input type="checkbox"/> Warner Robins |
| <input type="checkbox"/> Augusta-Richmond | <input type="checkbox"/> DeKalb County | <input type="checkbox"/> Hinesville | |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Fulton County
(including Roswell) | <input type="checkbox"/> Johns Creek | <input type="checkbox"/> Not Applicable for
Balance of State –
Form Not Required |
| <input type="checkbox"/> Cherokee County | | <input type="checkbox"/> Macon | |
| <input type="checkbox"/> Clayton County | | <input type="checkbox"/> Rome | |
| | | <input type="checkbox"/> Sandy Springs | |

Certification to the Georgia Department of Community Affairs:

I certify that the proposed project(s) in the 2023 Emergency Solutions Grants Program Application submitted to the Georgia Department of Community Affairs, as indicated below, is/are consistent with this jurisdiction's current, approved Consolidated Plan.

Applicant Legal Name: _____

Project Name(s): _____

Project Type: _____

Location(s) of the Project(s): _____

In accordance with the HEARTH Act of 2009, Consolidated Plan jurisdictions must work to ensure the confidentiality of records pertaining to any individual served by a victim service provider who receives housing or services under any project assisted. The address or location of any family violence facility assisted under this program will, except with written authorization of the person or persons responsible for the operation of such facility and program, not be made public. The term 'victim service provider' means a community-based organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Such term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

Name of the Federal Program to which the applicant is applying: **Emergency Solutions Grants** **HOPWA**

Name of Certifying Jurisdiction: _____

Typed Name and Title of Certifying Official of the Jurisdiction:

Signature: _____

Date: _____

Please return executed Certification to Applicant. This format designed and administered by the Office of Homeless and Special Needs Housing, GA Department of Community Affairs (DCA), 60 Executive Park South, NE, Atlanta, GA 30329. DCA Contact: Dr. Harvinder Makkar, (470) 382-3518, email harvinder.makkar@dca.ga.gov