

Request for Certification of Consolidated Plan Consistency

Applicant	
Name and Address	
Authorized Representative	
Title of Authorized Representative	
Authorized Representative Contact Information	
Federal Funding Program	
Proposed Project Name	
Number of Housing Units and/or Persons to be Served	
Location of Project	
Project Geographic Area	
Identified Need	
Description of Proposed Project/Activity	
Category of Resident and Income levels to be Assisted	



 **COMMERCE**

I certify the proposed projects/activities in this request are consistent with the State of Montana's Consolidated Plan.

Signature of Authorized Representative

Date

If a Public Housing Authority: I certify that the Five Year and Annual PHA Plan of the _____(PHA) is consistent with the Consolidated Plan of the State of Montana.

Signature of Authorized Representative

Date

