

# Instructions for Completing “Request for Certification of Consolidated Plan Consistency”

The Montana Department of Commerce (MDOC) is responsible for providing Certifications of Consistency with the State’s Consolidated Plan for proposed projects located in jurisdictions not covered by a local Consolidated Plan. All applicants intending on using federal funds to benefit the public are required to submit a Request for a Certificate of Consolidated Plan Consistency in order to apply for program funds. Also, Public Housing Authorities (PHAs) are required to submit a Request for a Certificate of Consolidated Plan Consistency if they are required to certify the consistency pursuant to 24 CFR Part 91.

Requests for a Certificate of Consistency with the Consolidated Plan are to be made to the MDOC. The request involves one form, the Request for Certification of Consolidated Plan Consistency. All requests must be sent to [DOCCertification@mt.gov](mailto:DOCCertification@mt.gov). If a specific form is required to be submitted for the federal entities, please attach the required form(s), as well as the MDOC Request for Certificate of Consistency, to [DOCCertification@mt.gov](mailto:DOCCertification@mt.gov).

The Department will ensure that the proposed project meets the requirements set forth in the most recent approved Consolidated Plan for the State of Montana. If there are questions, the MDOC will notify the Authorized Representative as identified on the Request form for clarity. If the MDOC finds the proposed project is consistent with the Consolidated Plan, they will issue the Certification of Consistency with the Consolidated Plan and mail it to the Authorized Representative.

The following list provides information required for obtaining the State’s certification, as well as examples and helpful tips. The MDOC requests that you provide this information well in advance of the application deadline (at a minimum, 15 days) to allow adequate time to review your project information and process the certification request. If the Certificate of Consistency is required in less than 15 days, please include the rationale for expedited processing and the date which the certificate is needed.



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Information Requested	Helpful Tips
Applicant	The applicant which requires the Certificate of Consistency.
Name and Address	Name and address of the Applicant.
Authorized Representative	The person submitting the Request for Certification of Consolidated Plan Consistency (Authorized Individual who will submit the application). If the Authorized Representative is acting on behalf of an applicant, documentation that the applicant has made the individual an authorized representative must accompany the request.
Title of Authorized Representative	The official title for the Authorized Representative
Contact Information	The address, phone number, and email address of the Contact Person
Federal Funding Program	The name of the federal funding program that the Applicant is applying to receive the Certificate of Consistency
Proposed Project Name	The proposed name of the project. If subject to change, please indicate. If the project is the PHA Plan, please write "PHA Plan" as the project name.
Number of Housing Units and/or Persons to be Assisted	The proposed number of housing units and/or persons to be assisted.
Location of Project	Full address(es) if available, or city/town and county(ies).



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Project Geographic Area	Identify the specific geographical area which the proposed project will be completed specified in the strategic plan.
Identified Need	Identify the need for the project, specifically within the context of the Five-Year Consolidated Plan. For PHA plans, the Identified Need can be the size of the waitlist.  For all other projects state the need identified through the project planning process.
Description of Project Proposal	A completed project narrative, including: the number and type of units (by bedroom size). Indicate new construction or rehabilitation.
Category of Residents and Income Levels to be Assisted	Homeless, formerly homeless, mentally ill, and/or other subpopulation to be served;  low/moderate/extremely low income.

Applicants are required to state the link (Identified Need) between the proposed project and the Montana Five-Year Consolidated Plan and the Annual Strategic Plan. This will allow the Department to review all requests in a consistent manner and provide accurate feedback.

**NOTE:** If there is a specific HUD form that needs to be populated, please attach the pre-populated form to your request.

**NOTE:** For any Public Housing Authority requests, the applicant will need both the State and the entitlement community. MDOC requires that a copy of the Certificate of Consistency from the Entitlement Community be submitted when requesting the State's approval.