

## CONSISTENCY WITH THE CONSOLIDATED PLAN

I certify that the proposed activities included in the 2020 Emergency Solutions Grant application to the Tennessee Housing Development Agency are consistent with the jurisdiction's current, approved Consolidated Plan. (Type or clearly print the following information.)

Applicant Name: \_\_\_\_\_

Location of Project: \_\_\_\_\_  
\_\_\_\_\_

Project Name: \_\_\_\_\_

Name of the Federal Program to which the applicant is applying:

**2020 Emergency Solutions Grants Program**

Name of Certifying Jurisdiction: \_\_\_\_\_

Certifying Official of the Jurisdiction Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_