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| LEAD APPLICANT NAME: |  |
| EHH GRANT APPLICATION CYCLE: |  |

**DETERMINATION OF EXEMPTION**

**Emergency Solutions Grant, Housing Assistance Program, Homelessness Prevention Program (EHH)**

1. Name of Project(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Brief description of all Project(s) listed in the EHH Consolidated Application:

1. Check all of the following citations/activitiesthat apply:

58.35(b)(1) Tenant based rental assistance

58.35(b)(2) Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services

58.35(b)(3) Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs

1. Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Signature of the Authorized Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(Name and title of authorized official)*

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(*Name of agency)*