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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)*