

**U.S. Department of Housing
and Urban Development**

**Certification of Consistency Plan
with the Consolidated Plan
for the Continuum of Care
Program Competition**

I certify the proposed activities included in the Continuum of Care (CoC) project application(s) is consistent with the jurisdiction's currently approved Consolidated Plan.

Applicant Name: _____

Project Name: _____

Location of the Project: _____

Name of
Certifying Jurisdiction: _____

Certifying Official
of the Jurisdiction Name: _____

Title: _____

Signature: _____

Date: _____

Certification:

"I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802)."

Public reporting burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, completing the form, attaching a list of projects if submitting one form per jurisdiction, obtaining local jurisdiction's signature, and uploading to the electronic e-snaps CoC Consolidated Application. This agency may not conduct or sponsor, and a person is not required to respond to, a collection information unless that collection displays a valid OMB control number.

Privacy Act Statement. This form does not collect SSN information. The Department of Housing and Urban Development (HUD) is authorized to collect all the information required by this form under 24 CFR part 91, 24 CFR Part 578, and is authorized by the McKinney-Vento Act, as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 (42 U.S.C. 11371 et seq.). HUD considers the completion of this form, including the local jurisdiction(s) authorizing official's signature, as confirmation the project application(s) proposed activities submitted to HUD in the CoC Program Competition are consistent with the jurisdiction's Consolidated Plan and, if the project applicant is a state or unit of local government, that the jurisdiction is following its Consolidated Plan per the requirement of 24 CFR part 91. Failure to either submit one form per project or one form with a listing of project information for each field (i.e., name of applicant, name of project, location of project) will result in a technical deficiency notification that must be corrected within the number of days designated by HUD, and further failure to provide missing or incomplete information will result in project application removal from the review process and rejection in the competitive process.

Instructions for completing the HUD-2991, Certification of Consistency with the Consolidated Plan

The following information must be completed by the Continuum of Care's designated Collaborative Applicant. If the CoC has multiple projects, it may complete a single HUD-2991 for the jurisdiction provided the Collaborative Applicant includes a list of all projects with applicant names, project names, and locations that will be submitted to HUD with the form when forwarding to the jurisdiction for signature. If there are multiple jurisdictions located within a CoC's geographic area, it must obtain a signed HUD-2991 for each jurisdiction where projects are located.

Completed by the CoC's Collaborative Applicant:

Applicant Name. Enter the name of the project applicant's organization.

Project Name. Enter the name of the project application that will be submitted to HUD in the Continuum of Care Program Competition.

Location of the Project. Enter the physical address of the project; however, if the project is designated as a domestic violence project, enter a P.O. Box or address of the main administrative office provided it is not the same address as the project.

Name of Certifying Jurisdiction. Enter the name of jurisdiction that will review the project information and certify consistency with the Consolidated Plan (e.g., City of..., County, State).

Must be completed by the certifying jurisdiction.

Certifying Official of the Jurisdiction. Enter the name of the official who will sign the form.

Title. Enter the official title of the certifying official (e.g., mayor, county judge, state official).

Signature. The certifying official is to sign the form.

Date. Enter the date the certifying official signs the form.