|  |  |
| --- | --- |
| LEAD APPLICANT NAME: | **City of Madison** |
| EHH GRANT APPLICATION CYCLE: | **EHH 2020-2021** |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|   |  |

 *(Name and title of authorized official)*

|  |  |
| --- | --- |
|   |  |

 (*Name of agency)*