

EMERGENCY SOLUTIONS GRANT SHELTER PROGRAM

**CERTIFICATION OF LOCAL APPROVAL
FOR NONPROFIT ORGANIZATIONS**

I, _____
Name and Title (local elected official or chief executive officer of local unit of government)
duly authorized to act on behalf of the:

Name of the Jurisdiction

Hereby approve the following project(s) proposed by:

Name of Nonprofit

Which is (are) to be located in:

Name of Jurisdiction

Shelter Program:

By: _____
Printed Name and Title

Signature

Date

