

**COUNTY OF DELAWARE
OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
600 NORTH JACKSON STREET
ROOM 101
MEDIA, PA 19063-2561**

Request for Certification of Consolidated Plan Consistency

A. Applicant:_____

Address:_____

B. Contact Person:_____

Phone Number:_____

C. Title of Federal Funding Program:_____

D. Number of Housing Units and/or Persons to be Served:_____

E. Funds Requested in Program Application:_____

F. Other Funding Sources (if any):_____

G. Total Project Cost:_____

H. Project Description:

I. Name of Authorized Official:

Signature

Date

INSTRUCTIONS FOR COMPLETING

"Request for Certification of Consolidated Plan Consistency"

- A. Provide name and address of the local government, agency or organization applying for federal funding and seeking certification of consistency with the Consolidated Plan for Delaware County.
- B. Indicate the name and phone number of person able to respond to questions regarding the federal funding application and this "Request for Certification of Consolidated Plan Consistency."
- C. Write the name of the federal funding program requiring Consolidated Plan Consistency and to which you will apply for funding.
- D. Indicate the projected number of housing units which will be constructed, rehabilitated, or otherwise made available through the requested funding. If emergency shelter space will be expanded, indicate the number of beds to be made available. If the application proposes to provide support services, identify the number of people to be assisted.
- E. State the amount of funds to be applied for.
- F. List any other funding to be used from federal, state, local, or private sources including amounts if possible.
- G. Calculate and show the total project cost from all sources.
- H. Summarize and BRIEFLY describe the project. The following items should be described in this summary:
 - ♦ Housing activities to be initiated (such as rehabilitation, new construction, tenant-based assistance, etc.), support services to be provided (such as counseling, day care, training, etc.), and type of housing (homeownership, lease/purchase or rental).
 - ♦ Target population to be served, including any special needs of that population (e.g., disability, addiction, elderly, unemployment, etc.)
 - ♦ Income levels of target population (as a percentage of area's median income if possible).
 - ♦ Geographic area to be served by project.
- I. Request should be signed and dated by an official authorized to bind the applicant to provisions to be contained in the federal funding application.
- J. Return form to: County of Delaware, Office of Housing and Community Development, 600 North Jackson Street, Room 101, Media, PA 19063-2561.