

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Mid Florida Homeless Coalition, Inc.

Project Name: Homeless Management Information System (HMIS)

Location of the Project: Providers of Homeless Services in Citrus, Hernando, Lake and Sumter  
Counties

Name of the Federal Program to which the applicant is applying: HUD Supportive Housing Program

Name of Certifying Jurisdiction: Sumter County

Certifying Official of the Jurisdiction Name: Kathy Young

Title: Housing Manager

Signature: 

Date: 10/15/10