*This is a required attachment for the FY19 HUD CoC Local Application process. Complete the information below for each Local Planning Body served by the project application. The Balance of State Continuum of Care reserves the right to verify this acknowledgement with the identified Chair.*

**This document serves as acknowledgement that the recipient/subrecipient is a member of the Local Planning Body.**

**Membership is defined by the Local Planning Body but presumes the recipient/subrecipient is familiar to the Local Planning Body and participates in the Coordinated Entry System.**

Recipient Agency: Click or tap here to enter text.

Subrecipient Agency (as applicable): Click or tap here to enter text.

Project Name: Click or tap here to enter text.

Geographic Area Served by the Project: Click or tap here to enter text.

Local Planning Body Name: Click or tap here to enter text.

Local Planning Body Geographic Area: Click or tap here to enter text.

Chair of Local Planning Body: Click or tap here to enter text.

Email Address of Chair: Click or tap here to enter text.

Date of Acknowledgement: Click or tap here to enter text.

*This completed document must be included as an attachment to the Project Application.*

*See the Detailed Instructions for further information.*