*This is a required attachment for the FY23 HUD CoC Local Application process. Complete the information below for each recipient and subrecipent in the project application. The Balance of State Continuum of Care reserves the right to verify this acknowledgement.*

**This document serves as acknowledgement that the recipient/subrecipient is an active member of the Local Planning Body and Balance of State Continuum of Care.**

**Membership 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/Bodies Name: Click or tap here to enter text.

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

Description of Involvement in Local Planning Body: Click or tap here to enter text.

Description of Involvement in Continuum of Care Committees: 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.*