

# Special Project Certification

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## Coordination and Integration of Mainstream Programs

All applicants must certify for their project(s) and submit this certification along with form SF 424 as part of their Continuum of Care application. (You may submit a single certification covering all of your projects.)

I hereby certify that if our organization's project(s) (are) selected for funding as a result of this competition, we will coordinate and integrate our homeless program with other mainstream health, social services, and employment programs for which homeless populations may be eligible, including Medicaid, Children's Health Insurance Program, Temporary Assistance for Needy Families, Food Stamps, and services funding through the Mental Health Block Grant and Substance Abuse Block Grant programs, Workforce Investment Act and the Welfare-to-Work grant program.

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Authorized signature of applicant  
(*required for all applicants*)

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Position Title

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Date

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## Discharge Policy

Required of all State and local government applicants. Submit this certification along with the HUD form SF 424. (You may submit a single certification covering all of your projects.)

I hereby certify that as a condition for any funding received as a result of this competition, our government agrees to develop and implement, to the maximum extent practicable and where appropriate, policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons. I understand that this condition for award is intended to emphasize that States and units of general local government are primarily responsible for the care of these individuals, and that McKinney Act funds are not to be used to assist such persons in place of State and local resources.

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Authorized signature of applicant  
*(required only for applicants that are States or units of general local government)*

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Position Title

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Date