

**APPENDIX E. CERTIFICATION OF LOCAL GOVERNMENT APPROVAL  
FOR NONPROFIT ORGANIZATIONS  
RECEIVING HOUSING OPPORTUNITY GRANT PROGRAM FUNDS FROM STATE OF VERMONT**

\_\_\_\_\_ (name of non-profit) has applied for funding from the State of Vermont to operate a homeless shelter at \_\_\_\_\_. (enter address)

The City/Town of \_\_\_\_\_ (enter name of municipality) hereby certifies that it has reviewed the proposed project and concluded that **(check all that apply):**

☐ The project does not require any local permits or approvals.

☐ The project has obtained all necessary local permits and approvals.

☐ The project has been denied necessary local permits or approvals.

☐ The project must apply for and receive the following local permits or approvals:

\_\_\_\_\_  
\_\_\_\_\_

The municipality also certifies that the appeal period for permits or approvals issued will end on \_\_\_\_\_ (enter date or n/a).

Name of duly authorized municipal official: \_\_\_\_\_

Title of duly authorized municipal official: \_\_\_\_\_

By: \_\_\_\_\_

Signature of Municipal Official

Date