xx/xx/2019

Mountainland Continuum of Care Rank and Review Committee:

This letter confirms that <agency name> has met with the HMIS team to review data quality on the NOFA application, supplemental application, and APR that is being submitted. This letter also confirms that <agency name> has made any needed adjustments or corrections and is submitting accurate data.

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

Agency Representative

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

HMIS Representative