

Statement of CoC Mod SRO Briefing Completion: Project Sponsor

I, (employee name: _____), being an employee of
 (Project Sponsor¹ name: _____), do hereby affirm and state:

1. That (tenant/applicant name: _____) was briefed on program requirements for the Continuum of Care Moderate Rehabilitation Single-Room Occupancy (CoC Mod SRO) Program. This briefing took place on (date of briefing: _____), and included:
 - a. a presentation outlining program responsibilities,
 - b. the “Things You Should Know” form,
 - c. the CoC Mod SRO program briefing document,
 - d. appropriate contacts and resources for asking further questions about the CoC Mod SRO program:
 - i. Phone Number: (212) 863 – 8320
 - ii. Fax: 212-863-8828
 - iii. Email: PBV@hpd.nyc.gov
2. That the tenant has reviewed all the briefing materials provided.
3. That my contact information has been provided below.

SIGNATURE	PRINT NAME	TITLE	DATE
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Project Sponsor Contact Information

Employee Name and Title: _____ Telephone number: _____

Email address: _____

Name of sponsor organization: _____

¹ A Project Sponsor may be an owner, property manager, and/or supportive service provider.

Statement of CoC Mod SRO Briefing Completion: Project Applicant

I, (tenant/applicant name: _____), do hereby affirm and state:

1. That I have been briefed on program requirements for the Continuum of Care Moderate Rehabilitation Single-Room Occupancy (CoC Mod SRO) Program. This briefing took place on (date of briefing: _____), and included:
 - a. a presentation outlining program responsibilities,
 - b. the “Things You Should Know” form,
 - c. the CoC Mod SRO program briefing document,
 - d. appropriate contacts and resources for asking further questions about the CoC Mod SRO program:
 - i. Phone Number: (212) 863 – 8320
 - ii. Fax: 212-863-8828
 - iii. Email: PBV@hpd.nyc.gov
2. That I have reviewed all the briefing materials provided.

SIGNATURE

PRINT NAME

DATE OF BIRTH

DATE

Do you have an email address? Would you like to be contacted using email? If so, provide your email below!

Email address: _____

*Note: providing your email address is **optional**. If you do not provide your email address but sign, print your name and write the date on the signature line above, your certification document will be considered complete.*

