Attachment B

Consolidated Homeless Program
Quarterly Activities and Narrative Report

Quarterly

Consolidated Homeless Program

Activities and Services Report Form

Reporting Period: _____

Number of Unduplicated Clients Served This Reporting Period

Rental Assistance: _____

Emergency Housing Assistance: _____

Case Management: _____

Outreach Activities

Narrative (Attach additional pages if necessary):

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I, the undersigned, do herby certify under penalty of perjury under the laws of the State of Washington, that the foregoing is true and cortex to the best of my knowledge.

_____ _____

Kristine Camenzind, Director Date