



Missouri Housing Trust Fund | Training Verification

Agency Name: _____

Grant Number: _____

Please check the following boxes to indicate that your agency has complied with the following:

I certify that:

- ☐ All individuals that work with the MHTF grant have watched and understand the content of the funded training webinar.

- ☐ All individuals that work with the MHTF grant have watched and understand the content of the compliance training webinar.

- ☐ All individuals that work with the MHTF grant have read and understand the content of the MHTF Desk Guide.

- ☐ Failure to submit approved back-up for two consecutive quarters within the grant period will result in non-compliance until a Corrective Action Plan AND back-up has been submitted and approved by MHDC.

Signature of Agency Representative

Date:

Title: _____ Phone: _____