## **ATTACHMENT C: TERMINATION POLICY**

## 2019 Emergency Solutions Grants (ESG) Program Application

## Volume 1, Tab 7b: Termination Policy Certification

Name of ESG Applicant: CoC region #: TX-607

**CoC region name:** Texas Balance of State Continuum of Care (TX BoS CoC)

I, name, title, am authorized to act on behalf of the ESG Applicant and certify that:

- 1. The ESG Applicant has a termination policy that complies with the requirements of 24 CFR §576.402, including, but not limited to:
  - a. Establishing a formal process that recognizes the rights of the individuals affected:
  - b. Examining all extenuating circumstances in determining when violations warrant termination so that a program participant's assistance is terminated only in the most severe cases;
  - c. In the case of rental assistance, providing:
    - Written notice to the program participant containing a clear statement of the reasons for termination;
    - A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
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	<ul> <li>Prompt written notice of the final decision to the program participan</li> </ul>	
(	d. Allowing the ESG Applicant to provide the at a later date.	e program participant(s) assistance
Name of Authorized Person		
Authorized	Signature	Date
Title		