Form: MHTF-236



## Missouri Housing Trust Fund | Training Verification

Agend	cy Name:	
Grant	Number:	
Pleas follow	e check the following box to indicate that ving:	t your agency has complied with the
I cert	ify that:	
[]	All individuals that work with the MH the content of the compliance training	TF grant have watched and understand webinar.
Signo	ature of Agency Representative	Date:
Title:		Phone: