



**HPRP Kansas City Project Hope
Neighborhood and Community Services Department
Human Services Division**



Notice of Termination

Date

Dear _____ :

Effective _____, you are being terminated from the Homelessness Prevention and Rapid Re-Housing Program (HPRP) through (agency name) _____, due to non-compliance with program requirements. You may not receive any additional HPRP assistance through Kansas City Project Hope.

If you disagree with this decision, you may follow the grievance procedure given to you at the time of your enrollment into the program.

Sincerely,

HPRP Program Coordinator