

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information:)

Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.

Project Name: WI-500 CoC Application FY2018

Location of the Project: City of Waukesha

Name of the Federal
Program to which the
applicant is applying: FR-6200-N-25

Name of
Certifying Jurisdiction: City of Waukesha

Certifying Official
of the Jurisdiction
Name: Kristin Silva

Title: Community Development Manager

Signature: 

Date: 9/6/18