

**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 FY2018Location of the Project: City of AppletonName of the Federal
Program to which the
applicant is applying: FR-6200-N-25Name of
Certifying Jurisdiction: City of AppletonCertifying Official
of the Jurisdiction
Name: Nikki GerhardTitle: Community Development SpecialistSignature: Date: 9/5/2018