OMB Approval No. 2506-0112 (Exp. 6/30/2017)

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 Con solidated Plan.

(Type or clearly print the following information:)

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

Project Name: WI-500 Application FY2021

Location of the Project: State of Wisconsin, 69 of 72 counties

not Dane, Milwaukee or Racine counties

Name of the Federal Program to which the applicant is applying: FR-6500-N-25

Name of Certifying Jurisdiction: State of Wisconsin

Certifying Official of the Jurisdiction Name: Susan Brown

Title: Administrator, DEHCR

Signature: DocuSigned by: Susan Brown F23F3E38A24C4FE...

Date: 11/10/2021 | 6:24 PM CST