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: City of Oshkosh

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

Name of Certifying Jurisdiction: City of Oshkosh

Certifying Official of the Jurisdiction Name: Kelly Nieforth

Title: Community Development Director

Signature: Kelly Nieforth

Date: 10/21/21