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 Waukesha

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

Name of Certifying Jurisdiction: Waukesha County

Certifying Official of the Jurisdiction Name: Kristin Silva

Title: Community Development Manager

Signature: Kristin Silva

Date: 11/3/21

form **HUD-2991** (3/98)