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:)

ApplicantName: Wisconsin Balance of State Continuum of Care, Inc.

ProjectName: WI-500 CoC Application FY2019

Location of the Project: City of Appleton

Name of the Federal Program to which the applicant is applying: FR-6300-N-25

Name of Certifying Jurisdiction: City of Appleton

Certifying Official of the Jurisdiction Name: Timothy Hanna

Title: Mayor

Signature:

Date: 7/30/19

form HUD-2991 (3/98)