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 FY 2019

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-6300-N-25

Name of Certifying Jurisdiction: State of Wisconsin

Certifying Official of the Jurisdiction Name: Susan Brown

Title: Acting Administrator, DEHCR

Signature: Susan Brown

Date: 9/4/19