

**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:)

Applicant Name: Wisconsin Balance of State Continuum of Care, Inc.Project Name: WI-500 CoC Application FY2018Location of the Project: City of Oshkosh  
  
Name of the Federal  
Program to which the  
applicant is applying: FR-6200-N-25Name of  
Certifying Jurisdiction: City of OshkoshCertifying Official  
of the Jurisdiction  
Name: Darlene BrandtTitle: Grants CoordinatorSignature: Date: 9/5/2018