

**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: West Central Illinois Continuum of Care

Project Name: See attached list

Location of the Project: Scattered sites in Adams, Brown, Cass, Hancock, Henderson, McDonough,
Morgan, Pike, Schuyler, Scott, and Warren Counties

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Assistance Program

Name of Certifying Jurisdiction: State of Illinois

Certifying Official of
the Jurisdiction

Name: Audra Hamernik

Title: Executive Director

Signature: 

Date: 9/07/17