Certification of Consistencm with the Consolidated Plan

I certify that the proposed	activities/projects in the application are consistent with the jurisdiction's curren	t, approved Con	solidated Plan.
(Type or clearly print the follo	owing information:)		
Applicant Name:			
Project Name:			
Location of the Project:			
Name of the Federal Program to which the applicant is applying:			
Name of Certifying Jurisdiction:			
Certifying Official of the Jurisdiction Name:			
Title:			
Signature:			
Date:			