

Project Director Certification Form

Recipient Name:	
Project Title:	
FAAST PIN No./ Project No.:	
Grant Agreement No.:	

Section I. Program

CAA
 UDWN
 DWFS
 SADW/ SAFER
 Bonds
 Other: _____

Project Director (PD) Name:		
Phone Number:		Email:

Section II. Role *(check only one of the boxes below)*

- I am a paid employee of the Recipient and not acting as a subcontractor on the Project.
 The Recipient has no paid employees. I have been designated by the Recipient's Board or governing body to be the PD, and am acting solely in that capacity. *(A separate designation document must accompany this form).*
 I am a paid employee of the appointed Administrator and acting solely in that capacity.

Section III. Responsibility

- As designated as the PD, I understand the Program requirements and the PD responsibilities.

Section IV. Disbursement Request and Progress Report Signature Authorization

(The designee(s) must be employed by the Recipient or appointed Administrator. If designee(s) is not employed by the Recipient or appointed Administrator, a separate designation document must accompany this form.)

- I will review and approve Disbursement Requests and Progress Reports for this Project.
 The following individual(s) are also authorized to review and approve Disbursement Requests and Progress Reports on my behalf:

1. Designee's Name:		
Designee's Email:		Designee's Signature:
2. Designee's Name:		
Designee's Email:		Designee's Signature:
3. Designee's Name:		
Designee's Email:		Designee's Signature:

Section V. Secretary of State Verification *(check only one of the boxes below)*

- I certify the Recipient has an active status/good standing with the California Secretary of State.
 Not Applicable – the Recipient is a County, City or State Agency.

Section VI. Signatures

Project Director's Signature		Date	
Authorized Representative's* Signature	Authorized Representative's Name	Authorized Representative's Title	Date
Authorized Representative's Email: _____			