



Housing Improvement Program

Community Development Block Grant Program

Contractor/Environmental Consultant Qualification & Certification Application

Division of General Services
101 N. Main Street
Temple, TX 76501
(254)298-5997



INTRODUCTION

The City of Temple's Housing Improvement Program (HIP) is funded by the City of Temple's Community Development Block Grant (CDBG). These funds are awarded to the City of Temple by the U.S. Department of Housing and Urban Development (HUD). ***The Program's purpose is to preserve existing low and moderate income housing by assisting very low, low, and moderate income homeowners/owners in:***

1. Bringing their property up to an acceptable standard;
2. Addressing housing code violations; and
3. Revitalizing neighborhoods.

Focus will be on assisting families in securing safe, sanitary and secure housing.

In order to complete these projects, the City contracts with reputable, experienced contractors to provide quality results in expenditure of its federal funding. To the greatest extent feasible, the City is also required to make available employment and/or contracting opportunities, arising out of expenditure of HUD funding, to low- and very-low income persons and business owners, and business owners that employ low-income individuals, particularly those who are recipients of government assistance for housing. *As governed by 24 CFR Part 135-Economic Opportunities for Low- and Very Low-Income Persons.*

Contractors / Environmental Consultants interested in participating in the City of Temple Community Development housing projects must complete the Qualification and Certification Application process. The certification process must be completed by an interested contractor / environmental consultant prior to inclusion on any Housing Improvement Program project. Construction projects (excluding single-unit housing rehabilitation/reconstruction) with total construction related costs exceeding \$2,000 require compliance with Davis-Bacon and Related Acts with payment of prevailing wage rates to all persons employed and or subcontracted to work on the project. Additionally, certified payroll documentation compliance is required and must be submitted weekly throughout the project.

Upon approval and completion of contractor registration, QCAP contractors and their subcontractors, along with their employees, are expected to maintain a certain level of professionalism and keep an open line of communication between program staff, city departments, and project owners for the duration of the project schedule. This method will insure the federally funded projects are completed to everyone's satisfaction.

Community Development staff is available to meet with contractors to provide a brief orientation on the application, bidding procedures, and program operations. Applicants will have an opportunity to ask questions, become familiar with program rules and regulations, and to meet with program staff. Technical assistance with this application, bid documents and governing regulations will also be provided by Community Development staff.

Interaction between the contractor, the city and owner is essential and necessary to bring about the success of any project. We look forward to your participation and cooperation in assisting us with achieving our goals in meeting the needs of our communities.

For more information, please contact our office M-F 8:00 am to 5:00 pm, at (254)298-5997

DEFINITIONS

The following terms and phrases are defined as follows:

Debarment, Suspension, Ineligibility and Voluntary Exclusion for Covered Contracts shall mean compliance with federal rules implementing Executive Order 12549 and 12689 regarding debarment, suspension or other Government-wide exclusion initiated as the result of a sanctioned party from further participation in HUD procurement and non-procurement programs and other Federal Government programs as a measure to ensure the highest standards of professional conduct and ethical business practices by the Federal Government's business partners.

“Minority Person” shall mean citizens of the United States, whose identity affiliation exists among one or more of the following groups whose members are:

- a. **Asian-Indian (subcontinent Asian):** a U.S. citizen whose origins are from India, Pakistan and Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka.
- b. **Asian-Pacific:** a U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam, and the U.S. Trust Territories of the Pacific or the Northern Marianas.
- c. **Black:** a U.S. citizen having origins in any of the Black racial groups of Africa.
- d. **Hispanic:** a U.S. citizen of true-born Hispanic heritage, from any of the Spanish-speaking areas of the following regions: Mexico, Central America, South America and the Caribbean Basin only;
- e. **Native American:** a person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a member of a North American tribe, band or otherwise organized group of native people who are indigenous to the continental United States and proof can be provided through a Native American Blood Degree Certificate (i.e., tribal registry letter, tribal roll register number).

“Minority-owned Business” or “MBE” shall mean a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is owned, operated and controlled by minority group members.

“Minority group members” are United States citizens who are:

- a. **Asian-Indian (subcontinent Asian):** a U.S. citizen whose origins are from India, Pakistan and Bangladesh, Bhutan, the Maldives Islands, Nepal or Sri Lanka.
- b. **Asian-Pacific:** a U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam the U.S. Trust Territories of the Pacific or the Northern Marianas.
- c. **Black:** a U.S. citizen having origins in any of the Black racial groups of Africa:
- d. **Hispanic:** a U.S. citizen of true-born Hispanic heritage, from any of the Spanish-speaking areas of the following regions: Mexico, Central America, South America and the Caribbean Basin only;
- e. **Native American:** a person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a member of a North American tribe, band or otherwise organized group of native people who are indigenous to the continental United States and proof can be provided through a Native American Blood Degree Certificate (i.e., tribal registry letter, tribal roll register number).

“Ownership by minority individuals” means the business:

- i. which is at least 51% owned by such individuals or, in the case of publicly-owned business, at least 51% of the stock is owned by one or more such individuals;
- ii. whose management, policies, major decisions and daily business operations are controlled by those minority group members;

“Section 3 Economic Opportunities for Low- and Very Low-Income Persons” or “Section 3” shall mean Section 3 of the Housing and Urban Development Act of 1968, as amended.

Low and Very Low-Income includes persons whose incomes do not exceed 80% of the median income for the Temple area; Very Low-Income includes persons whose incomes do not exceed 50% of the median income in Temple.

Section 3 Business Concern (s3BC) means a business concern, as defined as:

- a. 51% or more of the business is owned by section 3 residents (recipients eligible for housing and community development assistance available through HUD programs);
- b. Whose permanent, full-time employees include persons, at least 30% of whom are currently section 3 residents, or within 3 years of the date of first employment with the business were section 3 residents; or
- c. That provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be awarded to business concerns that meet the qualifications set forth in (a) or (b) above.

Section 3 Business Registry means a listing of firms that have self-certified that they meet one of the regulatory definitions of a Section 3 business and are included in a searchable online database that can be used by agencies that receive HUD funds, developers, contractors, and others to facilitate the award of certain HUD-funded contracts; the registry can also be used by Section 3 residents to identify businesses that may have HUD-funded employment opportunities.

A Section 3 Business Concern may be required to provide evidence of eligibility factors ensuring they meet the definition of a Section 3 Business Concern as defined by HUD’s regulations at 24 CFR 135.5

“Women-owned Business Enterprise” or “WBE” shall mean a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which:

- a. all prospective members must provide clear and documented evidence that at least 51% or more is women-owned, managed, and controlled, to include direction over management, policy, fiscal, and operations;
- b. the business must be open for at least [the most recent] six months;
- c. the business owner must be a U.S. citizen or legal resident alien.

CONTRACTOR QUALIFICATION & CERTIFICATION

Complete all sections of this form as it applies to the applicant as of the date form is submitted. Incomplete sections, false or misleading information is cause for disqualification in this approval process.

NAME:			
TELEPHONE:			
EMAIL:			
ADDRESS:			
PRINCIPAL OFFICE ADDRESS:			
WEBSITE:			
FEIN:		DUNS:	

TYPE :	<input type="checkbox"/>	Corporation	Attach: Articles of Incorporation; Corporate By-Laws, Minutes of organizational & last annual meeting; stock Certificates; Stock Register OR current certification obtained through another certifying entity	<input type="checkbox"/>	Sole Proprietorship/ Individual	
	<input type="checkbox"/>	Limited Liability Co.	Attach: Articles of Organization; Regulations or Operating Agreement, Minutes of organizational & last annual meeting (if applicable), Membership Certificates or Register (if applicable) OR current certification obtained through another certifying entity	<input type="checkbox"/>	Partnership (Limited/ General) or Franchise	Attach: Complete copy of partnership agreement including buy/out rights and profit sharing, Franchise Agreement (if applicable) OR current certification obtained through another certifying entity
WOMEN OWNED BUSINESS ENTERPRISE (WBE)				<input type="checkbox"/>	Attach: certification from the Women's Business Enterprise National Council (WBENC) or South Central Texas regional Certification Agency (SCTRCA), or other certification entity.	
MINORITY OWNED BUSINESS ENTERPRISE (MBE)	<input type="checkbox"/>	Asian-Indian	<input type="checkbox"/>	Asian-Pacific	<input type="checkbox"/>	Black <small>Claiming MBE requires proof by Alien Resident Card, Certificate of Naturalization, Tribal Card OR current certification obtained through another certifying entity.</small>
	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Native American		
REGISTERED WITH STATE OF TEXAS AS HISTORICALLY UNDERUTILIZED BUSINESS(HUB)						<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3 BUSINESS CONCERN	<input type="checkbox"/>	Federal law mandates a number of requirement with respect to Section3 business concerns and such requirement are defined under federal law. Attach Certification form the State of Texas or complete the attached Section 3 Certification form.			<input type="checkbox"/>	Section 3 Business Registry Complete www.hud.gov/secc3biz

It is essential that all documents, as applicable accompany this application form. The effective date of the application is the date when **ALL REQUIRED DOCUMENTATION** has been received, not the date of submission of an incomplete packet.

TYPE OF WORK:	<input type="checkbox"/>	General Contractor	<input type="checkbox"/>	HVAC	<input type="checkbox"/>	Concrete / Brick Masonry	<input type="checkbox"/>	Painting / Drywall
	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	Environmental Consultant / Lead Hazard Control
	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Maintenance / Janitorial	<input type="checkbox"/>	Security	<input type="checkbox"/>	Information Technology
	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	Fire Sprinkler	<input type="checkbox"/>	Insulation
	<input type="checkbox"/>	Other:						

The North American Industry Classification System (NAICS) classifies business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. economy. The NAICS industry codes define establishments based on the activities in which they are primarily engaged.

NAICS Code(s) <small>(six digit format) which corresponds to your work Category</small>					
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ORGANIZATION

How many years has your organization been in business?	
How many years has your organization been in business under its present business name?	

Under what other or former names has your organization operated?

If organization is a CORPORATION answer following:		<input type="checkbox"/> Not Applicable	
Date of incorporation:		State of incorporation:	
President's Name: <small>Last, First, Middle</small>		Vice President's Name: <small>Last, First, Middle</small>	
Secretary's Name: <small>Last, First, Middle</small>		Treasurer's Name: <small>Last, First, Middle</small>	

If organization is a LIMITED LIABILITY COMPANY(LLC) answer following:		<input type="checkbox"/> Not Applicable	
Date of incorporation:		State of incorporation:	
President's Name: <small>Last, First, Middle</small>		Vice President's Name: <small>Last, First, Middle</small>	
Secretary's Name: <small>Last, First, Middle</small>		Treasurer's Name: <small>Last, First, Middle</small>	

If organization is a PARTNERSHIP/FRANCHISE answer following:		<input type="checkbox"/> Not Applicable	
Date of organization:		State organized in :	
Name of general partners: <i>include Last, First, Middle of each partner</i>			

If organization is a SOLE PROPRIETORSHIP/INDIVIDUALLY OWNED answer following:		<input type="checkbox"/> Not Applicable	
Date of organization:		State organized in :	
Name of owner: <i>Last, First, Middle</i>			

If the form of your organization is other than those listed above, describe it and name the principals:

Description of organization:	
Name of Principal: <i>Last, First, Middle</i>	

LICENSING

Not Applicable

List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license number(s), and expiration date:

Jurisdiction Name <i>State, County, Municipality</i>	Trade Category <i>List each individually</i>	Registration/License Number <i>Include proper spaces and dashes</i>	Expiration Date

APPRENTICESHIP PROGRAMS

Not Applicable

<p>Do you employ apprentices or trainees? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, is the apprentice or trainee program registered with the Texas Workforce Commission or U.S. Department of Labor's Bureau of Apprenticeship & Training?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

EXPERIENCE

List the categories of work that your organization normally performs with its own forces/employees.

Claims and Suits: *if the answer to any questions below is YES, attach separate detail sheet.*

Has your organization ever failed to complete any contract awarded to it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers/principals? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No

State total dollar value of work in progress and under contract: \$ _____

Project History – most recent 5 years:

List the major projects your organization has completed in the past five years, giving the name of project, owner, architect, contract amount, date of completion, and percentage of the cost of the work performed with your own forces.

Project Name	Owner	Architect	Contract Amount	Date of Completion	% of Work Cost with Own Forces

State average annual amount of construction work performed during the past five (5) years:
\$

List the construction experience and project commitments of key individuals in your organization:

1. Name of Key Individual: <i>Last, First, Middle</i>	
Construction Experience: <i>include the year(s) and description</i>	
Years	Description
Project Commitments: <i>include project name(s) and scheduled completion date</i>	
Years	Description

2. Name of Key Individual: <i>Last, First, Middle</i>	
Construction Experience: <i>include the year(s) and description</i>	
Years	Description
Project Commitments: <i>include project name(s) and scheduled completion date</i>	
Years	Description

3. Name of Key Individual: <i>Last, First, Middle</i>	
Construction Experience: <i>include the year(s) and description</i>	
Years	Description
Project Commitments: <i>include project name(s) and scheduled completion date</i>	
Years	Description

4. Name of Key Individual: <i>Last, First, Middle</i>	
Construction Experience: <i>include the year(s) and description</i>	
Years	Description
Project Commitments: <i>include project name(s) and scheduled completion date</i>	
Years	Description

REFERENCES

References will be contacted

- Complete the information for each reference type.
- A minimum 3 references are required to respond; please communicate with those you have listed.
- Incomplete information or no response from the reference may delay the certification process; and/or disqualify the applicant.

Trade Reference Category	Contact Name	E-Mail Address	Telephone

Bank	Contact Name	E-Mail Address	Telephone

Surety: Name of Bonding Company	Name of Agent	E-Mail Address	Telephone

Customer	Address	Project Type	E-Mail Address	Telephone

Project type: (R)esidential, (C)ommercial, (S)ub-contractor, (SU)pplier

FINANCING

Financial Statement – Attach a financial statement, preferably audited, including your organization’s latest balance sheet and income statement showing the following items:

Sole Proprietors – attach a copy of the most recent filing of Schedule C form

Partnerships – attach a copy of the most recent filing of Form 1065

Current Assets	(e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses)
Net Fixed Assets	As applicable
Other Assets	As applicable
Current Liabilities	(e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes)
Other Liabilities	(e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings)

Name and address of firm preparing attached financial statement and date thereof: N/A

Name of Firm	
Address:	
Date:	

Is the attached form/financial statement for the identical organization named on page 5 of this application?

Yes No

If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent- subsidiary, etc.): N/A

Will the organization whose financial statement is attached act as guarantor of the contract for construction?

Yes No N/A

Comments:

INSURANCE

Each contractor and subcontractor is required to carry insurance in the limits prescribed by each specific project or at a minimum, those stated below:

Contracts under \$50,000, minimum limits of:		Contracts exceeding \$50,000, minimum limits of:	
General Aggregate	\$300,000	General Aggregate	\$1,000,000
Products & Completed Operations Aggregate		Products & Completed Operations Aggregate	\$1,000,000
Personal & Advertising Injury	\$300,000	Personal & Advertising Injury	\$500,000
Fire Damage (Any One Fire)	\$300,000	Fire Damage (Any One Fire)	\$50,000
Medical Expense (Any One Person)	\$50,000	Medical Expense (Any One Person)	\$5,000
	\$5,000		
Owner's and Contractor's protective liability insurance policy naming the City/Owner as an additional insured. Coverage shall be on an "occurrence" basis, and the policy shall be issued by the same insurance company that carries the Contractor's liability insurance. Minimum limits of liability shall be as follows:		Automobile Liability Insurance for all owned, non-owned and hired vehicles with minimum limits for:	
a. Contracts under \$50,000:		a. Contracts under \$50,000:	
Per Occurrence	\$100,000	Bodily Injury each person	\$100,000
Aggregate	\$300,000	Each occurrence	\$300,000
b. Contracts exceeding \$50,000:		Property Damage limits or Combined Single Limit	\$50,000
Per Occurrence	\$500,000	b. Contracts exceeding \$50,000 to a maximum of \$500,000:	
Aggregate	\$1,000,000	Bodily Injury each person	\$250,000
		Each occurrence	\$500,000
		Property Damage limits or a Combined Single Limit	\$100,000
			\$600,000

Provide information regarding your insurance for your organization

Comprehensive General Liability:	
Company:	
Agent:	
Email:	
Current Policy Period:	
Limits of Coverage:	

Comprehensive Auto:	
Company:	
Agent:	
Email:	
Current Policy Period:	
Limits of Coverage:	

The Prime contractor and EACH subcontractor is required to carry Workers' Compensation insurance with Employer's Liability for any project that is funded in whole or in part by federal funds.

Worker's Compensation with Employer's Liability:	
Company:	
Agent:	
Email:	
Current Policy Period:	
Limits of Coverage:	

APPLICABILITY TO SECTION 3

The APPLICANT agrees to comply with the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (section 3) in that employment and other economic opportunities generated by City of Temple HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing. Applicant further agrees to comply with HUD's regulations in 24 CFR part 135, which implement Section 3 and that they are under no contractual or other impediment that would prevent them from complying with the part 135 regulations. Additionally, applicant agrees to send notice to local HUD housing providers, area labor organizations, Texas Workforce Commission, and to post notice at the work site of the availability of subcontracts, employment and training positions associated with a City of Temple Community Development Department HUD funded project. Applicant agrees to include this Section 3 clause in every subcontract subject to compliance with regulations in 24 CFR part 135.

Printed Name:			
Title:			
Signature:		Date:	

CERTIFICATION, NOTICES, AFFIDAVIT:

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS:

The City of Temple Community Development Department is required to screen each potential contractor to determine whether each has a right to obtain a contract in accordance with federal regulations on debarment, suspension, ineligibility and voluntary exclusion for covered contracts. Additionally, the U.S. Department of Housing and Urban Development (HUD) policy prohibits the making of awards to entities with outstanding federal debt. The System for Award Management (SAM) is the Official U.S. Government system designed to streamline the process of obtaining and procuring federal contracts by integrating all federal procurement systems (Central Contractor Registration (CCR), Federal Agency Registration (FedReg), Online Representations and Certifications Application (ORCA) and Excluded Parties List System (EPLS)) into one system. SAM is the federal source for identifying debarred, suspended or ineligible entities in accordance with Federal Executive Orders 12549 and 12689, and HUD policy. Subsequently, each covered contractor and his/her subcontractors – regardless of tier, must be screened prior to executing a contract.

By signing below, the applicant certifies that neither he/she nor its principals presently owe outstanding federal debt or is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in a federal award by the City of Temple Texas.

Printed Name:			
Title:			
Signature:		Date:	

NOTICES

The City of Temple Community Development Division (CDD) reserves the right to request any additional information deemed necessary to determine if a firm is certifiable. The burden of proof of ownership, management and control of the business is on the applicant. Failure to cooperate and/or provide requested information, within the time specified, is grounds for termination in the processing of your application for this certification. If at any time the City of Temple Community Development Department (CDD) has reason to believe that any person or firm has willfully and knowingly provided incorrect or false information, the City will cease processing this request and issue a “noncertifiable” conclusion whereby the applicant may not re-apply for a minimum of one year. A decertification will be issued and become effective immediately if the applicant fails to notify the CDD of a change in ownership, management or control within thirty days of said change.

CONTRACTO DIRECTORY/DATABASE DISCLOSURE

The CDD does not disclose information which may be regarded as proprietary or confidential under federal and/or state law. However, as a part of our outreach efforts, the CDD maintains a contractor directory/database which is available to the general public. The information in the directory/database consists of firm name, contact person, address, telephone number(s) and contractor URL (web site address). No proprietary or financial information is included.

AFFIDAVIT & AUTHORIZATION TO RELEASE INFORMATION

This application must be signed by each owner upon whom certification status is provided. **A material or false statement or omission made in connection with this certification application is sufficient grounds for denial of certification or revocation of a previously approved certification and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state law as well as city ordinance.**

The undersigned swears or affirms under penalty of law that he/she has read and understands all questions in this application and that all of the foregoing information and statements submitted in connection with the application are true and correct to the best of his/her knowledge and include all material information necessary to accurately identify and explain the operations and capabilities of the following company: _____ along with the ownership, management and control thereof. The undersigned affirms and expressly agrees that the firm’s directory information, as stated above, will be available to the public in the Temple CDD contractor directory/database.

Furthermore, the applicant authorizes Temple CDD to verify information contained in this application, in connection with this certification request, for any individual and/or firm listed. Such information includes but is not limited to: prior history of the individual and/or firm; income, financial (bank and similar bank entities) balance, credit history and federal tax returns. A copy of this authorization may be accepted as an original.

SIGNATURE AND NOTARY FOLLOWS

Printed Name:			
Title:			
Signature:		Date:	

NOTARY:

STATE OF _____ §

COUNTY OF _____ §

BEFORE ME, A Notary Public, on this day personally appeared _____
 known to me to be the person and officer whose name is subscribed to the foregoing instrument, and
 acknowledged to me that he or she executed the same for the purpose of and consideration herein expressed,
 in the capacity therein stated.

GIVEN UNDER MY HAND AND SEAL OF OFFICE this the _____ day of _____, _____.

 Notary Public, in and for the State of _____

Reproduce this form as necessary to complete this application.

INDEMINITY

Applicant has filed or is concurrently filing with the City of Temple Community Development Division (CDD), an application for Contract Qualification/Certification for the purpose of inducing the CDD to accept, review, and act upon such application. The contractor hereby agrees to indemnify and hold harmless the City, the CDD, and representatives against all costs, losses, damages, expenses, and liabilities of any kind arising from or in connection to the CDD's acceptance, review, approval or disapproval of such application for Contractor Certification. It is expressly agreed that the provisions of this agreement shall survive any approval/disapproval of such application(s) for certification or failure to issue any such certification.

Name of Organization:	
By:	
Printed Name:	
Title:	

This Indemnity Agreement shall be effective upon its execution by the applicant this _____ day of _____, _____, and its acceptance by the CDD as indicated by its execution below.

<p>NOTARY:</p> <p>STATE OF _____ §</p> <p>COUNTY OF _____ §</p> <p>BEFORE ME, A Notary Public, on this day personally appeared _____ known to me to be the person and officer whose name is subscribed to the foregoing instrument, and acknowledged to me that he or she executed the same for the purpose of and consideration herein expressed, in the capacity therein stated.</p> <p>GIVEN UNDER MY HAND AND SEAL OF OFFICE this the ____ day of _____, _____.</p> <p style="text-align: right;">_____ Notary Public, in and for the State of _____</p>

Accepted this _____ day of _____, _____

By: _____

Printed Name: _____

Title: _____