

MISSISSIPPI HOME CORPORATION
HOME Disaster Recovery Program
Project Administrator Experience Certification Form

This is to certify that _____ has had primary responsibility for tasks necessary to the completion of the Home Disaster Recovery grant received by the jurisdiction:

_____.

He/she has worked _____% of his/her time and took primary responsibility for performing directly, or by supervising others, activities associated with this project. Primary responsibility means his/her contributions and judgements were fundamental and necessary for completion of the task.

Check each task for the which he/she had primary responsibility:

1. ☐ Prepare the application with jurisdiction such as eligibility, target area, number of units
2. ☐ Solicitation of professional services
3. ☐ Publication of required public notices
4. ☐ Lead public meeting prior to filing application
5. ☐ Develop and Review Contracts
6. ☐ Pre-Bid Conference
7. ☐ Pre-Construction Conference
8. ☐ Point of contact for jurisdiction/homeowner/contractor/inspectors
9. ☐ Coordinate work of supportive services providers assisting individual households
10. ☐ Maintain project file
11. ☐ Point of contact for MHC Monitoring and Closeout

Print Name of Project Administrator

Signature of Project Administrator

Date

I (Executive Director) _____ hereby certify that the services performed by the Project Administrator to the best of my knowledge and belief are true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, statements and false claims.

Print Name of Executive Director

Signature of Executive Director

Date

