

Project Director Certification

Recipient Name: Sonoma County Transportation and Public Works
Project Title: Operation of West Water Company
FAAST PIN SWRCB0000000000D1919101
No./Project No.: _____ Grant Agreement No.: 00

Program: CAA ☐ 358 ☐ 385 ☐ DWFS ☐ Beach Monitoring ☐

Project Director (PD) Name: Johannes Hoevertsz
Phone Number: 707-565-2121 Email Address: Johannes.Hoevertsz@sonoma-county.org

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,
-or-
☐ 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).

Responsibility

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

Disbursement Request and Progress Report Signature Authorization

(The designee(s) must be employed by the Recipient. If designee(s) is not employed by the Recipient, 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 Report on my behalf:

Designee's Name: John Glenn Morelli
Print Name Signature
Designee's Name: _____
Print Name Signature

Secretary of State Verification

- ☐ 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.

Project Director Signature

Date

Authorized Representative (identified in the Recipient's Resolution)

Signature

Name and Title

Date