



PUERTO RICO DEPARTMENT OF HOUSING
CDBG-DR PROGRAM

CERTIFICATION OF OFFICIAL DESIGNATION AS
REPRESENTATIVE OF THE MUNICIPALITY _____

I, _____, Mayor of the Municipality of _____, Puerto Rico, hereby certify and designate, _____ as the official representative of the Municipality for matters related to the Infrastructure Sector of the Community Development Block Grant – Disaster recovery (CDBG-DR). Through such designation, is authorized to receive information, attend workshops and submit documents required by the Puerto Rico Department of Housing.

The contact information of the designated person is the following:

Name _____
Position CDBG-DR _____
Email _____
Phone _____
Municipality Postal Address _____

Such designation will be valid until _____ and it may be extended by written notification issued by the Mayor of the Municipality. If any change in the designation is needed, the Municipality will be responsible to notifying the Puerto Rico Department of Housing in writing.

I sign this declaration in _____, Puerto Rico, today _____.

Mayor's Signature

