



GOVERNMENT OF PUERTO RICO
DEPARTMENT OF HOUSING

**PUERTO RICO DEPARTMENT OF HOUSING
CDBG-DR PROGRAM**

OFFICIAL REPRESENTATIVE CERTIFICATION FOR THE

Designation for: Employee Consultant

I, _____, Director / Secretary / Chief / Authorized Representative of _____, hereby certify and assign _____, _____ (indicate current position) as official representative of the Entity for matters related to the Non-Federal Match Program of the Community Development Block Grant - Disaster Recovery Program (CDBG-DR). Through such designation, the person is authorized to receive information, attend workshops, and submit documents required by the Puerto Rico Department of Housing.

The following is the contact information for the designated person:

Name _____
CDBG-DR Position _____
Email Address _____
Telephone Number _____
Entity's Mailing Address _____

Said designation will be effective until [_____] and may be extended by written notification by the Director / Secretary / Chief / Authorized Representative of the Entity. Should any change arise in the designation, the Entity will be responsible for notifying the same in writing to the Department of Housing.

This statement is certified and signed at [_____] , Puerto Rico, on this date [_____].

Signature - Director/Secretary/Chief/Authorized Representative