

## QUALIFICATION CERTIFICATION

### FOR

### RESIDENT PROJECT REPRESENTATIVE

#### LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

*(To be filled out by the **Architect/Engineer** – if more than one Resident Project Representative is proposed, fill out one Qualification Certification for each)*

**NOTE:** This Qualification Certification and a copy of the Resident Project Representative's current resume showing qualifications and work history must be submitted to the Office of Community Development and approval granted via facsimile, before construction begins.

Grantee: \_\_\_\_\_

Type of Project (street, water, sewer, etc.): \_\_\_\_\_

LCDBG Contract Number: \_\_\_\_\_

Architect/Engineering Firm: \_\_\_\_\_

Name of Resident Project Representative: \_\_\_\_\_

Resident Project Representative is (check one):

\_\_\_\_\_ on staff with Arch./Engr. firm, or \_\_\_\_\_ a contract employee with Arch./Engr. firm.

#### \*\*\*\*\* CERTIFICATION \*\*\*\*\*

*This is to certify that the person listed above has the qualifications and abilities to perform the appropriate duties and responsibilities of the Resident Project Representative on the proposed LCDBG funded construction project. This individual understands the duties, responsibilities, and authority of the Resident Project Representative; has a good working knowledge of the types of construction materials and practices for this particular project; and will be under my direct supervision for the duration of the construction of the project.*

<p><b>(For State Use Only)</b></p> <p style="font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">A P P R O V E D</p> <hr style="width: 80%; margin: 10px auto;"/> <p style="text-align: center; font-weight: bold;">CDBG</p>
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\_\_\_\_\_  
*Signature of Architect/Engineer*

\_\_\_\_\_  
*Typed or printed name*

\_\_\_\_\_  
*Date*