

WES MOORE Governor ARUNA MILLER Lt. Governor JACOB R. DAY Secretary OWEN McEVOY Deputy Secretary

Project Manager Qualification Form AFFIDAVIT OF EXPERIENCE

AUTHORITY (Select One)

□ For applicants that are business entities, in proprietorships:	cluding corporations, LLCs, partnerships, trusts, sole
	(full name of affiant) am the
	(title) and duly authorized representative of
I possess the legal authority to make this	(name of business entity) (the "Applicant") and that
i possess the legal authority to make this	s arridavit on benan of the Applicant.
☐ For individual applicants:	
over the age of 18 years and competent	(full name of affiant who is also the applicant) (the "Applicant"), among to attest to the facts and matters herein.
AFFIRMATION OF EXPERIENCE	
I AFFIRM THAT:	
1. The Applicant has acted as a project manager in the State of Maryland within the past 5 years.	for at least three (3) multifamily energy efficiency retrofit projects
2. The Applicant has at least one year of experier	nce with the following:
 coordinating or assisting with the coordinate programs. 	ination of submitting required documents for funding, financing, or
 procuring or assisting with the procuren 	
obtaining and reviewing product specifi	
inspecting completed energy efficiencyscheduling contractors to perform energ	
	ors with property management to allow contractor access to tenant
 using video conferencing software on-si 	te or in remote locations.
3. At the request of the Department of Housing requested to verify the above statements.	and Community Development, I will provide any documentation
4. Additional information (not required):	
	UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS RECT TO THE BEST OF MY KNOWLEDGE, INFORMATION,
By:	
Print name of Affiant	
	DATE:
Signature of Affiant	



