Project Manager Qualification Form

AFFIDAVIT OF EXPERIENCE

AUTHORITY (Select One)

☐ For applicants that are business entities, including corporations, LLCs, partnerships, trusts, sole proprietorships:

I hereby affirm that I, _____________________________________ (full name of affiant) am the _______________________________________________ (title) and duly authorized representative of _______________________________________________ (name of business entity) (the “Applicant”) and that I possess the legal authority to make this affidavit on behalf of the Applicant.

☐ For individual applicants:

I, _____________________________ (full name of affiant who is also the applicant) (the “Applicant”), am over the age of 18 years and competent to attest to the facts and matters herein.

AFFIRMATION OF EXPERIENCE

I AFFIRM THAT:

1. The Applicant has acted as a project manager for at least three (3) multifamily energy efficiency retrofit projects in the State of Maryland within the past 5 years.

2. The Applicant has at least one year of experience with the following:

- coordinating or assisting with the coordination of submitting required documents for funding, financing, or rebate programs.
- procuring or assisting with the procurement of contractors.
- obtaining and reviewing product specification sheets.
- inspecting completed energy efficiency work for quality control purposes.
- scheduling contractors to perform energy efficiency work?
- coordinating the scheduling of contractors with property management to allow contractor access to tenant units.
- using video conferencing software on-site or in remote locations.

3. At the request of the Department of Housing and Community Development, I will provide any documentation requested to verify the above statements.

4. Additional information (not required):

________________________________________________________________________________
________________________________________________________________________________

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

By: ____________________________________________

Print name of Affiant

__________________________________________ DATE:

Signature of Affiant