

### Project Director Certification

Grantee: County of San Francisco

Project Name: Beach Monitoring

Project Director: Corey Chrisman

Project Identification No. (PIN): N/A Grant Agreement No.: D1714110

Program: Proposition 13  40  50  84  319(h)  Public Beach Safety

As the assigned Project Director for this Project, I certify:

- I am a paid employee of the Grantee; and
  - I am not acting as a subcontractor on the Project.
- I understand the Program requirements and responsibilities of the Project Director.
- I am a volunteer of the Grantee and:
  - I am a member of the Grantee's organization; and
  - I will derive no personal monetary gain or other benefit; and
  - I am not acting as a subcontractor or performing work on the Project.

### Invoice/Grant Progress Report Signature Authorization (The designee(s) must be employed by the Grantee.)

- I will review and sign invoices authorizing reimbursement for this Project and/or Grant Progress Reports that accompany invoices.
- The following individual(s) are also authorized to sign invoices/Grant Progress Reports for this Project:

Designee's Name: June Weintraub, SFDPH Manager of Water Program

Designee's Name: \_\_\_\_\_

### Secretary of State Verification (Excludes county, city, and state agencies.)

- I certify the Grantee has an active status with the California Secretary of State.  
Entity Number \_\_\_\_\_
- N/A.

Please sign, date, and return to the Program Analyst.

*Corey Chrisman* 8-30-17  
 \_\_\_\_\_  
 Project Director Signature Date

*[Signature]* DIRECTOR OF PUBLIC HEALTH 8/30/17  
 \_\_\_\_\_  
 Authorized Representative Signature Title Date