

**Project Director Certification**

Grantee: County of Shasta

Project Name: County Service Area #2 (CSA #2) – Sugarloaf Hauled Water

Project Director (PD): Eric Wedemeyer

PD Phone No.: (530) 225-5181 Email Address: ewedeyemer@co.shasta.ca.us

Project No.: CAA 413 Grant Agreement No.: Oral Project

Program: 358 ☐ CAA ☒ 319(h) ☐ 385 ☐ SB826 ☐ DWFS ☐

☒ As the assigned Project Director for this Project, I understand the Program requirements and responsibilities of the Project Director, and  
(Check one of the boxes below)

☒ I am a paid employee of the Grantee and not acting as a subcontractor on the Project  
-or-

☐ The Grantee has no paid employees. I have been designated by the Grantee's Board or governing body to be the Project Director, and am acting solely in that capacity. (A Resolution for the designation must accompany this document)

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**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: Ken Cristobal, Deputy Public Works Director – Admin

Designee's Signature: \_\_\_\_\_

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**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.

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

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**Project Director Signature**

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**Date**

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**Authorized Representative Signature**

**Title**

**Date**