

NORTH DAKOTA STATE REVOLVING FUND SAMPLE CERTIFICATE OF PERFORMANCE

(Print on loan recipient's letterhead.)

North Dakota Department of Health
Division of Municipal Facilities
918 East Divide Avenue, 3rd Floor
Bismarck, ND 58501-1947

As required under the State Revolving Fund Program, the _____
(loan recipient)
certifies that the project built under _____ Project No. _____
(CWSRF/DWSRF)
_____ meet the design specifications and project performance standards on the
(does/does not*)
date one year after initiation of operation.

Signature of Loan Recipient Representative

Printed Name and Title

Date

*If you are not able to certify the project as meeting performance standards, you must submit a corrective action report which includes:

- An analysis of the project's failure to meet the performance standards
- An estimate of the nature, scope, and cost of the corrective action necessary to bring the project into compliance
- The schedule for undertaking the corrective action to bring the project into compliance in a timely manner
- The scheduled date for certifying to the North Dakota Department of Health that the project is meeting the project performance standards