

**HOUSING AUTHORITY OF THE COUNTY OF SAN BERNARDINO  
CAPITAL FUND PROGRAM  
715 E. BRIER DRIVE  
SAN BERNARDINO, CA 92408-2841  
(909) 890-0644 FAX (909) 890-4618**

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**CERTIFICATION OF UNDERSTANDING AND AUTHORIZATION**

PROJECT NUMBER:

PROJECT NAME:

This is to certify that the principals, and the authorized payroll officer, below, will read and understand the appropriate Minutes of the Preconstruction Conference (if applicable) and the labor standards clauses pertaining to the subject projects.

The following person(s) is designated as the payroll officer for the undersigned and is authorized to sign the Statement of Compliance which will accompany our weekly certified payroll reports for this project.

\_\_\_\_\_  
Payroll Officer (Name)

\_\_\_\_\_  
Payroll Officer (Signature)

\_\_\_\_\_  
Contractor/Subcontractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contractor/Subcontractor License Number