| **Pre-Construction Conference Report and Notice to Proceed** | | |
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| **Subrecipient or State Representative’s Name:** | | **Date of Pre-Construction Conference:** |
| **Applicant Name:** | **Co-Applicant Name:** | |
| **Applicant Address:** | | |
| **Building Contractor Name:** | **Building Contractor Address:** | |
| **Warning: Any person who knowingly makes a false claim or statement to HUD may be subject to civil or criminal penalties under 18 U.S.C. 287, 1001 and 31 U.S.C. 3729.** | | |
| **Applicant(s)** | | |

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| **Statement of Applicant(s):**  I/We, the undersigned, participated on this date in a pre-construction conference prior to signing the Grant Agreement for the reconstruction rehabilitation elevation of my/our property. I/We understand the terms of the contract, the explanation of the work to be performed by the Building Contractor, the roles of the above-referencedState Representative, and my/our responsibilities during the construction phase. My/our questions have been adequately answered and I/we are aware that assistance will be provided by the State Representative as requested. | |
| **Printed Name of Applicant:** | |
| **Signature of Applicant:** | **Date:** |
| **Printed Name of Co-Applicant:** | |
| **Signature of Co-Applicant:** | **Date:** |
| **Building Contractor** | |
| **Statement of Building Contractor:**  I, the undersigned, hereby certify that I participated in a pre-construction conference with the above-referenced Applicant and the State Representative’s authorized representative at the above-referenced location on this date. I understand the procedures to be followed for work write-ups, change orders, work performance, construction, requests for inspections, and requests for payments. I understand and hereby certify that, upon completion, the work performed will meet or exceed all minimum standards, specifications, and codes as required by the Community Development Block Grant Disaster Recovery (CDBG-DR) Program and local building ordinances. I hereby certify that the work performed will be covered under warranty for a period of one (1) year from date of project completion. | |
| **Printed Name of Building Contractor:** | |
| **Signature of Building Contractor:** | **Date:** |
| **Subrecipient/State Representative** | |
| **Statement of Subrecipient/State’s Representative:**  I, the undersigned, hereby certify that I participated in a pre-construction conference with above-referenced applicant and the building contractor at the above-referenced location on this date. | |
| **Printed Name of Subrecipient/State Representative:** | |
| **Signature of Subrecipient/State Representative:** | **Date:** |
| **Notice to Proceed** | |
| I/We, the undersigned, hereby authorize the above-referenced Building Contractor to commence work on the property located at the address stated above within seven (7) calendar days of the execution of this document. I/We understand that we must be out of the home prior to this date. The property will be available to building contractor to perform specified work between       a.m. and       p.m., seven (7) days a week, unless otherwise specified by the applicant. If the Building Contractor does not commence work within the specified time, the Applicant may, upon proper notification, consider the Building Contractor to be in default. | |
| **Date Requested for the GLO to Issue Notice to Proceed:** | |
| **Comments:** | |
| **Printed Name of Applicant:** | |
| **Signature of Applicant:** | **Date:** |
| **Printed Name of Co-Applicant:** | |
| **Signature of Co-Applicant:** | **Date:** |
| **GLO Issue Notice to Proceed**  **(GLO Internal Use Only)** | |
| **GLO Official Notice to Proceed Date:** | |
| **Comments:** | |
| **Printed Name of GLO Notice to Proceed Specialist:** | |
| **Signature of GLO Notice to Proceed Specialist:** | **Date:** |