

Certification of Delivery of Public Benefits

Issuer Name	City of San José
Project Name	
Program Type	QRRP
CDLAC Resolution Number(s)	
Application Number(s)	
Property Address	
Project Completion Date*	

***Note: If the depreciable assets and/or project is “under rehabilitation or “under construction,” please note this and then respond to questions 1 and 2.**

SECTION A:

- 1. Have there been any changes to the ownership entity, principles, or property management of the project since the bonds were issued, or since the last certification was provided?** *(If YES, please explain the change below and attach a request to revise the resolution along with Attachment W-1, the legal status questionnaire (Attachment Y) from the standard CDLAC application along with an organizational chart of the organizational structure noting all pertinent information regarding the change of ownership. For changes to the property management company, please explain the change, attach a request to revise the resolution (if necessary), and include Attachment X from the standard CDLAC application.)*
- 2. Has there been a change of use for the project? If so, please describe.**
- 3. Has the project satisfied all of the requirements memorialized in the Exhibit A of the Committee Resolution** (i.e. qualifying project completion, qualifying depreciable asset purchase, qualifying loan originations, the use of public funds, QRRP manager units, QRRP income rent restrictions, QRRP sustainable building methods, etc.; as applicable), and thus achieving all public benefit requirements (excluding QRRP service amenities as discussed in the next section) as presented to the Committee? *(If there is more than one resolution for this project, the most recent resolution will supersede all previous resolutions).*

SECTION B:

1. As captured in Exhibit A of the resolution (attached), the QRRP project has committed to and is currently providing the following service amenities for a minimum of ten years, on a regular and ongoing basis, which are provided free of charge (with the exception of day care services):

Please check the services that apply or write N/A where appropriate:

Provided?	Services
	After-school Programs
	Educational, health and wellness, or skill building classes
	Health and Wellness services and programs (not group classes)
	Licensed Childcare provided for a minimum of 20 hours per week (Monday-Friday)
	Bona-Fide Service Coordinator/ Social Worker
	Other (please describe)

For this reporting period, **please provide evidence (i.e. MOU's, contracts, schedules, calendars, flyers, sign-up sheets, etc.) to confirm that the above listed services are being provided and have met the requirements of Exhibit A of the Resolution.** Please label the documents provided to indicate clearly which services are being evidenced by the supporting information. If the compliance period for the provision of services has expired, please indicate so and when the requirement expired.

I hereby attest that the information provided is truthful, accurate, and complete, and that I am authorized to sign this certification on behalf of the property owner.

Signature of Officer

Date

Printed Name of Officer

Phone Number

Title

Organization

PART V – LEGAL STATUS OF SPONSOR

Project Name	
CDLAC Resolution Number(s)	
Property Address	
As of Date	

If a separate sheet is used to respond to the following questions, the sheet shall be labeled Attachment Y.

Disclosures should include civil or criminal cases filed in state or federal court; civil or criminal investigations by local, state, or federal law enforcement authorities; and enforcement proceedings or investigations by local, state or federal regulatory agencies. The information provided must include relevant dates, the nature of the allegation(s), chatters, complaint or filing, and the outcome. For a publicly-traded company, the relevant sections of the company's 10K, 8K, and 10Q most recently filed with the Securities and Exchange Commission may be attached in response to question #1. With respect to a response for question #2, previous 10K, 8K, and 10Q filings of the company may be attached if applicable.

1. Disclose material information relating to any legal or regulatory proceeding or investigation in which the project sponsor is or has been a party and which might have a material impact on the financial viability of the project or the project sponsor. Such disclosures should include any parent, subsidiary, or affiliate of the project sponsor that is involved in the management, operation, or development of the project.

2. Disclose any civil, criminal, or regulatory action in which the project sponsor, or any current board members (not including volunteer board members of non-profit entities), partners, limited liability corporation members, senior officers, or senior management personnel has been named a defendant in such action in the past ten years involving fraud or corruption, matters involving health and safety where there are allegations of serious harm to employees, the public, or the environment.

Project Name	
CDLAC Resolution Number(s)	
Property Address	
As of Date	

California Debt Limit Allocation Committee

ATTACHMENT W-1

INFORMATION ON PROJECT SPONSOR

The information provided in this form must relate to the Project Sponsor entity.

Date & place formed:

Partners comprising project sponsor:

Partner	Corporate Name	Corporate Address	Role	%Ownership	Check if Nonprofit Entity
Partner #1				%	
Partner #2				%	
Partner #3				%	
Partner #4				%	

Names and titles of the individuals who are the principals or officers of Partner #1: **Please provide an organizational chart of the entity.**

Names and titles of the individuals who are the principals or officers of Partner #2: **Please provide an organizational chart of the entity.**

Names and titles of the individuals who are the principals or officers of Partner #3: **Please provide an organizational chart of the entity.**

Names and titles of the individuals who are the principals or officers of Partner #4: **Please provide an organizational chart of the entity.**

If applicable, please provide additional information that may be pertinent to this Application: