



M-10H Certification of Designation to Supervise Payment of Employees

SCSHFDA, 300-C Outlet Pointe Blvd., Columbia, SC 29210, (803) 896-9001 www.schousing.com

Project Name:

ID#:

Project Address:

County:

City, State, Zip

I certify that I am the prime contractor/subcontractor for:

(name of company)

In connection with the construction of the above referenced

(specify General Construction, Plumbing, Roofing, Electrical, etc...)

HOME development and that I have appointed

(print or type the appointee's name)

whose signature appears below, to supervise the payment of our employees beginning

(enter date)

He/She is in a position to have full knowledge of the facts set forth in the payroll documents and in the Statement of Compliance required by the so-called Kick-Back Statute which he/she is to execute with my full authority and approval until such a time as I submit to the SC State Housing Finance and Development Authority a new certificate appointing some other person for the purposes herein stated above.

Signature of Appointee

Date

Authorized Signature for Company

Name and Title

Name of Company

Date

This certificate must be executed by an authorized official of the company and be executed prior to and submitted with the first payroll. Should the appointee be changed then a new certification must accompany the first payroll for which the new appointee executed the Statement of Compliance required by the Kick-Back Statute. A certification is not needed if the person signing the Statement of Compliance is an owner, partner, or officer of the company.