**EXHIBIT EE**

**ENTITY’S PRIOR PERFORMANCE CERTIFICATION**

***[CERTIFICACIÓN DE CUMPLIMIENTO PREVIO DE LA ENTIDAD]***

**Qualified Allocation Plan**

***[Plan de Asignación Calificado]***

**Community Development Block Grant – Disaster Recovery**

***[Programa de Subvención en Bloque para el Desarrollo Comunitario para la Recuperación ante Desastres*]**

**CDBG-DR GAP TO LOW INCOME HOUSING TAX CREDITS PROGRAM**

***[PROGRAMA DE BRECHA DE CDBG-DR DE LOS CRÉDITOS CONTRIBUTIVOS DE VIVIENDA POR INGRESOS BAJOS]***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Has the Entity or any of its Team Members been notified with a “Letter of Concern”, which refers to any written communication from a Government entity notifying the Entity or any of its Team Members, wariness or caution about the performance under a contract to provide services. | | | | | | |
|  | | Yes | No |  | | |
| If yes, provide a copy of every “Letter of Concern” received from and as a contractor of a Government entity. | | | | | | |
| 1. Has the Entity or any of its Team Members been found in default of contract terms with any contracting entity? | | | | | | |
|  | | Yes | No | | | |
| If yes, indicate below if a Performance Bond or other means was used to resolve the default issue: | | | | | | |
|  | | Yes | No | Other (Specify): | | |
|  | |  |  |  | | |
|  | Name of Surety Company: | | |  | | |
|  | Telephone of Surety Company: | | |  | | |
|  | Contact Person of Surety Company: | | |  | | |
| Provide an explanation regarding the circumstances that created the need for the contracting entity to invoke the terms of the Performance Bond, or other means, to include the current status of the matter (Include additional sheets if necessary). | | | | | | |
|  | | | | | | |
|  | | | | |  |  |
| Entity Name  *[Nombre de la Entidad]* | | | | |  |  |
|  | | | | |  |  |
| Signature of Authorized Representative of the Entity  *[Firma del Representante Autorizado de la Entidad]* | | | | |  | Date  *[Fecha]* |
|  | | | | |  |  |
| Printed Name of Authorized Representative of the Entity  *[Nombre en Letra de Molde del Representante Autorizado de la Entidad]* | | | | |  |  |