**CERTIFICATE OF CONTINUING PROGRAM COMPLIANCE**

**Re**: ***(Development Name)***

The undersigned Authorized Grantee Representative of and on behalf of ***Grantee Name***, a Florida ***Click here to enter text*** (the “Grantee”), has read and is thoroughly familiar with the provisions of the Restrictive Covenant and Grant Agreement, dated as of ***Date***, by and between the Grantee and Florida Housing Finance Corporation (“the Corporation”) associated with the making of a grant by the Corporation under the Corporation’s Request for Application ***RFA Number***, in the amount of ***Dollar Amount And No/100 ($###,###.##)*** (the "Grant").

The undersigned agrees that the Corporation or its agent shall have the right to inspect and monitor the records and facilities of all funded developments. Inspections shall occur while the repairs or improvements are being made and may occur after completion of the repairs or improvements.

The undersigned hereby certifies that the Grantee is in full compliance, for the year in which this certification is made, with the following requirements, as set forth below:

(i) all terms and conditions set forth in the Restrictive Covenant and Grant Agreement;

(ii) if the Applicant is developing a Community Residential Home, the Applicant shall commit to license the Community Residential Home for 6 or fewer Residents for the entire affordability period. The Applicant shall provide evidence of the renewal Community Residential Homes facility licenses to the Corporation **(and attached to this certificate is a copy of the current facility license)**. A current license shall be available on-site for compliance monitoring visits during the affordability period.

(iii) that all taxes and insurance premiums that came due have been paid by the Grantee **(and attached to this certificate are receipts evidencing such payments)**;

(iv) that the annual program report has been submitted to the Corporation as required for each year during the Compliance Period; and

(v) that all terms and conditions as required for licensing and/or by other regulatory agencies have been satisfied.

The undersigned certifies that the Grantee is in noncompliance under the following documents: (if none, please so state):

***Click here to enter text.***

**Note: Please provide an email address for the contact person. *Click here to enter text.***

**RE: *FY Ending Date, 20##***

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

of ***Grantee Name***,
a Florida corporation not for profit

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name:***

***Title:***