

Instructions for the Local Housing Trust Fund (LHTF) Program Annual Reporting:

Pursuant to Health and Safety Code (HSC) Section 50843.5(a)

The Department is authorized to provide matching grants to Local Housing Trust Funds established by cities and counties, Native American Tribes, and/or incorporated 501(c)(3) nonprofit organizations.

Annual Reporting

Senate Bill 3 (SB3) (Chapter 365, Statutes of 2017) allowed the Department to adopt Guidelines instead of regulations for the LHTF program, establishing requirements for administration of the program. The Department adopted Guidelines in April 2020. Per Reporting Section 112 of the LHTF Guidelines, not later than July 31 of each year, a Grantee shall provide to the Department an annual report, in a format specified by the Department, including but not limited to the information requested in this workbook. Per Cancellation and Termination Section 111(c) of the LHTF Guidelines, failure to meet reporting requirements will result in notice to the Grantee that it must satisfactorily cure any deficiencies within three months of the notice, or it will be ineligible for any additional LHTF award.

Completion of the Annual Reporting Workbook

All fields in which information is requested must be completed by the Grantee within the tabs of the reporting workbook as applicable. The number of tabs will be dependent on the number of eligible projects awarded LHTF funds. Reporting workbooks which contain blank information will be considered incomplete and will be returned to the Grantee for completion. Any questions pertaining to the reporting requirements should be directed to the Grant Management Representative assigned to the project. If you do not have your Grant Management Representative information, you may submit your inquiry by email at LHTFSGM@hcd.ca.gov.

Instructions

Please navigate through the form fields (yellow cells) using Tab key and fill in information as prompted.

Tab 1 - Narrative Summary

(Per Reporting Section 112(a) of the LHTF Guidelines, please complete the following fields within Tab 1 beginning on Row 11:

B12: Enter your HCD Contract Number (Can be found on your executed Standard Agreement)

F12: Enter the Grantee Name (Name of entity awarded LHTF grant funds).

B13: Enter the Preparer Name and Title (Person completing this report)

F13: Enter the Preparer Phone Number

B14: Enter the Preparer Email Address.

F14: Use the drop-down menu to select the appropriate reporting period.

In Section 1 (beginning in cell A16) answer the questions provided:

1. Summarize the Activities planned to be undertaken in the next reporting period. §112 (2)
2. Provide a thorough explanation of problems encountered in program implementation. Include a description of the solution and when it will be implemented. §112 (3)
3. Provide a thorough description of how problems may impact the ability to complete or fulfill obligations under the Standard Agreement §112 (4)
4. Provide information about additional revenue generated from program funding from loan repayments, interest, fees or other during the reporting period. §109 (b)
5. Provide a thorough description of the public noticing and hearing process. Attach any documentation of the website posting and relevant records. §108 (c)
6. Optional question: please share any success stories you've had from the LHTF program.

Tab 2 - Financial Summary

(Per Reporting Section 12(b) of the LHTF Guidelines, please complete the following fields within Tab 2:

Most information will automatically populate in Row 5 based on the Financial Summary Table. There are two items which will require manual entry:

A5: Enter the total amount of program funds awarded. Use copies of Request for Funds forms as reference.

C5: Enter the Total amount of Program Funds expended on Administrative expenses to date. Use Request for Funds forms as reference.

Tab through to the Table, which begins in cell A9.

1. Enter your first projects' name.
2. Using the drop-down menu, select the project type. Refer to the Guidelines §101 (g) to determine which eligible project type your project falls under.
3. Select the type of loan from the drop-down menu (permanent financing, construction, or both)
4. Select the status of the Loan as Open/Pending or Closed from the drop-down menu
5. Enter the amount of program funds Committed into the Trust Fund for the project
6. Enter the amount of Matching Funds on deposit for the project. This number should match the amount of program funds committed for the same project per the LHTF Final Guidelines Section 104 (a) and (e).
7. Enter the amount of funds expended to date on Extremely Low-Income Households (30% or lower Area Median Income). The first column (G) is for LHTF Program Funds, the second (H) is for Matching Funds. Column I will indicate what percentage of total funds expended on each project have been spent on Extremely Low-Income units and will turn red if it is less than the 30% minimum for this category (see LHTF Final Guidelines Section 105 (c)).
8. Enter the amount of funds expended to date on Lower-Income Households (between 30% and 80% of Area Median Income). The first column (J) is for LHTF Program Funds, the second (K) is for Matching Funds. Column L will indicate what percentage of total funds expended on each project have been spent on Lower-Income units.
9. Enter the amount of funds expended to date on Moderate-Income Households (Between 80% and 120% Area Median Income). The first column (M) is for LHTF Program Funds, the second (N) is for Matching Funds. Column O will indicate what percentage of total funds expended on each project have been spent on Moderate-income household and will turn red if the amount exceeds the 20% maximum for this category (see LHTF Final guidelines 105 (d)).
10. Continue in the next row with the next project until you have listed each project that received LHTF funding. All projects should be listed on the Financial Summary, including those Projects that are completed or closed.

Tab 3 - Project Details

Before filling in any information on this sheet, copy the blank sheet for each active Project that received a commitment of LHTF funds. Enter CTRL-SHIFT-Q to make a copy of the sheet. You will fill out one Project Details sheet per project, using the following steps:

Section 2 Project Summary: Select the project you are reporting on from the drop-down list. The list will be pulled from the projects named in the Financial Summary table. Tab through and input the address, developer name, developer contact name and title, type of project (selected from drop-down menu), project activity, status of the project and the date of completion (if applicable).

If the Project Status is "Construction Completed" or "Permanent Loan Closed", you will be prompted to select from a drop-down menu in cell F12 the type of documentation included to confirm the completion of the project. Please be sure to attach this document to the report upon submittal. **Once a project is completed, the Project Details do not need to be reported again in any subsequent years of the contract term.**

a. For construction completed, appropriate evidence includes a Certificate of Completion or Certificate of Occupancy

b. For Permanent Loan Closed, appropriate evidence includes a recorded Deed of Trust or Recorded Regulatory Agreement.

If the project is not yet complete, you may skip E12.

If you are unsure what constitutes appropriate documentation for your project activity or have alternative types of documentation to prove the project completion, please contact your Grant Management Representative to confirm.

Section 3: Unit Information. Use the command CTRL-SHIFT-R or click on the button in cell F16 to create the appropriate number of rows. Each row represents one unit within the project being reported. You will be prompted to enter the Unit Number, Unit Size (by bedrooms), Income Level Restriction, and amount of Program Funds expended for each unit.

Section 4: Matching Sources. Input the sources used to provide matching funds expended on the project. Each row represents one source. You will be prompted to enter the source of matching funds (selected from a drop-down menu), Amount of funds on deposit, how much of that source was expended on the project, and whether or not documentation is attached confirming the amount expended and source of matching funds.

Section 5: Additional Comments. Input any additional notes or comments for your State Grant Management Representative and the Department.

Tab 4 - Certification

The Certification should be signed by the Authorized Representative or designee listed in your authorizing resolution. You may select to either enter a typed electronic signature or input a written signature.

DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF STATE FINANCIAL ASSISTANCE
 STATE GRANT MANAGEMENT
 2020 West El Camino, 4th Floor
 Sacramento, CA 95833
 LHTFSGM@HCD.CA.GOV



LOCAL HOUSING TRUST FUND (LHTF) PROGRAM
Annual Report
Narrative Summary

Last Revised 6/29/2023

HCD Contract Number:	21-LHTFCOM-16920	Grantee Name:	Alameda Affordable Housing Corporation
Preparer Name and Title:	Sylvia Martinez, Director of Housing Development	Preparer Phone Number:	(510) 747-4343
Preparer Email:	smartinez@alamedahsg.org	Reporting Period:	7/1/22 - 6/30/23

The Department reserves the right to request other forms or reports as may be necessary or required to verify the information provided in this Annual Report.

1. Please summarize the work undertaken or completed in the reporting period, including the number, type, and unit count of Eligible Projects receiving Program Funds, pursuant to Guidelines §112(a)(1)

From July 1, 2022 through June 30, 2023, the Alameda Affordable Housing Corporation (AAHC) did not utilize any Program Funds.

2. Please summarize the activities planned to be undertaken in the next reporting period, pursuant to Guidelines §112(a)(2)

In the next reporting period, AAHC expects construction loan closing and fund disbursement to begin in January of 2024 for North Housing PSH-I. This new construction project will build 45 units, including offsite work, and take approximately 18 months to complete. The total development costs are projected to be approximately \$41,000,000, with the Housing Authority of the City of Alameda investing \$8,000,000 of its own funds into the project.

North Housing PSH-II is expected to begin construction loan closing and fund disbursement in the fall of 2024. Presently, we are actively applying for the HCD SuperNOFA and for 9% tax credits from the California Tax Credit Allocation Committee.

3. Please describe any problems encountered in Program implementation. Include a description of the solution and when it will be implemented, pursuant to Guidelines §112(a)(3)

Given the competitiveness of the funding environment for affordable housing in California, the two LHTF-funded projects have encountered difficulties in securing grants and tax credits. However, despite the high level of competition for funding, both North Housing PSH-I and North Housing PSH-II have secured impressive awards, such as Affordable Housing Program Direct Subsidies from the Federal Home Loan Bank of San Francisco. Additionally, each project was awarded 40 project-based vouchers as well as awards for in-kind services funding from the County of Alameda.

4. Please describe how the problems referenced in question #3 above may impact the ability to complete or fulfill obligations under the Standard Agreement, pursuant to Guidelines §112(a)(4)

The problems referenced in question #3 will not impact our ability to fulfill obligations under the Standard Agreement for North Housing PSH-I, as it has a tax credit award. For North Housing PSH-II, the competitiveness of the California affordable housing funding environment is expected, and the developer is actively applying for funding to make the project more competitive.

5. Please describe additional revenue generated from program funding (e.g. loan repayments, interest, fees) in this reporting period and how revenue was generated pursuant to Guidelines §109 (b). Please provide a description of how your estimate of households to be assisted was determined.

No additional revenue has been generated from program funding to date.

5a. Program Income Earned this reporting period:	\$0	5b. Approximate Number of Households to be assisted with this period's Reuse Revenue:	0
5c. Current Balance of Reuse Revenue:	\$0		

6. Please outline the steps for completing your public noticing and hearing process. Attach required documentation of the website posting and any relevant records of the public hearing, pursuant to Guidelines §108(c)

The Housing Authority of the City of Alameda's (AHA) website (<https://www.alamedahsg.org/about-us/alameda-affordable-housing-corporation/>) contains the information for our public hearings and notices. We held our annual public hearing on March 15, 2023 within the Alameda Affordable Housing Corporation Board of Commissioners Meeting. The meeting was advertised for 30 days on AHA's website and through social media and received written comments until 5:00 PM on 3/15/23. The agenda for the meeting was published 72 hours in advance. Additionally, there was time for public comment at the meeting. The meeting packet can be found at this link on AHA's website: <https://www.alamedahsg.org/meetings/?month=3&yr=2023>. The minutes for this meeting can be found in the same location. The Alameda Affordable Housing Corporation is subject to the Brown Act. The relevant section of the Brown Act, as applied to a public agency like AHA whose board is not elected, provides that a nonprofit is covered by the Act if both of the following are true (Government Code Section 54952(c)(1)(B)):

- a) Test 1: The nonprofit board of directors includes one member of the AHA Board of Commissioners appointed (or elected or selected) by the AHA Board to the nonprofit board as a full voting member; and
- b) Test 2: The nonprofit receives funds from AHA.

AAHC's nonprofit Board includes an AHA commissioner and receives funds from AHA and thus is subject to the Brown Act.

7. Please share any success stories you've had from HCD LHTF-funded projects.

Our HCD LHTF-funded projects have received numerous awards during the reporting period. On June 23, 2023, North Housing PSH-II received an Affordable Housing Program Direct Subsidy Agreement award in the amount of \$690,000 from the Federal Home Loan Bank of San Francisco. Additionally, North Housing PSH-I was selected in the First Round 9% Preliminary Recommendations by the California Tax Credit Allocation Committee and received an award of approximately \$1,000,000 in HOME/CDBG funding. In the upcoming reporting period, North Housing PSH-II will be eligible to apply for federal programs such as the HOME Program and CDBG funding.

**LOCAL HOUSING TRUST FUND (LHTF) PROGRAM
Annual Report
Financial Summary**

Grantee:	Alameda Affordable Housing Corporation			HCD Contract Number:	21-LHTFCOM-16920			Reporting Period:	7/1/22 - 6/30/23		
Total Amount of Program Funds Awarded:	Maximum Allowable Program Funds for Admin:	Program Funds Expended on Admin to date:	Matching Funds Expended on Admin to date:	Total Amount of Program Funds expended to date:	Percent of Program Funds expended to date:	Remaining Balance of Program Funds:	Percent of Program Funds Not Expended:	Percent of Program Funds Committed:	Total Amount of Match Funds on deposit:	Amount of Match expended to date:	
\$2,500,000	\$125,000.00	\$0	\$0	\$0.00	0.00%	\$2,500,000.00	100.00%	100.00%	\$7,500,000.00	\$0.00	

Project(s) Names <small>** Please list all projects awarded from this allocation of LHTF including completed projects **</small>	Project Type <small>(per Guidelines §101 (g))</small>	Type of Loan	Loan Status	Total Amount of Program Funds Committed <small>** Excluding Admin **</small>	Amount of Program Funds Committed to Admin	Amount of Matching Funds On Deposit <small>** Excluding Admin **</small>	Amount of Matching Funds On Deposit for Admin	Amount of Funds Expended on Extremely Low-Income (ELI) Households (up to 30% AMI) to Date:		Percent of Committed Program Funds Expended on ELI Households (see LHTF Final Guidelines §105 (c))	Amount of Funds Expended on Lower-Income Households (up to 80% AMI) to Date		Percent of Committed Program Funds Expended on Lower Income Households (see LHTF Final Guidelines §105 (e))	Amount of Funds Expended on Moderate-Income Households (up to 120% AMI) to Date:	
								LHTF Program Funds	Matching Funds		LHTF Program Funds	Matching Funds		LHTF Program Funds	Matching Funds
North Housing PSH-I	Rental Housing Projects Including Permanent Supportive Housing	Both Cons/Perm	Open/Pending	\$1,250,000	\$0	\$3,750,000	\$0	\$0	\$0	0.00%	\$0	\$0	0.00%	\$0	\$0
North Housing PSH-II	Rental Housing Projects Including Permanent Supportive Housing	Both Cons/Perm	Open/Pending	\$1,250,000	\$0	\$3,750,000	\$0	\$0	\$0	0.00%	\$0	\$0	0.00%	\$0	\$0
Project 3	Select One	Select One													
Project 4	Select One	Select One													
Project 5	Select One	Select One													
Project 6	Select One	Select One													
Project 7	Select One	Select One													
Project 8	Select One	Select One													
Project 9	Select One	Select One													
Project 10	Select One	Select One													
Project Totals				\$2,500,000.00	\$0.00	\$7,500,000.00	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$0.00	0.00%	\$0.00	\$0.00

**LOCAL HOUSING TRUST FUND (LHTF) PROGRAM
Annual Report
Project Worksheet**

Grantee Name: Alameda Affordable Housing Corporation	Contract Number: 21-LHTFCOM-16920
Reporting Period: 7/1/22 - 6/30/23	

1. Instructions

Please Read in full before you fill out this page:

1. Please **ensure macros are enabled** by clicking "Enable Content" on the yellow bar above or going to **File-Options-Trust Center-Trust Center Settings**, select **Macro Settings** from the left-hand menu and enable macros.
2. **Before entering any information**, copy this sheet (enter "**CTRL-SHIFT-Q**") to create a new blank Project Details form for each active LHTF-funded project on which you are reporting. (i.e. if you have five different projects to report, enter **CTRL-SHIFT-Q** four times to create four additional reporting templates for a total of five sheets). Please note that text input into the cell for Project Name (cell C9) will autofill the tab name at the bottom of each worksheet.
3. **Select your project name from the drop-down menu in Cell C9**. Tab through the form and enter information for the individual project as prompted on each sheet.
4. If you copy this sheet *after* filling in the information, you may get a "Runtime Error." If you do, click "end" and select the name of the next project on the copied sheet (Cell C9) and press "enter" or the return key.
5. When a project is completed or loan closed, attach appropriate documentation with this report as prompted. Once you have certified project completion on an annual report, you do not need to include project details on the completed project on subsequent report forms. You will continue to list all projects, including those completed, on the Financial Summary form (Tab 2).

2. Project Summary

Project Name:	North Housing PSH-I	Project Address:	500 Mosley Ave, Alameda, CA 94501
Developer Name:	Island City Development	Developer Contact Name and Title:	Sylvia Martinez, Director of Development
Project Type:	Rental Housing Projects including Permanent Supportive Housing	Project Activity:	New Construction
Project Status:	Trust Fund Loan Committed	Date of Completion (if applicable):	Approximately September 2025
Date of Affordability Covenant Execution	N/A	Expiration Date of Affordability Covenant:	N/A

3. Unit Information

Please fill out the table with information regarding units in this project, pursuant to §112 (c) of the guidelines. For as many units as are in this project, add the same number of rows by clicking the "Add Row" button or using the key command CTRL-SHIFT-R

Unit Number	Unit Size	Income Level Restriction	Amount of Program Funds Expended in Reporting Period
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	

	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
MGR	Two-bedroom	Select One	
Total:	45	Total Program Funds Expended this reporting period:	

4. Matching Sources

Please input the source of each matching funds used and the amount expended on this project by matching source.

Source of Matching Funds	Matching Amount on Deposit	Match Amount Expended in Reporting Period	
Private Donation	\$3,750,000		
Select One			
Select One			
Select One			
Select One			
Select One			
Select One			
Select One			
Select One			
Select One			
Select One			
Total:	\$3,750,000.00		
Project Total on Financial Summary:	\$3,750,000.00		
Non-Residential Sources:	100%		
Residential Sources:			

5. Additional Comments

See Narrative summary for updated information

Enter CTRL-SHIFT-Q to Copy this Sheet and fill out next project's details on a new Project Details Form.

**LOCAL HOUSING TRUST FUND (LHTF) PROGRAM
Annual Report
Project Worksheet**

Grantee Name:	Alameda Affordable Housing Corporation	Contract Number:	21-LHTFCOM-16920
Reporting Period:	7/1/22 - 6/30/23		

1. Instructions

Please Read in full before you fill out this page:

1. Please **ensure macros are enabled** by clicking "Enable Content" on the yellow bar above or going to **File-Options-Trust Center-Trust Center Settings**, select **Macro Settings** from the left-hand menu and enable macros.
2. **Before entering any information**, copy this sheet (enter "**CTRL-SHIFT-Q**") to create a new blank Project Details form for each active LHTF-funded project on which you are reporting. (i.e. if you have five different projects to report, enter **CTRL-SHIFT-Q** four times to create four additional reporting templates for a total of five sheets). Please note that text input into the cell for Project Name (cell C9) will autofill the tab name at the bottom of each worksheet.
3. **Select your project name from the drop-down menu in Cell C9**. Tab through the form and enter information for the individual project as prompted on each sheet.
4. If you copy this sheet *after* filling in the information, you may get a "Runtime Error." If you do, click "end" and select the name of the next project on the copied sheet (Cell C9) and press "enter" or the return key.
5. When a project is completed or loan closed, attach appropriate documentation with this report as prompted. Once you have certified project completion on an annual report, you do not need to include project details on the completed project on subsequent report forms. You will continue to list all projects, including those completed, on the Financial Summary form (Tab 2).

2. Project Summary

Project Name:	North Housing PSH-II	Project Address:	520 Mosley Ave, Alameda, CA 94501
Developer Name:	Island City Development	Developer Contact Name and Title:	Sylvia Martinez, Director of Development
Project Type:	Rental Housing Projects including Permanent Supportive Housing	Project Activity:	New Construction
Project Status:	Trust Fund Loan Committed	Date of Completion (if applicable):	Approximately February 2026
Date of Affordability Covenant Execution	N/A	Expiration Date of Affordability Covenant:	N/A

3. Unit Information

Please fill out the table with information regarding units in this project, pursuant to §112 (c) of the guidelines. For as many units as are in this project, add the same number of rows by clicking the "Add Row" button or using the key command CTRL-SHIFT-R

Unit Number	Unit Size	Income Level Restriction	Amount of Program Funds Expended in Reporting Period
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	
	Studio	Extremely Low Income (up to 30% AMI)	

	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
	One-bedroom	Extremely Low Income (up to 30% AMI)	
Total:	46	Total Program Funds Expended this reporting period:	

4. Matching Sources

Please input the source of each matching funds used and the amount expended on this project by matching source.

Source of Matching Funds	Matching Amount on Deposit	Match Amount Expended in Reporting Period	
Private Donation	\$3,750,000		
Select One			
Select One			
Select One			
Select One			
Select One			
Select One			
Select One			
Select One			
Select One			
Select One			
Total:	\$3,750,000.00		
Project Total on Financial Summary:	\$3,750,000.00		
Non-Residential Sources:	100%		
Residential Sources:			

5. Additional Comments

See Narrative summary for updated information

Enter CTRL-SHIFT-Q to Copy this Sheet and fill out next project's details on a new Project Details Form.

Grantee Name:	Alameda Affordable Housing Corporation	HCD Grant Number:	21-LHTFCOM-16920
Reporting Period:	7/1/22 - 6/30/23		
CERTIFICATION			
<p><i>*Failure to meet reporting requirements will result in notice to the Grantee that it must satisfactorily cure any deficiencies within three months of the notice, or it will be ineligible for any additional LHTF award (LHTF Final Guidelines §111 (c))</i></p> <p><i>**The Department may, as it deems appropriate or necessary, request the repayment of funds from a Grantee, or pursue any other remedies available to it by law for failure to comply with these Guidelines and/or the terms and conditions of the Standard Agreement. (LHTF Final Guidelines §111 (d))</i></p> <p><i>***By signing this request, I certify to the best of my knowledge and belief that the request is true, complete, and accurate, and the expenditures, disbursements and cash receipts will be for the purposes and objectives set forth in the terms and conditions of the State award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812)</i></p>			
Signature Method:	Certification by Printed Name		
Name of Authorized Person		Title of Authorized Person	
Vanessa Cooper		Secretary	
Signature of Authorized Person		Date	
Vanessa Cooper		12/6/2023	
HCD USE ONLY			
SGM Representative Printed Name		SGM Representative Signature	Date
SGM Manager Printed Name		SGM Manager Signature	Date