**HHAP Application**

**Appendix B**

**Architect’s Certification Statement**

I, the undersigned architect, am licensed to practice in the State of New York, and hereby acknowledge and agree to the following, that

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of firm):

1) Has prepared the information contained in Exhibit E on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of applicant) for the purpose of applying for HHAP funding of the proposed project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (project name);

2) Has reviewed, and following approval of an award by HHAC, will execute HHAC's required riders\* to the AIA B102-2017 standard Form of Agreement Between Owner and Architect, and B201-2017 Standard Form of Architect’s Services;

3) Either is qualified to recommend, design and interpret appropriate hazardous materials testing for the project OR has identified, in consultation with the applicant, for a qualified additional or sub-consultant to perform these services, when required;

4) Will provide value engineering services, in circumstances where such services are necessary due to construction bids exceeding the construction cost estimate in the application, without seeking additional fees from HHAC; and

5) Certifies that, to the best of my knowledge, the project plans and specifications are in compliance with all applicable state and federal laws concerning accessibility and adaptability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\*HHAC Riders are available on the HHAP RFP webpage at otda.ny.gov