



## **INTENDED CONTRACTORS LIST AND COMMITMENT TO COMPLETE**

**Condominium Association:** \_\_\_\_\_ (“Association”)

**President of the Board of Administration:** \_\_\_\_\_ (“President”)

I commit to the Florida Department of Financial Services, an agency of the State of Florida, that the Association will complete the recommended mitigation improvements that were selected in the Association’s Grant Application for the My Safe Florida Condominium Pilot Program (“Program”). In addition, I affirm that the Association intends to use the following contractors to complete the mitigation project under the Program:

<b>Contractor’s Name</b>	<b>Contractor’s State License Number</b>

\_\_\_\_\_  
*Signature of President*

<b>NOTARY ACKNOWLEDGEMENT</b>	
STATE OF: _____  COUNTY OF: _____	The foregoing instrument was acknowledged before me this:  _____ day of _____, by: _____.
<input type="checkbox"/> Personally Known OR <input type="checkbox"/> Produced Identification	_____ <i>Type of Identification Produced</i>
[NOTARY SEAL]	_____ <i>Signature of Notary Public</i>  _____ <i>Name of Notary Public</i>