

I CERTIFY THAT THE WORK PRODUCT AS REPORTED IN EACH QUARTERLY ACTIVITY REPORT HAS BEEN REVIEWED AND FOUND TO COMPLY WITH THE GOALS, OBJECTIVES, AND REQUIREMENTS AS IDENTIFIED.

BROOKINGS COUNTY

	SIGNATURE	DATE
1 ST QUARTER	_____	<u>1/05/2016</u>
2 ND QUARTER	_____	<u>4/05/2016</u>
3 RD QUARTER	_____	_____
4 TH QUARTER	_____	_____

(The county/district chairperson or acting chairperson must sign for verification.)