

**Non-performance Statement**

Failure of the county/district to accomplish the objective and work requirement set forth in this Agreement, without adequate justification and acceptance by the State, will subject the county to the withholding of funds, from whatever source, provided under this agreement.

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 <sup>ST</sup> QUARTER	_____	<u>1/05/2016</u>
2 <sup>ND</sup> QUARTER	_____	<u>4/05/2016</u>
3 <sup>RD</sup> QUARTER	_____	<u>7/12/2016</u>
4 <sup>TH</sup> QUARTER	_____	_____

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