



## Project and Facilities Management

**Don Day**  
Director

**Rob Gilliam**  
Chief of Project  
Management

**Sarah Riley**  
Chief of Project  
Management

**Jennifer Costa**  
Chief of Facilities  
Management

May 20, 2025

San Bernardino County

Attestation Statements

This document contains all required attestations for San Bernardino County's application under § 48E(h).  
Each attestation is provided on a separate page for clarity and compliance.

### BOARD OF SUPERVISORS

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Vice Chair, Fifth District

**Luther Snoke**  
Chief Executive Officer

ATTESTATIONS

MAY 20, 2025

PAGE 2 of 12

Attestation of Political Subdivision Status

I, Donald Day, attest under penalty of perjury that the County of San Bernardino is a political subdivision of the State of California or an agency/instrumentality of a government entity, in compliance with § 1.48E(h)-1(h)(2)(vii).

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Entity Type Confirmation Attestation

Solely for purposes of the § 48E(h) credit, the San Bernardino County qualifies as a political subdivision of a State or an agency/instrumentality of a government entity.

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

ATTESTATIONS

MAY 20, 2025

PAGE 4 of 12

Site Control Attestation

I attest that the owner of the applicable facility has site control of the real property on which the facility will be installed and placed in service through ownership of the real property, an executed lease for the real property, or a site access agreement or similar agreement between the real property owner and the applicant.

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

ATTESTATIONS

MAY 20, 2025

PAGE **5** of **12**

Indian Land Exemption Attestation

For an applicable facility not on Indian Land, I attest that the facility is not on Indian Land.

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Permit Compliance Attestation

I attest that the applicable facility has obtained all applicable federal, state, tribal, and local non-ministerial permits for the facility, or that the facility is not required to obtain such permits.

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

ATTESTATIONS

MAY 20, 2025

PAGE 7 of 12

Regulatory Compliance Attestation

I attest that when performing the activities that support this application, I was, or will be, in compliance with all relevant federal, state, and local laws, including consumer protection provisions, and safety obligations, and that the applicant did not and will not engage in any unfair or deceptive acts or practices.

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

ATTESTATIONS

MAY 20, 2025

PAGE **8** of **12**

Facility Sizing & Customer Subscription Attestation

I attest that the applicable facility is sized, or that customer/offtaker subscriptions will be sized, to meet the customer's energy needs, considering historical customer load and/or reasonable future load projections, and is in accordance with applicable state and local requirements.

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



Facility In-Service Attestation

I attest that the applicable facility has not been placed in service at the time of this submission.

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

ATTESTATIONS

MAY 20, 2025

PAGE **10** of **12**

Verification & IRS Authorization Attestation

Under penalties of perjury, I declare that I have examined this submission, including any accompanying documents, and, to the best of my knowledge and belief, all of the facts contained herein are true, correct, and complete. I authorize the Internal Revenue Service and its contractors and reviewers (including the Department of Energy) to verify the information provided in this submission. Such verification may include, but is not limited to, conducting independent research via public maps, the internet, publicly available sources, and other sources.

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Legally Binding Declaration

I declare that I am authorized to legally bind the San Bernardino County. Under penalties of perjury, I certify that the information provided in this submission is accurate and truthful.

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

# ATTESTATIONS

MAY 20, 2025

PAGE 12 of 12

## Geographic Criteria Attestation

I attest that the facility is located within a disadvantaged community as identified by the Climate and Economic Justice Screening Tool (CEJST), in accordance with § 1.48E(h)-1(h)(3).

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

