

AFFIDAVIT

I, Dr. Gianleo Duca, Superintendent of Schools, being duly sworn, depose and say the following:

That I am authorized to act on behalf of the Ballston Spa Central School District in matters pertaining to intergovernmental agreements, contracts, and administrative approvals.

That I have reviewed the foregoing Intergovernmental Agreement between the Town of Milton and the United States Department of Energy.

That I hereby grant full permission and authority to Scott Ostrander, Supervisor of the Town of Milton, to execute said Intergovernmental Agreement, on behalf of the Ballston Spa Central School District.

That this authorization is given freely, knowingly, and in the course of my official duties as Superintendent of Schools.

I affirm under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

Dr. Gianleo Duca, Superintendent of Schools

Ballston Spa Central School District

State of New York

Saratoga County

SWORN TO before me, this _____ day of _____, 2025

Notary Public

(Affix Stamp or Seal Here)

My Commission Expires: _____