

AUTHORIZED SIGNATURE FORM

Grantee Name: _____ Grant No.: _____

Street Address: _____

City, State, Zip: _____

AUTHORIZED SIGNATURES FOR REQUEST FOR PAYMENT

Typed Name and Title

Name: _____

Title: _____

(Signature)

Typed Name and Title

Name: _____

Title: _____

(Signature)

Typed Name and Title

Name: _____

Title: _____

(Signature)

Typed Name and Title

Name: _____

Title: _____

(Signature)

I hereby certify that the above signatures are authorized to sign the Request for Payment of CDBG funds (Form No. RP-1).

Typed Name and Title

Date: _____

Name: _____

Title: _____

(Signature of Certifying Official)