COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

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| Authorized Signature Card for Request for Funds |
| CDBG Grant Number:   |
| Grantee Name:   | Issued By:**California Dept. of Housing and Community Development** 2020 West El Camino Avenue, Suite 500 (95833)**P. O. Box 952054****Sacramento, CA 94252-2054** |
| (1) Typed Name of Signer, Signature and Title:  | (2) Typed Name of Signer, Signature and Title:    |
| (3) Typed Name of Signer, Signature and Title:    | (4) Typed Name of Signer, Signature and Title:    |
| I certify that the signatures above are of the individuals authorized to request payment of funds under the grant cited above.  |
|  |  |
|  Typed or Printed Name of Authorizing Official (Grantee) |   Title |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Authorizing Official (Grantee)\*  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date  |

Instructions

Funds requests require two signatures--the preparer and any one of the authorized signers listed on the signature card.

The name and/or title of the **authorizing official** must be identified in the resolution passed by the city council or governing body. **The resolution must be submitted along with the signature card.**

The authorizing official is certifying that persons listed on the signature card are authorized to sign the funds request.

A signature card must be completed for each grant. A new signature card must be submitted when there is a change in the name and/or title of the authorizing official. No erasures or corrections may appear on this signature card.