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.