

Authorized Signature Card For Drawdown of CDBG Funds

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| Name of Recipient: | Award Number: |
|--------------------|---------------|

CHECK ONE:

ONLY ONE SIGNATURE REQUIRED ON PAYMENT VOUCHERS

or

ANY TWO SIGNATURES REQUIRED TO SIGN OR COUNTERSIGN

SIGNATURES OF INDIVIDUALS AUTHORIZED TO DRAW ON THE CITED LETTER OF CREDIT

| | |
|-------------|-------------|
| Typed Name: | Typed Name: |
| Job Title: | Job Title: |
| Signature: | Signature: |

| | |
|-------------|-------------|
| Typed Name: | Typed Name: |
| Job Title: | Job Title: |
| Signature: | Signature: |

I CERTIFY THAT THE SIGNATURES ABOVE ARE OF THE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT UNDER THE GRANT CITED ABOVE:

Typed Name:

Title:

| | |
|--|------|
| SIGNATURE OF Authorizing Official (<i>Recipient</i>) | DATE |
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INSTRUCTIONS

An Authorized Signature Card must be signed by at least two signatories (one of which must be a local government employee) authorized to request payment of funds under the grant agreement. Check the box designating either one (1) or two (2) signatures as required. **(NOTE If the authorized official designates himself for drawdown, the two (2) signatures required box must be checked.)** The Authorizing Official should also sign the card (on the **SIGNATURE OF AUTHORIZING OFFICIAL** line) to certify that the individuals named are indeed authorized to request payment and that the signatures on the card are theirs. No erasures or corrections may appear on this form.

If the name of someone on this form changes, DCA must receive a corrected signature card with current information within 30 days for the signature to be valid.

Each drawdown form must have the signature of at least one authorized local government representative at the time of the draw.