

**Authorized Signature Card  
For Drawdown of Funds  
Under Neighborhood Stabilization Program**

Name of Recipient:	Award Number:
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SIGNATURES OF INDIVIDUALS AUTHORIZED  
TO DRAW ON THE CITED LETTER OF CREDIT

(ALL DRAW REQUESTS MUST HAVE ANY 2 OF THESE SIGNATURES)

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. 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 two authorized local government representatives at the time of the draw.