

AUTHORIZED SIGNATURE FORM FOR REQUEST FOR FUNDS

Recipient Name					
CDBG Project #					
Contact Person				Title	
Phone		e-mail			
New Submission	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Updated <input type="checkbox"/>	Date of initial submission	

Request for Funds requires two signatures

All signatures are required to be municipal employees, non-municipal employees cannot be authorized to sign Request for Funds

**Persons Authorized to Sign Request for Funds Forms 1-4, 1-5 and 1-6
cannot also sign any check related to the disbursement of NYS CDBG funds**

**Chief Elected Official and non-municipal employees, Subrecipients and Consultants
cannot be authorized signatories on this form**

1	Signature		Date	
	Typed Name		Title	
	By signing this, I acknowledge that I am not authorized to sign CDBG checks			
2	Signature		Date	
	Typed Name		Title	
	By signing this, I acknowledge that I am not authorized to sign CDBG checks			
3	Signature		Date	
	Typed Name		Title	
	By signing this, I acknowledge that I am not authorized to sign CDBG checks			
4	Signature		Date	
	Typed Name		Title	
	By signing this, I acknowledge that I am not authorized to sign CDBG checks			

I certify that the signature(s) shown above are the legal signatures of those municipal employees authorized to sign requests for CDBG funds from the Office of Community Renewal. **The Chief Elected Official may not sign this document prior to obtaining the signatures of authorized individuals.**

Signature of Chief Elected Official

Date
(must be at least one day later than above dates)

Name

Title