

DESIGNATED LEGISLATIVE GRANT SIGNATORY AUTHORITY FORM

Department of Commerce, Community, and Economic Development, Division of Community and Regional Affairs

Please clearly print, submit ORIGINAL form, and submit an updated form annually or whenever changes are made to the information below.

| | |
|---|--------------------------|
| Grantee Name: | Date: |
| Regular Election Held (if applicable): | Telephone Number: |
| Grantee Contact Name: | Fax Number: |
| Address: | E-mail Address: |
| City, State, Zip Code: | Federal Tax ID #: |

The following Grantee Employees/Officers are authorized to sign Grant Agreements and any Amendments:

| | |
|----------------------|----------------------|
| Printed Name: | Printed Name: |
| Title: | Title: |
| Signature: | Signature: |

The following Grantee Employees/Officers are authorized to sign Grant Financial/Progress Reports and Advance Requests:

| | |
|----------------------|----------------------|
| Printed Name: | Printed Name: |
| Title: | Title: |
| Signature: | Signature: |

This signatory authority is conveyed by _____, the Chief
(Name)

Administrator of _____, this _____ day of _____, 20____
(Grantee Name)

Please indicate your preferred method of submitting financial/progress reports:

Monthly Reporting

Quarterly Reporting

Signature

Printed Name/Title