

AK ARPA BUSINESS RELIEF GRANT SIGNATORY AUTHORITY FORM

Department of Commerce, Community, and Economic Development

Use this section to designate individuals other than the owner or authorized officer to apply for and sign for the AK ARPA Business Relief Grant Program. Please clearly print and submit as an upload via the AK ARPA Business Relief Grant Portal. The information provided on this form should match the filer details on the official grant application and must be authorized by the owner or officer of the business.

Business Name/ Licensee Name:	Date:
Business Contact Name:	Telephone Number:
Address:	Fax Number:
City, State, Zip Code:	E-mail Address:
	DUNS #:

Grant Application and Agreement:
Printed Name:
Title:
Signature:

Financial/Progress Reports:
Printed Name:
Title:
Signature:

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

Owner/Officer of _____, this _____ day of _____, 20____
(Grantee Name)

Signature

Printed Name/Title