

For Official Use Only: Grantee Name: _____

Project I.D.: _____ Grant I.D.: _____

AUTHORIZED SIGNATURES FOR PAYMENT REQUEST:

The Office of Community and Rural Affairs must have on file the following signatures before any funds can be drawn.

Please list at least two (2) persons who will be authorized to sign payment request against state funds on behalf of the grantee.

Person 1:

Person 2:

Signature

Signature

Typed Name

Typed Name

Typed Title

Typed Title

ATTESTATION OF SIGNATURES:

I certify that the above signatures are of the individuals authorized to request payments. (The following signature may be that of Legal Counsel **OR** a Notary.)

Legal Counsel:

Notary:

Signature

Signature

Typed Name

Typed Name

Attorney Number

Typed Title

Date

County of Residence

Please place notary seal here:

Commission Expiration Date: _____

[]
[]
[]
[]
[]
[]
[]
[]
[]