

Signature Certification Form

Montana Department of Commerce
Community MT Division
Community Development Block Grant Program
301 S. Park Ave.
P.O. Box 200523
Helena, MT 59620-0523

This is to certify that the following officials are authorized to sign requests for payment of the CDBG funds for the (name of grantee: city, town or county of _____).

Note: suggested signatories include the chief elected official, such as the mayor or chairperson of county commission, the city or county clerk or treasurer and the CDBG project manager.

- | | | |
|----|------------|-------|
| 1. | _____ | _____ |
| | Signature | Title |
| | _____ | |
| | Typed name | |
| 2. | _____ | _____ |
| | Signature | Title |
| | _____ | |
| | Typed name | |
| 3. | _____ | _____ |
| | Signature | Title |
| | _____ | |
| | Typed name | |



It is understood that any two of the above signatories must sign each request for payment submitted.

I hereby certify that I have witnessed the signing of the above-named signatories.

Note: Suggested witness is an elected official other than one of the three signatories.

Signature of witness

Date

Typed name and title of witness

Subscribed and sworn to, before me, a notary public for the state of Montana, on the _____ day of _____, 20__.

(Notary seal)

Notary public for the state of Montana (type or print name)
Residing at _____
My commission expires _____
