COMMERCE

Community Development Block Grant

Signature Certification

This is to certify the following officials are authorized to sign requests for payment of Community Development Block Grant Program funds for [grantee name] [year] CDBG planning grant:

1. _____

Signature Title

_____

Typed name Title

2. _____

Signature Title

_____

Typed name Title

3. _____

Signature Title

_____

Typed name Title

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 signatures.

_____ _____

Signature of witness Date

_____

Typed name and title of witness

Montana Department of Commerce | commerce.mt.gov
P.O. Box 200533 | Helena, MT 59620-0533 | Phone: 406-841-2700 | Fax: 406-841-2701
Montana 711: dphhs.mt.gov/detd/mtap/traditionalrelayservice

STATE OF MONTANA)

) ss.

County of _____)

This instrument was acknowledged before me on _____ , by

_____

(NOTARY SEAL)

Printed Name _____

NOTARY PUBLIC FOR STATE OF MONTANA

Residing at _____

My Commission expires _____

(1) Suggested signatories include the chief elected official (Mayor/Commission Chair/City Clerk/Treasurer). At least three officials should sign; and it is acceptable to have more to assure that at least two signatories will be available to sign requests for CDBG funds.