

KENTUCKY COMMUNITY DEVELOPMENT BLOCK GRANT
-DISASTER RECOVERY (CDBG-DR) PROGRAM

AUTHORIZED SIGNATURE FORM (Sample)

Name/Address of Recipient	Grant Agreement Number
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AUTHORIZED SIGNATURES FOR REQUEST FOR PAYMENT

Typed Name and Signature	Typed Name and Signature
Date and Signature of Chief Executive Officer	<u>For State Use Only</u> APPROVED: Date and Signature Department for Local Government

AUTHORIZED SIGNATURE FORM

Instructions

1. Insert name of community and complete mailing address of recipient; include zip code.
2. Enter Grant Agreement Number assigned by the Department for Local Government (DLG).
3. Enter the typed name and signature of the individuals who are authorized to sign the community's Request for Payment. Two signatures are required on this form.
4. Provide signature and date of the Chief Executive Officer to certify that signatories are authorized to request payment of CDBG-DR funds.