



Authorized Signature Card | Community Initiatives Grants

Purpose: To provide the names and signatures of those at the agency with authorization to process MHDC Community Initiatives documents.

Agency:	
Grant Number(s):	

Authorized Signatures

* **Authorizing Official**

Printed Name _____	Title: _____
Signature _____	

* **Signature #1**

Printed Name _____	Title: _____
Signature _____	

Signature #2

Printed Name _____	Title: _____
Signature _____	

Signature #3

Printed Name _____	Title: _____
Signature _____	

* At least two authorized signature boxes must be completed

Note: All grant documents requiring signature(s) must be signed only by persons designated above.

I hereby certify that the above signatures are of the individuals authorized to sign documents for the above-referenced grant(s).

Signature (Authorizing Official) Title

Print Date