



**Authorized Signature Card | HUD and State Program Grants**

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

<b>Agency:</b>	
<b>Grant Number(s):</b>	

**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

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.