



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