

Louisiana Office of Community Development
Disaster Recovery Unit

AUTHORIZED SIGNATURE FORM

Name/Address of Recipient	Grant Agreement Number
	Date

AUTHORIZED SIGNATURES FOR REQUEST FOR PAYMENT

Typed Name and Signature	Typed Name and Signature
<p>Approved by</p> <p>Typed Name</p> <p>Title</p> <p>Signature, Typed Name and Title of Chief Executive Officer</p>	<p>For DRU Use Only RECEIVED</p> <p>Disaster Recovery Unit</p>

AUTHORIZED SIGNATURE FORM**Instructions**

1. Insert name of organization and complete mailing address of recipient; include zip code.
2. Enter Grant Agreement Number assigned by DRU.
3. Enter the typed name and signature of the individuals who are authorized to sign the community's Request for Payment. .
4. Provide signature and date of the Chief Executive Officer to certify that signatories are authorized to request payment of CDBG funds.