A-3: AUTHORIZED SIGNATURE FORM

AUTHORIZED SIGNATURE FORM

for the

LOUISIANA COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Authorized Signatures for Requests for Payment

Name/Address of Grantee Organization	Contract Number
(1)	(2)

SIGNATURES OF INDIVIDUALS AUTHORIZED
TO DRAW ON THE CITED CONTRACT FUNDS
ANY TWO SIGNATURES REQUIRED TO SIGN OR COUNTERSIGN

Typed Name and Signature	Typed Name and Signature
(3)	(4)
Typed Name and Signature	Typed Name and Signature
(5)	(6)
I CERTIFY THAT THE SIGNATURES ABOVE ARE OF THE INDIVIDUALS AUTHORIZED TO DRAW PAYMENT VOUCHERS FOR THE CITED CONTRACT FUNDS	APPROVED
(7)	(8)
Date and Signature of Certifying Officer	Date and Signature of Certifying Officer

— IMPORTANT — NO ERASURES OR CORRECTIONS MAY APPEAR ON THIS FORM

INSTRUCTIONS FOR AUTHORIZED SIGNATURE FORM

Line

1 Insert name and address including zip code of the City/Parish receiving funds.

2 Leave blank, State staff will insert contract number here.

3-6 These blocks are for the typed name and signature of individuals who are authorized to sign the Community's Request for Payments. Two signatures are required on each request, it is a good idea to have three or four people authorized to sign. Remember also that the individual who certifies the signatures on line 7 may not be one of the authorized persons on lines 3 through 6.

7 Signature and Date of Individual certifying the signatures in l8ines 3 through 6. This is normally the Chief Executive Officer (Mayor or President of the Police Jury). If, however, the Mayor wishes to sign the Requests for Payment, he/she would sign once in lines 3 through 6 and somebody else can certify the signatures in line 7. If someone other than the Chief Executive Officer certifies the signatures in line 7, this form must be accompanied by a resolution of the governing body authorizing him/her to certify the signatures.

8 Leave Blank