

Project No. _____
Project Year Funded _____

AUTHORIZATION SIGNATURE CARD

Project Name _____

Applicant's Name _____

Address _____

City, State, Zip _____

Telephone Number _____

SIGNATURE OF INDIVIDUALS AUTHORIZED TO SIGN FINANCIAL DOCUMENTS:

Any TWO signatures required to sign any financial document

| NAME | SIGNATURE |
|-------|-----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I certify that the signatures above are of the individuals authorized to execute financial documents.

Date

Signature of Authorized Official

Title of Authorized Official