

GRANTEE NAME: _____

AGREEMENT NO: _____

CERTIFICATION

Signature _____

FEIN NO. _____

Typed Name _____

DUNS NO. _____

Title _____

Signature _____

Typed Name _____

Title _____

This is to certify that the above signatures are authorized to sign Form 001 State CDBG/ARC, Request for Payment on Letter of Credit and Status of Funds Report, HUD Community Development Block Grant and Appalachian Regional Commission funds. Any one of the three signatures on this certification may be accepted on Form 001 State CDBG/ARC (Revised 05/16).

OFFICIAL SEAL
(Cities and Counties only)

Mayor or Chairman, County Commission, Designated
Non-Profit Official

City, County, Non-Profit

Date

MAILING ADDRESS for general information:

MAILING ADDRESS for CHECKS
(if bank, include account number, bank's
name and address):

Phone Number: _____
