

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 11/18).

\_\_\_\_\_  
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: \_\_\_\_\_

\_\_\_\_\_