

GRANTEE NAME: _____

AGREEMENT NO: _____

**CARES Act CDBG-CV
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-CV, Request for Payment of CARES Act CDBG-CV funds. Any one of the three signatures on this certification may be accepted on Form 001 State CDBG-CV (Revised 04/21).

Mayor or Chairman

City or County

Date

MAILING ADDRESS for general information:

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

Phone Number: _____
