

SIGNATORY AUTHORITY FORM

SUBRECIPIENT:	
GRANT NUMBER:	

SIGNATORY NO. 1	
Typed Name:	
Title:	
Signature:	
SIGNATORY NO. 2	
Typed Name:	
Title:	
Signature:	

This is to certify that the above persons are authorized to sign reports or requests for payment and other legal instruments associated with the grant agreement number referenced above, as submitted to the Alabama Department of Economic and Community Affairs, as part of a condition for the payment of funds to the agency. Any one of the three signatures on this certificate may be accepted.

NAME AND TITLE OF CEO	
Typed Name:	
Signature:	
Title:	
Date:	

REMITTANCE INFORMATION	
Street Address:	
City, State, Zip Code:	