

PROJECT NO. _____

PROJECT YEAR _____

AUTHORIZED SIGNATURE CARD

Program Name _____

Applicant's Name _____

Applicant's Address _____

City, State, Zip _____

Telephone Number _____

SIGNATURE OF INDIVIDUALS AUTHORIZED TO SIGN FINANCIAL DOCUMENTS:

Any TWO signatures required to sign any financial document

<u>NAME (TYPED)</u>	<u>SIGNATURE</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

DATE

Signature of Authorized Official

Title of Authorized Official