

**APPENDIX B
AUTHORIZED SIGNATORY CARD**

NATIONAL DISASTER RESILIENCY COMPETITION

Authorized Signature Card for Request for Funds	
CDBG Grant Number:	
Grantee Name:	Issued By: California Dept. of Housing and Community Development 2020 West El Camino Avenue, Suite 400 (95833) P. O. Box 952054 Sacramento, CA 94252-2054
(1) Typed Name of Signer, Signature and Title:	(2) Typed Name of Signer, Signature and Title:
(3) Typed Name of Signer, Signature and Title:	(4) Typed Name of Signer, Signature and Title:
I certify that the signatures above are of the individuals authorized to request payment of funds under the grant cited above.	
_____ Typed or Printed Name of Authorizing Official (Grantee) Title	
_____ Signature of Authorizing Official (Grantee)* Date	

Instructions

Funds requests require two signatures--the preparer and any one of the authorized signers listed on the signature card.

The name and/or title of the **authorizing official** must be identified in the resolution passed by the city council or governing body. **The resolution must be submitted along with the signature card.**

The authorizing official is certifying that persons listed on the signature card are authorized to sign the funds request.

A signature card must be completed for each grant. A new signature card must be submitted when there is a change in the name and/or title of the authorizing official. No erasures or corrections may appear on this signature card.