



EMERGENCY SOLUTIONS GRANTS PROGRAM AUTHORIZED SIGNATORIES IDENTITY FORM

****FOR REQUESTS FOR FUNDS ONLY****

DATE:		
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GRANTEE INFORMATION			
Name:		Contract Number:	

FORM INSTRUCTIONS

Note: This form MUST be filled out by the Authorized Representative or Designee (You MUST have a Designee Letter on file for a Designee to sign). In the space provided below, please list the name, position/title, and signature of all individuals authorized to sign in lieu of the Authorized Representative listed in the Standard Agreement.

Name of Signer	Position/Title	Signature

NOTE: If the information provided below changes, you are required to update this form and send it to your HCD ESG Representative along with a copy of the meeting notes or other official documentation evidencing the change in person(s) occupying the Authorized Position/Title. The additional documentation evidencing the Name, Position/Title, and Signature of the Authorized Signatories is not required to be ESG-specific, however, it may provide general authority evidencing the Name and Position/Title of the individual(s) authorized to legally bind the governing body.

CERTIFICATION

I certify that the signatures above are of the individuals authorized to request payment of funds under the grant cited above.

Name of Authorized Representative or Designee <small>(Note: Cannot be a person named above)</small>	Title
Signature of Authorized Representative or Designee	Date