**For Official Use Only:** Grantee Name: _____

Project I.D.: _____ Grant I.D.: _____

## AUTHORIZED SIGNATURES FOR PAYMENT REQUEST:

The Office of Community and Rural Affairs must have on file the following signatures before any funds can be drawn.

Please list at least two (2) persons who will be authorized to sign payment request against state funds on behalf of the grantee.

| Person 1: | Person 2: |
|---|---|
| _____ | _____ |
| Signature | Signature |
| _____ | _____ |
| Typed Name | Typed Name |
| _____ | _____ |
| Typed Title | Typed Title |

**ATTESTATION OF SIGNATURES:**

I certify that the above signatures are of the individuals authorized to request payments. (The following signature may be that of Legal Counsel **OR** a Notary.)

| Legal Counsel: | Notary: |
|---|---|
| _____ | _____ |
| Signature | Signature |
| _____ | _____ |
| Typed Name | Typed Name |
| _____ | _____ |
| Attorney Number | Typed Title |
| _____ | _____ |
| Date | County of Residence |
| Please place notary seal here: | Commission Expiration Date: _____ |
| **[** | **]** |
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