



MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT
 COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
 AUTHORIZED SIGNATURES FOR CDBG REQUESTS FOR FUNDS (SFM01)

NAME OF RECIPIENT		PROJECT #	
PERIOD OF CONTRACT	TO	RECIPIENT FISCAL YEAR END DATE	CONTRACT #
THE INDIVIDUALS NAMED BELOW ARE AUTHORIZED TO SIGN ALL REQUESTS FOR FUNDS (RFF) DOCUMENTS.			
TYPED NAME	TITLE		SIGNATURE EXACTLY AS IT APPEARS IN TYPED FORM
CERTIFICATION: I certify that the above signatures are of the individuals authorized to co-sign requests for funds. (Note: This person must be the highest ranking elected official whose name is not listed above.)			
TYPED NAME:	TITLE	SIGNATURE	TELEPHONE () DATE
ADMINISTRATIVE CONTRACTS:		ACCOUNTING SYSTEM USED:	
PROJECT ADMINISTRATOR: (person responsible for over-all supervision of the CDBG grant)		<input type="checkbox"/> CDBG <input type="checkbox"/> OWN	
TYPED NAME	TELEPHONE ()		
ADDRESS	CITY	ZIP CODE	FEDERAL EMPLOYER ID #:
FINANCIAL ASSISTANT: (person responsible for submitting requests for funds)		STATE USE ONLY	
TYPED NAME	TELEPHONE ()		FIELD STAFF FISCAL
ADDRESS	CITY	ZIP CODE	
NOTE: Recipient should retain one copy and send two originally signed copies free of erasures or corrections to DED.			