

COMMUNITY SERVICES BLOCK GRANT

AUTHORIZED SIGNATURES

Grantee: _____ **Date:** _____

The board of directors of the above-stated agency has authorized the following person(s) to sign CSBG contracts and related documents as indicated below.

DOCUMENT	TITLE	NAME	SIGNATURE
Contracts/Amendments	1)		
	2)		
Financial Reports	1) CEO/Executive Director		
	2) Fiscal Officer/Controller		
Program Reports	1)		
	2)		
Vouchers	1)		
	2)		

The above authorizations were approved by the board of directors on _____ .
(Date)

Name of Board Chairperson _____

Signature (Board Chairperson) (Date)

If more than two persons are authorized to sign, copy and attach additional sheets.

Check here if extra sheets are attached [].

FAILURE TO SUBMIT THIS FORM WITH ORIGINAL SIGNATURES INDICATES THAT ONLY THE BOARD CHAIRPERSON IS AUTHORIZED TO SIGN ALL CSBG DOCUMENTS.

IF CHANGES OCCUR DURING THE CONTRACT PERIOD, A REVISED AUTHORIZED SIGNATURES FORM MUST BE SUBMITTED.