

AUTHORIZED SIGNATURE FORM FOR REQUEST FOR FUNDS

Updated Information

Organization Name	SHARS ID Number
Mailing Address	Contact Person (Name, Phone # & Email Address)

Persons Authorized to Sign Request for Funds: At least one employee must be authorized to request funds for the above organization.

1.

Signature

Date

Name

Title

2.

Signature

Date

Name

Title

3.

Signature

Date

Name

Title

4.

Signature

Date

Name

Title

I certify that the signature shown above are the legal signatures of those employees authorized to sign requests for HTFC funds from the Office of Community Renewal.

Signature of Chief Executive Officer

Date (**must be later than above dates**)

Name

Title