

New York Main Street Program
AUTHORIZED SIGNATURE FORM FOR DISBURSEMENT REQUESTS

Updated Information

Recipient Name	SHARS ID Number
Mailing Address	Contact Person (Name & Phone #)

Request for Funds requires *(check one)* ONE Signature TWO Signatures (recommended)

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

1.

Signature	Date
Name	Title

2.

Signature	Date
Name	Title

3.

Signature	Date
Name	Title

4.

Signature	Date
Name	Title

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

Signature of Authorized Representative	Date (must be later than above dates)
Name	Title