

**FORM 1-1  
AUTHORIZED SIGNATURE FORM FOR REQUEST FOR FUNDS**

Recipient Name			
CDBG Project #			
Contact Person		Title	
Phone		e-mail	
New Submission	Yes <input type="checkbox"/> No <input type="checkbox"/>	Updated <input type="checkbox"/>	Date of initial submission

**Request for Funds requires (check one)  One Signature  Two Signatures (recommended)**

*The signature of a municipal employee is required when a non-municipal employee is authorized to sign Request for Funds.*

**Persons Authorized to Sign Request for Funds Forms 1-4, 1-5 and 1-6  
cannot also sign any check related to the disbursement of NYS CDBG funds**

**At least one municipal employee must be authorized to request funds for the above Project Number**

**Chief Elected Official cannot be authorized signatories on this form**

1		
	<b>Signature</b>	<b>Date</b>
	<b>Name</b>	<b>Title</b>
By signing this, I acknowledge that I am not authorized to sign CDBG checks		
2		
	<b>Signature</b>	<b>Date</b>
	<b>Name</b>	<b>Title</b>
By signing this, I acknowledge that I am not authorized to sign CDBG checks		
3		
	<b>Signature</b>	<b>Date</b>
	<b>Name</b>	<b>Title</b>
By signing this, I acknowledge that I am not authorized to sign CDBG checks		
4		
	<b>Signature</b>	<b>Date</b>
	<b>Name</b>	<b>Title</b>
By signing this, I acknowledge that I am not authorized to sign CDBG checks		

I certify that the signature(s) shown above are the legal signatures of those municipal employees authorized to sign requests for CDBG funds from the Office of Community Renewal. **The Chief Elected Official may not sign this document prior to obtaining the signatures of authorized individuals.**

\_\_\_\_\_  
Signature of Chief Elected Official

\_\_\_\_\_  
Date  
(must be at least one day later than above dates)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title