

FORM 1-2

DESIGNATION OF DEPOSITORY FOR DIRECT DEPOSIT OF NYS CDBG FUNDS

SECTION I (To be completed by NYS CDBG Recipient)

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

The _____ has been designated as
Name of the Financial Institution
 the depository for all funds to be received from the State of New York CDBG Program resulting
 from Project Number: _____.

I certify that all NYS CDBG funds shall be deposited in a Separate non-interest bearing account in the name of the recipient at the above referenced financial institution, which is covered by federal deposit insurance.

_____ Signature of Chief Elected Official	_____ Date
_____ Type Name of Chief Elected Official	_____ Title

SECTION II (To be completed by Financial Institution)

Bank Name _____ Branch _____

Routing Number

Account Number

The separate non-interest bearing account identified above has been established with this bank. All necessary documentation, including a power of attorney where necessary, which will enable this bank to receive NYS CDBG funds directly from the State of New York, via an ACH transfer without any endorsement by the payee, has been received and is in this depository's custody. Immediately upon deposit of NYS CDBG funds in the above account, we will notify the Recipient and subsequently provide a copy of the documentation of deposit.

_____ Signature of Authorized Bank Officer	_____ Date
_____ Title of Authorized Bank Officer	_____ Branch Phone Number