COMMUNITY DEVELOPMENT
Pasadena, Texas

Authorization of Signatures Form

Organization Name			
Project/Program Name			
Period of Performance	_____ to _____		
Grant Type	Select Grant Type	IDIS No.	
Program Year		ORD. No.	

THE INDIVIDUALS NAMED BELOW ARE AUTHORIZED TO SIGN REQUEST FOR PAYMENT FORMS, REQUESTS FOR BUDGET REVISIONS, CLIENT DATA REPORTING FORMS, GRANT ACCOMPLISHMENT REPORTS AND OTHER GRANT DOCUMENTS (*AS APPLICABLE*).

TYPED NAME	TITLE	SIGNATURE OF INDIVIDUAL

Please note person(s) listed above **cannot also be the "preparer" of the grant document he/she is authorizing.*

I certify that the above listed signatures are the individuals authorized to co-sign request for payment forms, requests for budget revisions, client data reporting forms, grant accomplishment reports and other grant documents (*as applicable*).

_____

Name and Title Signature Date

Community Development Department Use ONLY:

Reviewed by: _____ *Date:* _____

Approved by: _____ *Date:* _____