

Authorized Signature Card | HUD and State Program Grants

Purpose: To provide the names and signatures of those at the agency with authorization to process MHDC documents.

Agency:	
Grant Number(s):	

Authorized Signatures

* Authorizing Official	Printed Name _____ Title: _____ Signature _____
* Signature #1	Printed Name _____ Title: _____ Signature _____
Signature #2	Printed Name _____ Title: _____ Signature _____
Signature #3	Printed Name _____ Title: _____ Signature _____

* At least two authorized signature boxes must be completed

Note: All grant documents requiring signature(s) must be signed only by persons designated above.

I hereby certify that the above signatures are of the individuals authorized to sign documents for the above-referenced grant(s).

Signature (Authorizing Official)	Title
Print	Date

If you or someone you know served in the U.S. Armed Forces, we encourage you to visit <http://veteranbenefits.mo.gov> or call (573) 751-3779 to learn about available resources.