



2021
AUTHORIZED SIGNATURE FORM
JOHNSON COUNTY CDBG PROGRAM

Subgrantee: _____

CDBG Grant Number: _____

Address:

AUTHORIZED SIGNATURES FOR REQUEST FOR PAYMENT

Please designate two or three individuals to sign "Reimbursement Requests" related to this project.
Only one signature is required by Johnson County for submission.

Name: _____

Name: _____

Title: _____

Title: _____

Signature: _____

Signature: _____

Name: _____

Title: _____

Signature: _____

CERTIFICATION

I hereby certify that any one of the above signatures is authorized
to sign the Reimbursement Requests for CDBG funds.

Name of Mayor, County Department Director, or Board Chair
(Please Print)

Title

Signature of Mayor, County Department Director, or Board Chair

Date