

# **DELEGATION OF SIGNING AUTHORITY**

for CDBG and HOME Invoices

SECTI	ON I: GRANTEE INFOR	RMATION		
1. GRANTEE (NAME & ADDRESS):		2. DCED CONTRACT NUMBER:  3. CONTRACT AMOUNT:		
		4. CONTRACT ACTI	4. CONTRACT ACTIVITY PERIOD (MONTH, DAY, YEAR)	
		4A. FROM:	4B. TO:	
5. PROGRAM TYPE:  CDBG ENTITLEMENT CDBG COMPETITIVE	П НОМЕ			
SECTION II: A	UTHORIZED SIGNTOR	RINFORMATION		
1. NAME OF AUTHORIZED SIGNATOR:		2. TITLE AND OFFICE:		
3. EMAIL:	4. PHONE NUMBER:			
5. SIGNATURE:				
signing authority to submit any financial invoices for the we certify that this individual is an employee of the granders or is revoked. By giving this authority to sign	rantee and acknowledge that it	for the duration of the contract t is our responsibility to notify that the grantee continues to l	t activity period. In addition, DCED if this authorization	
	ERTIFICATION OF ELEC			
<u> </u>	official signatures are re	<u> </u>		
1. SIGNATURE OF DELEGATING OFFICIAL:	2. PRINTED N	2. PRINTED NAME:		
3. EMAIL:		4. DATE:		
5. SIGNATURE OF DELEGATING OFFICIAL:	6. PRINTED N	6. PRINTED NAME:		
7. EMAIL:		8. DATE:		

## INSTRUCTION FOR DELEGATION OF SIGNING AUTHORITY FORM

#### **BACKGROUND**

Upon the execution of each year's contract for CDBG, CDBG Competitive and/or HOME, the grantee will be asked to submit an Authorized Signature form for invoicing purposes only, with their contract if the grantee so chooses to delegate an individual to sign on their behalf. The name on this form, along with the Chief Elected Official will be the only persons allowed to sign the invoice forms going forward. It also negates any past authorized signatures. If anyone signs the invoice form that has not been authorized on this form, the invoice will be denied and returned to the grantee. With the onset of electronic signatures being accepted on the invoices, all items; name, title, and signature will be reviewed for authorization prior to approval by the FMC. An e-mail will be sent to both the contact person and authorized signator, notifying them of the approval or denial of the invoice.

Instructions for this form are as follows:

#### I. GRANTEE INFORMATION

Please complete all grantee information as it relates to each open CDBG and HOME contract with DCED. A separate form is required for each open contract.

#### II. AUTHORIZED SIGNATOR INFORMATION

This section is to be completed if the chief elected official is not available to sign or chooses to authorize a designated individual to sign a CDBG or HOME invoice on their behalf. This authorized signator must be an employee of the grantee. Private contractors, consultants or contracted agencies (including but not limited to Community Action Program (CAP) Agencies, Councils of Government (COG), Redevelopment Authorities, etc.) are NOT permitted to sign on behalf of the grantee/municipality. The authorized signator will certify that they have reviewed the invoice and that all expenditures are correct and eligible, fundable, follows programs guidelines and 2 CFR 200.

### **III. CERTIFICATION OF ELECTED OFFICIALS**

At a minimum, two elected official(s) signatures are required for this form.

**NOTE:** In the event that the delegation of signing authority changes, a new form must be completed and submitted immediately for each open CDBG or HOME contract to avoid any unnecessary invoice denials. Please remember that the authorized signator **must be different** from the contact person completing the invoice.

Should the grantee choose to not have a designated authorized signator, other than the Chief Elected Official, they will need to complete Section I, enter "NONE" in line one of Section II, and complete Section III.