

CDANT DECIDIENT

## SIGNATURE AUTHORIZATION FORM

Please review the executed grant agreement prior to submitting this request. Authorized officials may designate additional representatives from the local government to sign reimbursement requests on behalf of the grant recipient. Please complete this form and return to DNRC. The grant recipient may attach a signed resolution as additional documentation to accompany this request.

(LOCAL GOVERNMENT)	TITLE OF PROJECT		NUMBER(S)		
AUTHORIZED REPRESENTATIVE(S) TO SIGN REQUEST FOR REIMBURSEMENT <sup>1</sup>					
PRINTED NAME	TITLE		SIGNATURE		
	L		l		
As the AUTHORIZED OFFICIAL <sup>2</sup> , I designate the additional representative(s) to sign reimbursement					
requests for the above referenced grant(s).					
PRINTED NAME	TITLE	SIGNATURE		DATE SIGNED	
I haraby cartify that I have witnessed the cigning of the above named cignatures					
I hereby certify that I have witnessed the signing of the above-named signatures.					
PRINTED NAME OF WITNESS <sup>3</sup>	SIGNATURE			DATE SIGNED	

<sup>&</sup>lt;sup>1</sup> Enter the names and titles of other representatives from the local government authorized to request reimbursement on behalf of the grant recipient. **Consultants, Conservation District Administrators, Grant Managers or staff reimbursed by the grant agreement MAY NOT be signatories.** 

<sup>&</sup>lt;sup>2</sup> **AUTHORIZED OFFICIAL**: Individual with the authority to enter into a legal agreement with DNRC. DNRC REQUIRES that the grant agreements and reimbursement forms be signed by an authorized official of the local government entity.

<sup>&</sup>lt;sup>3</sup> Suggested witness is an elected official or local government official other than the above signatories.



## **DNRC REVIEW AND APPROVAL**

I have reviewed the request to designate the additional authorized signers to submit grant reimbursement requests to DNRC.

- ✓ The authorized official above matches the executed grant agreement.
- ✓ The additional signatories have the authority to represent the grant recipient and are not being reimbursed by grant funds.

DNRC REMARKS:		
DNRC Grant Manager	Signature	Date
DNRC Program Manager	Signature	Date