**AUTHORIZED SIGNATURE CARD**

**FOR PROGRAM POLICY AND ACTIVITY DOCUMENTS**

**UNDER THE COMMUNITY HOME INVESTMENT PROGRAM**

**INSTRUCTIONS:**

Completion of this form is voluntary on behalf of the Authorizing Official of the State Recipient or Sub-recipient. If no individual(s) is designated in either Section 1, 2 or Section 3, the Authorizing Official will be required to sign all documents submitted by the State Recipient or Sub-recipient. This Authorized Signature Card may be utilized for any CHIP Grant regardless of the year that the grant was awarded. If signatories change during the grant period, a new Authorized Signature Card must be completed and re-submitted prior to the submission of any future draw requests. All draw requests must match the signatory authorizations on file at DCA.

Section 1: An Authorizing Official of the State Recipient or Sub-recipient may designate up to one individual to take certain actions on behalf of the State Recipient or Sub-recipient. First, the Designee may approve policy documents of the State Recipient or Sub-recipient. These policy documents are limited to (1) Section 3 Business and Employee Recruitment Plan, (2) Affirmative Fair Housing Marketing Plan, and (3) MBE/WBE Outreach Plan. Second, the Designee may approve a request to DCA changing the scope of activities permitted under the Grant Award or changes to the program design authorized under the award. Third, the Designee is authorized to receive all communications concerning grant implementation on behalf of the Grantee from DCA. Fourth, the Designee may also approve the DCA CHIP/HOME Environmental Screening Checklist. The Designee must be an elected official or an employee of the State Recipient or Sub-recipient.

Section 2: An Authorizing Official of the State Recipient or Sub-recipient may designate up to two individuals to prepare and submit requests to DCA and receive communication from DCA regarding specific activities or the submission of policies approved by the State Recipient or Sub-recipient. These requests may include, but are not limited to the following actions: (1) Request to Exceed Maximum, (2) Request to Extend a Grant Award Period, (3) Request to Amend the Grant Budget, (4) Requests to Revise an Activity Set Up Amount, (5) Request to Cancel an Activity, (6) Request to Clear a Contractor, and (7) Request to Address a Conflict of Interest Issue.

Section 3: Draw authority must be completed and the designated individual(s) must be either (1) an employee or elected official of the Grantee or (2) an employee of the Administrator under contract with the State Recipient or Sub-recipient to administer the Grant Award on behalf of the State Recipient or Sub-recipient. Check the box designating whether one or two signatures will be required on an individual draw request. If the Certifying Representative designates him/herself for authorization of the draw request, then two authorized signatures are required. An employee of the Administrator may not be designated in lieu of an employee of the Recipient. No erasures or corrections may appear on the Authorized Signature Card. The Authorized Signature Card (CA-1) must be received and on-file prior to processing draw request for all Recipients.

**Please Note:** Federal environmental requirements do not allow for any individual other than the Chief Elected Official of the Grantee to certify compliance of the Tier One Environmental Review or the Site Specific Environmental Screening Checklist required by Tier Two.

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| **AUTHORIZED SIGNATURE CARD** **COMMUNITY HOME INVESTMENT PROGRAM (CHIP)** |
| Name and Address of State Recipient or Sub-recipient: | CHIP Grant Number: |
| Tax ID Number: |
| DUNS Number: |
| Section 1: SIGNATURE OF DESIGNATED INDIVIDUAL AUTHORIZED TO APPROVE POLICY DOCUMENTS, APPROVE CHANGES TO PROGRAM DESIGN OF GRANTEE, OR RECEIVE COMMUNICATION FROM DCA REGARDING THE GRANT  |
| Typed Name of Designee: | Signature of Designee |
| Phone Number of Designee: | Email Address of Designee: |
| Mailing Address of Designee: |
| Section 2: SIGNATURE OF DESIGNATED INDIVIDUAL(S) AUTHORIZED TO SUBMIT NON-DRAWDOWN REQUESTS TO DCA CONCERNING A SPECIFIC PROJECT/ACTIVITY OR POLICES APPROVED BY THE STATE RECIPIENT OR SUBRECIPIENT:  |
| Typed Name of Designee 1: | Typed Name of Designee 2 (if applicable): |
| Signature of Designee 1: | Signature of Designee 2: |
| Section 3: SIGNATURE OF INDIVIDUALS AUTHORIZED TO INITIATE DRAW REQUESTS.  |
| ⃞ | Any two signatures are required on Draw Request |
| ⃞ | Only one signature is required on Draw Request |
| Typed Name of Designee 1: | Typed Name of Designee 2 (if applicable): |
| Signature of Designee 1: | Signature of Designee 2: |
| Typed Name of Designee 3(if applicable): | Typed Name of Designee 4 (if applicable): |
| Signature of Designee 3: | Signature of Designee 4: |
| I CERTIFY THAT THE SIGNATURES ABOVE ARE THE INDIVIDUALS AUTHORIZED TO TAKE THE ACTION NOTED UNDER THE GRANT CITED ABOVE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE OF AUTHORIZING OFFICIAL (State Recipient or Sub-recipient) DATE |
| TYPED NAME OF AUTHORIZING OFFICIAL |