Exhibit H

**Signature Certification Form**

Montana Department of Commerce

Destination MT Division – Pilot Community Tourism Grant Program

301 S. Park Avenue

PO Box 200523

Helena, Montana 59620-0523

This is to certify that the following officials[[1]](#footnote-1) are authorized to sign requests for payment of the Pilot Community Tourism Grant Program (“PCTGP”) funds for the (Name of Grantee / Project / Community).

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Title |
|  |  |  |
| Typed Name |  |  |
|  |  |  |
| Signature |  | Title |
|  |  |  |
| Typed Name |  |  |
|  |  |  |
| Signature |  | Title |
|  |  |  |
| Typed Name |  |  |

It is understood that any two of the above signatories must sign each request for payment submitted.

2I hereby certify that I have witnessed the signing of the above-named signatures.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Witness |  | Date |
|  |  |
| Typed Name and Title of Witness |  |  |

SUBSCRIBED AND SWORN TO, before me, a Notary Public for the State of Montana, on the \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.

|  |  |
| --- | --- |
| (Notary Seal) |  |
| Notary Public for the State of Montana (type or print name) |
| Residing at |  |
| My Commission expires |  |

1. [↑](#footnote-ref-1)