COMMERCE

Signature Certification Form

Montana Department of Commerce
Montana Community Reinvestment Program
Community MT Division
301 S. Park Ave.
P.O. Box 200523
Helena, MT 59620-0523

This is to certify that the following officials are authorized to sign requests for payment of the Montana Community Reinvestment Program funds for the (name of grantee: city, town or county of _____).

Note: Suggested signatories include the chief elected official (mayor or chairperson of county commission), city or county clerk or treasurer and the MCR project manager. At least three officials should sign; it is acceptable to have more to assure that at least two signatories will be available to sign requests for MCR funds.

1. _____ _____
   Signature Title

   _____
   Typed name

2. _____ _____
   Signature Title

   _____
   Typed name

3. _____ _____

Signature Title

_____

Typed name

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

Note: Suggested witness is an elected official other than one of the three signatures.

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

_____ Date: _____

Signature of witness

_____

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 public for the state of Montana (type or print name)

(Notary seal) Residing at _____

My commission expires _____

_____