

ORGANIZATION NAME: \_\_\_\_\_

ORGANIZATION MAILING ADDRESS: \_\_\_\_\_

**AUTHORIZED SIGNATURE FORM**

For the Neighborhood Activation Fund (NAF) FY2022 program year, the following person(s) are authorized to sign NAF documents and receive funds on behalf of the \_\_\_\_\_ (Organization).

*Minimum 1 signatory, up to 3*

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

#####

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

#####

PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

TITLE/POSITION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

I hereby assure that each person listed above is a Board Officer or authorized executive staff of \_\_\_\_\_ (Organization).

Submitted by:

\_\_\_\_\_  
Name, Title

Date: \_\_\_\_\_