



Authorized Signature Card for Request for Payment and Status of Funds Report

1. Community or Nonprofit Number: [ ]

2. Grant Issued in Favor of (Recipient and Address): [ ]

Issued By: The State of Ohio
Ohio Development Services Agency
Office of Community Development
P.O. Box 1001
Columbus, Ohio 43216-1001

3. Typed Name, Signature and Title:
Name: [ ]
Title: [ ]
Signature: \_\_\_\_\_

Typed Name, Signature and Title:
Name: [ ]
Title: [ ]
Signature: \_\_\_\_\_

Typed Name, Signature and Title:
Name: [ ]
Title: [ ]
Signature: \_\_\_\_\_

Typed Name, Signature and Title:
Name: [ ]
Title: [ ]
Signature: \_\_\_\_\_

Typed Name, Signature and Title:
Name: [ ]
Title: [ ]
Signature: \_\_\_\_\_

Typed Name, Signature and Title:
Name: [ ]
Title: [ ]
Signature: \_\_\_\_\_

Note -Two Signatures are Required to Sign and Countersign a "Request for Payment and Status of Funds Report"

I certify that the above signatures are of the individuals authorized to sign Request for Payment and Status of Funds Reports.

[ ]

Date

Signature of Authorizing Official (Recipient)

\*If the individual signing on the "Signature of Authorizing Official" line will be signing any "Request for Payment and Status of Funds Report", a Signature Certificate must be submitted to OCD.



Instructions for Completing an  
Authorized Signature Card for Request for Payment and Status of Funds Report

Block Number:

- 1) Enter the three digit community/nonprofit number that your organization has been assigned by Office of Community Development.
- 2) Enter the name and address of recipient organization. If additional space is required, attach a separate sheet to accompany the form.
- 3) Enter typed names and signatures of the officials of the recipient organization which are authorized to execute "Request for Payment and Status of Funds Reports". It is recommended that a minimum of three signatures be shown to permit flexibility (in case of absences) in making drawdowns. There must be at least two signatures, but three signatures would be preferred.
- 4) Enter the date, typed name and signature of the recipient organization's chief executive officer. In instances where the recipient organization's chief executive officer desires his or her signature to be one of the authorized signatures in block 3, a signature certificate must be prepared on the letterhead of the recipient organization and returned to OCD with this completed form. The CEO's signature must be notarized.

**Retain a copy of this completed and signed form for your files.**

Mail completed and signed original form to:

Ohio Development Services Agency  
Attn: Grant Operations Section  
Office of Community Development  
PO Box 1001  
Columbus OH 43216-1001  
Phone: (614) 466-2285