

SIGNATURE AUTHORIZATION FORM

The Board of Directors of _____ does hereby resolve that on _____, the Board reviewed the application for _____ funds to be submitted to the City of Flint Community and Economic Development Division for funding consideration for the 2023-24 Annual Action Plan cycle and in a proper motion and vote approved this application for submission.

The Board further certifies that the organization making this application has complied with all applicable laws and regulations pertaining to the application and is a non-profit organization, tax-exempt and incorporated in the State of Michigan.

_____ hereby proposes to provide the services or project identified in the Scope of Services in accordance with this application for _____ funds. If this application is approved and this organization receives funding from the City of Flint, this organization agrees to adhere to all relevant Federal, State and local regulations and other assurances as required by the city. Furthermore, as the duly authorized representative of the organization, I certify that the organization is fully capable of fulfilling its obligation under this application as stated herein.

I further certify that this application and the information contained herein are true, correct and complete.

I also authorize the following person(s) to act as the Authorized Signer to this grant:

Name	Title
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Name	Title
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Clerk/Secretary/Treasurer of Board (or other Designated Authority)- Printed	
Clerk/Secretary/Treasurer of Board (or other Designated Authority)- Signature	Date

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.