

EXHIBIT 1-D

SIGNATURE CERTIFICATION FORM

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

This is to certify that the following officials¹ are authorized to sign requests for payment of Montana Community Development Block Grant (CDBG) funds for the (name of grantee: City, Town, or County of _____) FY 200__ CDBG grant:

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.

¹Suggested signatories include the chief elected official (Mayor or Chairperson of County Commission), city or county clerk or treasurer and the CDBG project manager. At least three officials should sign; and it is acceptable to have more to assure that at least two signatories will be available to sign requests for CDBG funds.

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

Signature of Witness

Date: _____

Typed Name and Title of Witness

STATE OF MONTANA)
)ss.
County of _____)

 This instrument was acknowledged before me on _____, by
_____.

(NOTARIAL SEAL)

Printed Name: _____
NOTARY PUBLIC FOR STATE OF MONTANA
Residing at _____
My Commission expires _____