EXHIBIT 1-D

SIGNATURE CERTIFICATION FORM

Montana Department of Commerce Community MT, 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 (<u>name of grantee:</u>, <u>Montana</u>) FY 20__ CDBG Planning Grant:

Cignoturo	Title
Signature	Title
Typed Name	
Signature	Title
Typed Name	
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.

	Date:	
Signature of Witness		
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______