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.

___________________________________             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_______________________