EXHIBIT 1-E

PREPARATION OF THE DESIGNATION OF DEPOSITORY FORM

Block Number On Form -- and Instructions

[1] Enter name, address and zip code of depository (bank) designated to receive federal funds.


[3] Enter non-interest bearing bank account number where CDBG funds are to be deposited.

[4] Enter name of CDBG grant recipient: (City or Town of ________, or ________ County.)

[5] Enter complete mailing address of CDBG recipient/grantee.

[6] Signature of Chief Elected Officer (CEO) or Executive Officer of the CDBG grantee.

[7] Enter the title of the CEO or Executive Officer for the CDBG recipient (Mayor, City Manager, or Chairperson of the County Commission).

[8] Enter date the form was signed by CEO or Executive Officer of CDBG recipient.

[9] Enter same account number as in #3 above.

[10] Enter the American Bankers’ Association (ABA) Routing Number (if you are planning to utilize electronic deposit for CDBG funds).

[11] Enter the same name of the depository (bank) as in #1 above.

[12] Enter the same address and zip code of the bank where CDBG funds will be sent, as in #1 above.

[13] Enter the signature of authorized bank officer.

[14] Enter the title of the authorized bank officer for the depository bank.

[15] Enter the date form was signed by authorized bank officer.

NOTE: Mail an original copy to the CDBG liaison and retain a photocopy for your records. It is important that there are no erasures, corrections or correction fluid on either copy. Also, all signatures should be made in ink.
MONTANA DEPARTMENT OF COMMERCE
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

DESIGNATION OF DEPOSITORY FOR DIRECT DEPOSIT OF CDBG FUNDS

SECTION I (To be Completed by CDBG recipient)

The [1]__________________________

Name, Address and ZIP Code of Grant Recipient's Bank

has been designated as the depository for all funds to be received from the Montana Department of Commerce resulting from CDBG Contract No. [2] MT-CDBG-________________

for deposit to a non-interest bearing account:

[3]___________________________________________________

Account Name/Number

[4]__________________________  [5]________________________________________

Name of Grant Recipient  Address

[6]________________________________________  [7]____________________________________

Signature of Chief Elected Official or Executive Officer  Title of Chief Elected Official or Executive Officer

[8]______________________________

Date

SECTION II (To be completed by the bank)

The account identified in Section I has been established with this bank. All necessary documentation, including a power of attorney where necessary, which will legally enable this depository to receive state warrants from the State Auditor’s Office for deposit to:

[9]___________________________________________________

Account Name and/or Number

[10]___________________________________________________

ABA (American Bankers’ Association) Routing Number for electronic deposit

without the payee's endorsement have been received and are in this depository's custody.

[11]__________________________  [12]________________________________________

Name of Bank  Address where checks should be mailed

[13]________________________________________  [14]________________________________________

Signature of Authorized Bank Officer  Title of Authorized Bank Officer

[15]______________________________

Date