This is to certify that the following officials are authorized to sign requests for payment of Montana HOME Investment Partnerships Program funds for the (name of grantee) FY 2005 HOME grant. It is understood that two of the three persons are needed to sign each request for payment form.

1. ____________________________________  3. ____________________________________
   Signature                                Signature
   ________________________________     ________________________________
   Typed Name                             Typed Name
   ________________________________     ________________________________
   Title                                  Title

2. ________________________________
   Signature
   ________________________________
   Typed Name
   ________________________________
   Title

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

________________________________________ Date: ________________________________
Signature of Witness

________________________________________
Typed Name and Title of Witness

SUBSCRIBED AND SWORN TO, before me, a Notary Public for the State of Montana, on the ______ day of __________________________, ________

________________________________________
(Notary Seal) Residing at ________________________________
My Commission expires ________________________________