## **Exhibit 2-C Signature Certification Form**

This is to certify that the following officials are authorized to sign requests for reimbursements

Montana Department of Commerce Community MT – Montana Coal Endowment Program 301 S. Park Avenue PO Box 200523 Helena, Montana 59620-0523

for the Montana Coal Endowment Program (MCEP) funds for the {name of grantee: City, Town, or County}, 20 Biennium MCEP grant: ١. Title Signature Printed Name 2. Signature Title Printed Name 3. Signature Title Printed Name It is understood that any two of the above signatories must sign each request for reimbursement submitted. <sup>2</sup>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 \_\_\_\_\_, 20\_\_. Notary Public for the State of Montana (type or print name) (Notary Seal) Residing at My Commission expires

<sup>&</sup>lt;sup>1</sup>Suggested signatories include the chief elected official (Mayor, Chairperson of County Commission, Tribal Chairperson and/or Tribal Council Members), city or county clerk or treasurer, or other local officials. Consultants under contract may not be a signatory.