

**Community Development Block Grant
Authorized Signatures for Payments & Checks**

Revised 04/2021

Block 1: Grantee Name & Address	Block 2: Administering Agency Contact
Grant Number: _____	Name: _____
Project Title: _____	Title: _____
Grantee: _____	Organization: _____
Address: _____	Address: _____
_____ Zip Code: _____	_____ Zip Code: _____
Phone: _____	Phone: _____
	Email: _____

Block 3: Individuals Authorized to Draw On Request for Payment and Sign Checks
A minimum of two signatures is required on each check. Only one signature is required on Request for Payment. The individual who signs Block 4 must be a higher-ranking official than anyone in Block 3, A-D, and may not be of lower rank than the city or county administrator. Please **print** or **type** the following information. **Note: If changes occur, revise this form and send it to the Department of Commerce, Finance. Phone (803) 737-1864.**

A. Name: _____ Title: _____ Address: _____ _____ Zip Code: _____ Phone: _____ Email: _____ Signature: _____	B. Name: _____ Title: _____ Address: _____ _____ Zip Code: _____ Phone: _____ Email: _____ Signature: _____
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C. Name: _____ Title: _____ Address: _____ _____ Zip Code: _____ Phone: _____ Email: _____ Signature: _____	D. Name: _____ Title: _____ Address: _____ _____ Zip Code: _____ Phone: _____ Email: _____ Signature: _____
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Block 4: Authorized City/County Official	Block 5: Address for Checks & Bank Account
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<p>I certify that the individuals whose signatures appear in Block 3, A-D are authorized to sign checks and requests for payment. I also understand that as the certifying officer, I cannot sign checks or requests for payment.</p> Name: _____ Title: _____ Address: _____ _____ Zip Code: _____ Phone: _____ Email: _____ Signature: _____	Mail To: _____ Attention: _____ Address: _____ _____ Zip Code: _____ Phone: _____ Bank Account: Account Name: _____ Account Number: _____ SCEIS Vendor Code: _____
	Block 6: Waivers on File (Commerce Use Only) Check all that apply: <input type="checkbox"/> Authorized Official <input type="checkbox"/> 2-Signature <input type="checkbox"/> Bank

Block 7: Payment Basis Check one: <input type="checkbox"/> Cash Advance <input type="checkbox"/> Reimbursement	Block 8: Approval _____ Department of Commerce Finance Date
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