**Planning and Program Development Department**

**AUTHORIZED SIGNATORIES FORM**

Grantee shall complete and return this form to Alaska Housing Finance Corporation (AHFC) with the signed grant agreement. No funds will be disbursed by AHFC until this form has been approved.

Re: Authorized Signatories for Grant # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and until further notice, the individuals listed below are authorized to sign any and all documents corresponding to the categories selected on the right:

**NAME/TITLE SIGNATURE AUTHORIZED FORMS**

 **(Printed) (Check all that apply)**

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Pre-Disbursement🞎 Financial Reports🞎 Funds Disbursement Requests🞎 Narrative Reports |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Pre-Disbursement🞎 Financial Reports🞎 Funds Disbursement Requests🞎 Narrative Reports |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Pre-Disbursement🞎 Financial Reports🞎 Funds Disbursement Requests🞎 Narrative Reports |

I, \_\_\_\_\_\_\_\_\_\_\_\_(name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the \_\_\_\_\_\_\_(title)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_(organization)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby authorize the above listed individuals with the authority to sign any and all documents designated above on behalf of \_\_\_\_\_\_\_\_\_\_\_(organization)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date