**Signature Page**

**(for a new application)**

***The officials who sign this document agree to adhere to all terms and conditions relating to this application. Duplication of responsibilities by one individual for any position listed below is NOT acceptable. Electronic and stamped signatures are not acceptable.***

***A change in any of these positions requires submission of a new signature page with ALL signers.***

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| **Original Signatures are Required** |
| 1. **Official Budget Representative**

*Must be a person with budget-setting authority (i.e. City/County Commissioner, Mayor, Department Head, or President of Board Directors)* |
| Name  | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | City/State/Zip | Click or tap here to enter text. |
| Email | Click or tap here to enter text. | Telephone | Click or tap here to enter text. |
| Date | Click or tap here to enter text. | Signature |  |
| 1. **Project Director**

*Must be an employee of the applicant agency* |
| Name | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | City/State/Zip | Click or tap here to enter text. |
| Email | Click or tap here to enter text. | Telephone | Click or tap here to enter text. |
| Date | Click or tap here to enter text. | Signature |  |
| 1. **Financial Officer**
 |
| Name | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | City/State/Zip | Click or tap here to enter text. |
| Email | Click or tap here to enter text. | Telephone | Click or tap here to enter text. |
| Date | Click or tap here to enter text. | Signature |  |
| 1. **Primary Grant Activities Point of Contact**

*This individual does not have any authority pertaining to the grant and is simply the main point of contact for day-to-day communication. Signatures and official decision-making must come from the Official Budget Representative, Project Director, and Financial Officer.* |
| Name | Click or tap here to enter text. | Title | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | City/State/Zip | Click or tap here to enter text. |
| Email | Click or tap here to enter text. | Telephone | Click or tap here to enter text. |
| Date | Click or tap here to enter text. | Signature |  |

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| --- | --- |
| Date Received by MBCC: |  |