**CERTIFICATION OF SIGNATURES AND ADDRESSES**

The Board of Directors of Organization Name met on Click here to enter a date. and authorized the below named individuals to sign contracts, amendments, disbursement requests and other documents requiring such signatures as a part of the CHDO Certification program:

|  |  |  |
| --- | --- | --- |
| Name | Title | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name | Title | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name | Title | Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The following individuals have been authorized to serve as the primary and secondary contacts for the organization for matters relating to the CHDO Certification Program. Include the corresponding address to which all correspondence and payments to the organization shall be sent.

|  |  |  |
| --- | --- | --- |
| Category | Primary Contact | Secondary Contact |
| Name: |  |  |
| Title: |  |  |
| Address: |  |  |
| Phone: |  |  |
| Email: |  |  |

*Changes to authorized signatures, contact persons or address shall be made in writing to AHFA.*

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) Date

Name of Signatory

Its:

Role of Signatory