



Community Development Block Grant (CDBG) Program
DESIGNATION OF DEPOSIT OF GRANT FUNDS (F-1)

Funding Agreement Number(s): 127-16

(Complete the name and address of Recipient Unit of Local Government [UGLG])

UGLG: Gila County

Address: _____

City: _____

State: Arizona

Zip: _____

has been designated as the recipient for all funds to be received from ADOH resulting from CDBG Funding Agreement Number(s) shown above.

Funds shall be deposited by the recipient UGLG to:

Name of Financial Institution: _____ Account Name/#: _____

A. Check this box if payment to be mailed to grantee

B. Check this box if payment to be sent electronically (direct deposit).

Note: If Box B is checked, GA0-618 Automated Clearinghouse (ACH) Vendor Authorization must be sent to ADOH.

Account number by which CDBG funds will be recorded in grantee financial records: _____

Leverage account number, if applicable: _____

I certify that CDBG funds shall be deposited as specified above; shall not be deposited in an interest bearing account (unless all requests for payment shall be on a reimbursement basis); and shall be deposited in an FDIC-insured financial institution.

Michael A. Pastor

Typed Name of Chief Elected Official

Signature of Chief Elected Official

Chairman, Gila County Board of Supervisors

Title

Date



Community Development Block Grant (CDBG) Program
AUTHORIZED SIGNATURE CARD
FOR REQUESTS FOR PAYMENT ON CDBG ACCOUNT (F-2)

UGLG: Gila County

Funding Agreement Number(s): 127-16

SIGNATURES OF INDIVIDUALS AUTHORIZED TO REQUEST FUNDS ON THE CITED CDBG FUNDING AGREEMENTS(s):

1

Signature

Malissa Buzan

Typed Name

Date

Community Services Director

Title

2

Signature

Nicholas Montague

Typed Name

Date

Community Services Fiscal Manager

Title

3

Signature

Dana True

Typed Name

Date

Community Services Accounting Clerk, Sr.

Title

4

Signature

Typed Name

Date

Title

I certify that the signatures above are of the individuals authorized to request payments for the cited contract and that I, as the Chief Elected Official (Mayor/County Board Chairperson), have the authority to designate these individuals to take such action.

Signature of Chief Elected Official

Michael A. Pastor

Typed Name

Date

Chairman, Gila County Board of Supervisors

Title



Community Development Block Grant (CDBG) Program
AUTHORIZED SIGNATURE CARD FOR ALL ADMINISTRATIVE
ACTIONS PERTAINING TO CDBG FUNDING AGREEMENTS

UGLG: Gila County

FUNDING AGREEMENT NUMBER(S): 127-16

ONLY ONE SIGNATURE REQUIRED (additional recommended to ensure signatory availability)

SIGNATURE(S) OF AUTHORIZED INDIVIDUAL(S)

Typed Name Malissa Buzan Title Community Services Director

Signature _____ Date _____

Typed Name Nicholas Montague Title Community Services Fiscal Manager

Signature _____ Date _____

Typed Name _____ Title _____

Signature _____ Date _____

Typed Name _____ Title _____

Signature _____ Date _____

I certify that the signatures above are those of the individuals who may authorize administrative actions for the cited contract and that I, as the Chief Elected Official, have the authority to designate these individuals to take such action.

Chief Elected Official Michael A. Pastor Title Chairman, Gila County Board of Supervisors
(Typed Name)

Signature _____ Date _____