

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
NEIGHBORHOOD HOUSING INITIATIVES DIVISION**

**AUTHORIZED SIGNATURE
DESIGNATION FORM**

As the highest elected official of _____ I designate the following individual(s) as Authorized Signer(s) for Grant #: _____ to sign the associated Grant Agreement, submit FSR payment requests and Grant Amendments, if applicable, for the aforementioned grant.

Date: _____

Authorized Signer Signature
Printed Name:
Title:

Date: _____

Authorized Signer Signature
Printed Name:
Title:

APPROVED BY HIGHEST ELECTED OFFICIAL:

Date: _____

Authorized Official Signature
Printed Name:
Title: