







Complete this form when there are changes in the persons who are authorized to submit Requests for Funds to the Department.

Use the tab key to move between form fields when completing the form electronically.

Recipient Name:	Contract Number:			Funding Source: Small Cities CDBG DRI NSP	
Mailing Address (Street or P.O. Box):					
City, State, and Zip Code:					
Recipient's DUNS #:			Recipient's FEID #:		
Note: A maximum of two employees of the Recipient can be authorized to access eCDBG for this contract. The individuals listed below have been designated to access eCDBG on behalf of the Recipient listed above for the purpose of submitting Requests for Funds (RFFs) and required reports. The eCDBG website address is – http://www.deoecdbg.com.					
Primary User's Name:		Date:		Signature	
Title:		E-mail A	E-mail Address:		
Secondary User's Name:		Date:		Signature	
Title:		E-mail Address:			
As the Chief Elected Official of the Recipient, I certify that the above individuals are authorized to submit RFF's and reports through eCDBG on behalf of the Recipient.					
Name: Title:		Date:		Signature	
Additional Payment Information for Processing Requests for Funds					
 Check here if the Recipient utilizes Electronic Funds Transfer (EFT) from the State of Florida. Check here if the Recipient will be working on a reimbursement basis. If this signature authority form pertains to a <u>housing rehabilitation</u> grant, check here if your local government will use an escrow account for housing activities. 					
CDBG payments to local governments using EFT are automatically deposited in the local government's general account. If the account is interest bearing, the CDBG funds must be transferred to a non-interest bearing account. You can check the status of your deposit at the Comptroller's website: http://flair.dbf.state.fl.us/ .					
Local governments not receiving EFT, and not working on a reimbursement basis, must establish a non-interest bearing account. Provide account information for the financial institution (insured by FDIC) below. All signatures on the account must be bonded.					
Name of Financial Institution:				Account Numl	per:
Address:				Telephone Nur	mber: () -
City, State and Zip Code:					