

AUTHORIZED SIGNATURE FORM

Grantee Name: City of Arkansas City, Kansas Grant No.: 21-PF-002
Street Address: 118 W. Central, P.O. Box 778
City, State, Zip: Arkansas City, KS 67005

AUTHORIZED SIGNATURES FOR REQUEST FOR PAYMENT

Typed Name and Title

Name: Kanyon Gingham
Title: Mayor

(Signature)

Typed Name and Title

Name: Randy Frazer
Title: City Manager

(Signature)

Typed Name and Title

Name: Nick Rizzio
Title: Municipal Project Manager

(Signature)

Typed Name and Title

Name: Jennifer Waggoner
Title: Finance Director/Treasurer

(Signature)

I hereby certify that the above signatures are authorized to sign the Request for Payment of CDBG funds (Form No. RP-1).

Typed Name and Title

Date: _____
Name: Kanyon Gingham
Title: Mayor

(Signature of Certifying Official)