

**CDBG-CV Small Cities Program Pre-Application  
Authorized Signature Form**



**Local Government Applicant Name:** \_\_\_\_\_

**Pre-Application Preparer Name:** \_\_\_\_\_

**Pre-Application Preparer Email:** \_\_\_\_\_

**By signing this form, the undersigned certifies that:**

- a. The undersigned is a duly authorized representative of the local government applicant;**
- b. The undersigned approves submission of the CDBG-CV Small Cities Pre-Application.**

\_\_\_\_\_  
**Local Government Applicant Signature**

\_\_\_\_\_  
**Date**

**Local Government Applicant Representative Name:** \_\_\_\_\_

**Local Government Applicant Representative Email:** \_\_\_\_\_