

**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: _____