

Authorization to Submit Online Application

As the duly authorized representative for:

(Agency Legal Name)

I authorize

(Staff person name & Title)

to submit this grant application through the City’s Department of Community and Human Development Online Application System. I further understand that as the duly authorized representative it is my responsibility to review and approve all the documents contained in this application.

Name

Signature

Title

Date

Please specify the DCHD category and program name this application is being submitted for:

DCHD Category: _____

Program Name: _____