SAN BERNARDINO COUNTY | Community Development and Housing

Authorization to Submit Application Form

This form must be completed, signed, and uploaded with the organization's application in Submittable. Applications without this authorization will be considered incomplete.

Organization Name:	
Authorized Representative (Name & Title):	
Application Preparer (if different):	

Statement of Authorization
By signing below, the undersigned affirms that:

- ☐ The individual named above is duly authorized to submit an application for CDBG funding on behalf of the organization.
- ☐ The organization's governing body (Board of Directors, City Council, or equivalent) has approved this authorization.
- ☐ All information provided in the application is true and correct to the best of the organization's knowledge.
- ☐ The organization agrees to comply with all requirements of the San Bernardino County CDBG Program and HUD regulations if awarded funding.

Signature of Authorized Official

Signature:	
Name/Title:	
Date:	

Signature of Board Chair / City Manager / Equivalent (if applicable)

Signature:	
Name/Title:	
Date:	