

Authorized Representative Statement

City of Miami – Department of Community Development

Provide the name(s) and telephone number of the person(s) who has been designated the responsibility within the following areas:

Position	Name	Telephone #
Chairman of the Board		
Executive Director		
Project Director		
Affirmative Action Officer		
Personnel Officer		
Fiscal Management Officer		

I. Persons Authorized to Sign Checks

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

II. Person(s) Authorized to Sign Reimbursement Packages

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

III. Persons Authorized to Sign Contracts

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

Name: _____
 Title: _____
 Phone: _____
 Signature: _____

Facsimile Signatures Required and MUST BE BONDED

Date: _____