

REPORTING SIGNATORY FORM

Recipient Name: _____
Address: _____
Contact Person & Title: _____
Phone Number: _____
E-mail Address: _____
FAX Number: _____

The individual(s) listed below are herein authorized to sign and submit Client Services & Cost Reimbursement Request(s) to the Northern California Indian Development Council, Inc. It is understood the NCIDC will only accept documents signed by the individual(s) herein listed:

PRINTED NAME(S) & THEIR TITLE(S):

AUTHORIZED SIGNATURE(S):

(Not valid without actual signature.)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

In addition to myself, as Tribal Chairperson, or other officer as designated by the Tribal Council, I also certify the individual(s) listed above are authorized to sign and submit required reports, reimbursement requests and modifications to Northern California Indian Development Council, Inc. on behalf of the:

Reservation/Rancheria

Authorized Signature

Date

Printed Name & Title of Person Signing