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 |  |  |