



Tobacco Region Revitalization Commission
Signature Authorization Form

Grant Recipient:

Project Title:

TRRC Grant #:

The following persons are authorized to request funds for the above grant awarded by the Tobacco Region Revitalization Commission:

Signature	Printed Name	Title	E-mail Address

All grant payments shall be made payable to:

Organization:

Address:

City, State, Zip:

Federal ID #:

Phone #:

Signature of Grantee's Chief Executive

Printed Name of Grantee's Chief Executive

Title

Date