

## Explanation of Form

The Certified Signatures and Address Form is required for DHCD to process requests for payments (drawdowns). It must be filled out by the grantee's chief administrative official. The form must be received by DHCD prior to the Grantee's first draw down. Resubmittal of the Certification is required if **either** the certified signatures or certified address change, for DHCD to process any new payment requests.

**At least four different persons must sign this Certification:**

1. The certifying local chief executive;
2. The notary public; and
3. The two (2) persons authorized to sign payment requests. Cannot be the same persons as the ones who signs the Grantee's checks without prior approval from the DHCD's Financial Analyst.

The Grantee may authorize more than two signatures, if desired. The authorized signatures must be typed (or printed) **and** signed.

It is of utmost importance that the certified address include the correct content and be in the required format. The format restrictions (listed below) were made by the Virginia Department of Accounts, and failure to conform to their format may delay processing of payment requests. Funds can **only be paid or transferred to the Grantee locality**. Checks may not be paid or transferred to any third parties.

**Format and content requirements for the Certified Address:**

1. Maximum 4 lines. Up to 40 characters, including spaces, in line 1. Up to 32 characters in lines 2 and 3.
2. Use no punctuation and abbreviate words whenever possible. Abbreviate Virginia as **VA**, Street as **ST**, Post Office Box as **P O BOX**, and use initials instead of the full name (e.g., Mary Hart, Treasurer as M HART TREAS). Delete all extraneous words and symbols that do not affect delivery or Grantee processing of the payment.
3. PAYEE - must name grant **locality** first and, space permitting, may also include the project name. The locality must be listed with **name first and 'County' 'City' or 'Town' after** (e.g. Town of Grantsburg is shown as GRANTSBURG TOWN).
4. ADDRESS - checks may be sent to either a local government address or directly to a bank for deposit.

**Federal Identification Number (Fin):** is required by the Virginia Department of Accounts and draw downs will **not** be processed without this number. Be sure to use the FIN and your suffix number that applies to your **CDBG** bank account.

Virginia Department of Accounts has instituted electronic transfer to the locality's general funds account. Be sure to use the suffix number assigned by the Virginia Department of Accounts for your CDBG electronic transfer to ensure that your funds are deposited to the correct account.

### ***Electronic Transfer and Debt Off-Set***

The Commonwealth will transfer the CDBG amount requested via an electronic transfer according to the agreement set up between the Locality and the Department of Accounts. This agreement will need to be reviewed before your first draw down to insure that the transfer will be made to the correct bank account, or revised to include your new CDBG checking account.

A transfer can be made to a separate account by having the Department of Accounts add a “suffix” to your Federal Identification Number. To have drawdowns deposited to separate accounts, complete the Electronic Transfer forms available at the Virginia Department of Accounts website, [www.doa.state.va.us](http://www.doa.state.va.us). Click on the EDI button on the left side of your screen. These forms can be faxed to the General Account Unit, Virginia Department of Account General Accounting, at (804) 225-4250 or mailed to P. O. Box 1971, Richmond, VA 23215-1971. Call 804-225-3164 if you have any questions.

If the amount received is higher than the amount requested, there is probably a second or third non-CDBG transfer being made at the same time. Each Grantee should be receiving a “remittance advice” for each component of the transfer and these could be used to reconcile the total transfer.

If the transfer is for an amount less than requested, in most cases, the Department of Taxation has captured all or part of the transfer within the Debt Off-Set program. In other words, your locality was showing on their list as owing the state money, and the CDBG transfer was captured to fulfill that debt.

Please note that the full amount of the CDBG drawdown must be deposited. Should all or part of a drawdown go to satisfy an outstanding obligation with the state, the locality must make up the difference out of their own funds, or be subject to an interest penalty.

**\*** Be sure to check the DOA website regularly for updated EDI-related forms and information. Remember to refresh your screen to get the most recent version. Remember to resubmit the *Trading Partner EDI Notification of Change* form if your banking information changes. This form must be submitted fifteen (15) days in advance of any changes.

**CERTIFICATION OF SIGNATURES AND ADDRESS**

RE: CDBG COMMUNITY IMPROVEMENT GRANT # \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, does hereby certify that \_\_\_\_\_ is the Chief Executive Officer of \_\_\_\_\_ and that only the following named individuals are authorized to sign requests for CDBG Community Improvement Grant funds from the Department of Housing and Community Development, Project Management Office:

\_\_\_\_\_  
Name (please type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please type)

\_\_\_\_\_  
Signature

The affiant does further state that all payments made by the Department of Housing and Community Development pursuant to CDBG Community Improvement Grant # \_\_\_\_\_ should be made only to the named payee and address below, which payee the affiant hereby certifies to be authorized to receive such funds at the address below:

PAYEE (Grantee): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zipcode: \_\_\_\_\_

CERTIFIED by:

\_\_\_\_\_  
Signature of Chief Executive Officer

\_\_\_\_\_  
Title

The Federal Identification Number (FIN) for this account is: \_\_\_\_\_ - \_\_\_\_\_. Sworn and subscribed before me, a Notary Public, in and for the Commonwealth of Virginia, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE: \_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration number: \_\_\_\_\_

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