

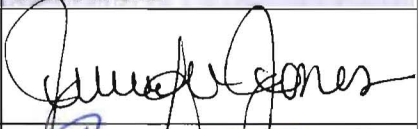
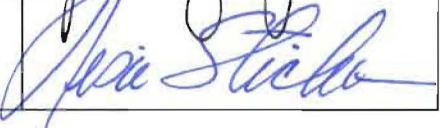


SIGNATURE AUTHORIZATION FORM

Please review the executed grant agreement prior to submitting this request. Authorized officials may designate additional representatives from the local government to sign reimbursement requests on behalf of the grant recipient. Please complete this form and return to DNRC. The grant recipient may attach a signed resolution as additional documentation to accompany this request.

GRANT RECIPIENT (LOCAL GOVERNMENT)	TITLE OF PROJECT	GRANT AGREEMENT NUMBER(S)
YELLOWSTONE COUNTY	YELLOWSTONE COUNTY BILLINGS BENCH WATER ASSOCIATION MAIN CANAL REHABILITATION	AC-22-0194

AUTHORIZED REPRESENTATIVE(S) TO SIGN REQUEST FOR REIMBURSEMENT¹

PRINTED NAME	TITLE	SIGNATURE
JENNIFER JONES	FINANCE DIRECTOR, YELLOWSTONE COUNTY	
LISA STICKA	COMPTROLLER, YELLOWSTONE COUNTY	

As the AUTHORIZED OFFICIAL², I designate the additional representative(s) to sign reimbursement requests for the above referenced grant(s).

PRINTED NAME	TITLE	SIGNATURE	DATE SIGNED
JOHN OSTLUND	CHAIRMAN, BOARD OF COUNTY COMMISSIONERS		

I hereby certify that I have witnessed the signing of the above-named signatures.

PRINTED NAME OF WITNESS ³	SIGNATURE	DATE SIGNED

¹ Enter the names and titles of other representatives from the local government authorized to request reimbursement on behalf of the grant recipient. **Consultants, Conservation District Administrators, Grant Managers or staff reimbursed by the grant agreement MAY NOT be signatories.**

² **AUTHORIZED OFFICIAL:** Individual with the authority to enter into a legal agreement with DNRC. DNRC REQUIRES that the grant agreements and reimbursement forms be signed by an authorized official of the local government entity.

³ Suggested witness is an elected official or local government official other than the above signatories.