



Town of Pagosa Springs
 551 Hot Springs Boulevard
 Post Office Box 1859
 Pagosa Springs, CO 81147
 Phone: 970.264.4151
 Fax: 970.264.4634

EXHIBIT II-F.1
Community Development Block Grant Program
Signatory Authority and Delegation of Signatory Authority

_____ Town of Pagosa Springs, Colorado _____ has attached:
Name of Entity

- Bylaws
- Board Resolution |
- Policy: Town Charter and Ordinances (Re: Duties of town manager) and Purchasing Policy
- Other: _____ to document:

A. the delegating of limited signatory authority to

_____ **Andrea Phillips** _____
Name
 _____ **Town Manager** _____
Title

an employee or agent of Town of Pagosa Springs, Colorado _____,

for the purpose of authorizing and signing:

<input checked="" type="checkbox"/>	Payment Requests
<input checked="" type="checkbox"/>	Quarterly Financial Status Reports
<input checked="" type="checkbox"/>	Quarterly Project Performance Reports
<input checked="" type="checkbox"/>	Monitoring Documents
<input checked="" type="checkbox"/>	Certified Payroll
<input type="checkbox"/>	Other

Signature of Authorized Individual

_____  _____ Date 9/19/19

The above authorization will commence on the date of this statement, as attested to below, and will apply for the duration of the following Contract/s:

CDBG #19-504 Acquisition of existing facility for Pagosa Peak Open School