

## EXHIBIT 1-E

### PREPARATION OF THE DESIGNATION OF DEPOSITORY FORM

#### Block Number On Form -- and Instructions

- [1] Enter name, address and zip code of depository (bank) designated to receive federal funds.
  - [2] Enter entire CDBG contract number.
  - [3] Enter **non-interest bearing** bank account number where CDBG funds are to be deposited.
  - [4] Enter name of CDBG grant recipient: (City or Town of \_\_\_\_\_, or \_\_\_\_\_ County.)
  - [5] Enter complete mailing address of CDBG recipient/grantee.
  - [6]. Signature of Chief Elected Officer (CEO) or Executive Officer of the CDBG grantee.
  - [7] Enter the title of the CEO or Executive Officer for the CDBG recipient (Mayor, City Manager, or Chairperson of the County Commission).
  - [8] Enter date the form was signed by CEO or Executive Officer of CDBG recipient.
  - [9] Enter same account number as in #3 above.
  - [10] Enter the American Bankers' Association (ABA) Routing Number (if you are planning to utilize electronic deposit for CDBG funds).
  - [11] Enter the same name of the depository (bank) as in #1 above.
  - [12] Enter the same address and zip code of the bank where CDBG funds will be sent, as in #1 above.
  - [13] Enter the signature of authorized bank officer.
  - [14] Enter the title of the authorized bank officer for the depository bank.
  - [15] Enter the date form was signed by authorized bank officer.
- NOTE: Mail an original copy to the CDBG liaison and retain a photocopy for your records. It is important that there are no erasures, corrections or correction fluid on either copy. Also, all signatures should be made in ink.

**MONTANA DEPARTMENT OF COMMERCE  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM**

**DESIGNATION OF DEPOSITORY FOR DIRECT DEPOSIT OF CDBG FUNDS**

---

**SECTION 1** *(To be Completed by CDBG recipient)*

---

The [1] \_\_\_\_\_  
*Name, Address and ZIP Code of Grant Recipient's Bank*

has been designated as the depository for all funds to be received from the Montana Department of Commerce resulting from CDBG Contract No. [2] **MT-CDBG-** for deposit to a non-interest bearing account:

[3] \_\_\_\_\_  
*Account Name/Number*

[4] \_\_\_\_\_ [5] \_\_\_\_\_  
*Name of Grant Recipient Address*

[6] \_\_\_\_\_ [7] \_\_\_\_\_  
*Signature of Chief Elected Official Title of Chief Elected Official*  
*or Executive Officer or Executive Officer*

[8] \_\_\_\_\_  
*Date*

---

**SECTION II** *(To be completed by the bank)*

---

The account identified in Section I has been established with this bank. All necessary documentation, including a power of attorney where necessary, which will legally enable this depository to receive state warrants from the State Auditor's Office for deposit to:

[9] \_\_\_\_\_  
*Account Name and/or Number*

[10] \_\_\_\_\_  
*ABA (American Bankers' Association) Routing Number for electronic deposit*

without the payee's endorsement have been received and are in this depository's custody.

[11] \_\_\_\_\_ [12] \_\_\_\_\_  
*Name of Bank Address where checks should be mailed*

[13] \_\_\_\_\_ [14] \_\_\_\_\_  
*Signature of Authorized Bank Officer Title of Authorized Bank Officer*

[15] \_\_\_\_\_  
*Date*