

## AUTHORIZED SIGNATORY FORM

<b>PART 1:</b> <b>Contract Agreement/Contract Amendments/Fiscal Closeout Report</b>
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Agency Name	
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*The following persons have personally signed below and are authorized to sign documents as indicated:*

<b>Name</b>	
<b>Title</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<b>Signature</b> <i>Digital/hand stamps not accepted</i>	
<b>Name</b>	
<b>Title</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<b>Signature</b> <i>Digital/hand stamps not accepted</i>	
<b>Name</b>	
<b>Title</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<b>Signature</b> <i>Digital/hand stamp not accepted</i>	

# AUTHORIZED SIGNATORY FORM

**PART 2:**  
**Monthly Financial Reports/Budget Revisions**

*The following persons have personally signed below and are authorized to sign documents as indicated:*

<b>Name</b>	
<b>Title</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<b>Signature</b> <i>Digital/hand stamps not accepted</i>	
<b>Name</b>	
<b>Title</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<b>Signature</b> <i>Digital/hand stamps not accepted</i>	
<b>Name</b>	
<b>Title</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<b>Signature</b> <i>Digital/hand stamps not accepted</i>	

**PART 3:  
 Board Chairperson**

<b>Name</b>	
<b>Mailing Address</b>	
<b>Phone #</b>	
<b>Email Address</b>	
<p>I certify as the Board Chair for the Agency/Organization entering into this contract, that the persons named above are authorized to negotiate and execute on behalf of this Agency/Organization, said contract and all documents pertaining to this contract, and to submit claims for reimbursement and other financial reports required by said contract. Furthermore, the signatures recorded above are the true and correct signatures of the designated individuals.</p>	
<b>Signature</b> <i>Digital/hand stamps</i> <i>NOT accepted</i>	