



Champions For Our Children

APPENDIX H

Form ___ of ___

CONTRACTOR SIGNATURE AUTHORIZATION FORM

Agency Name:		Contract Number:	
Project Name:		Contract Period:	

INSTRUCTIONS: Check the appropriate boxes below and then sign and submit two (2) completed original forms. The form will be considered incomplete if the Certification section is not signed by the agency's authorized signatory, as delegated by bylaws or corporate resolution. If applicable, a copy of the board resolution must be included with completed form.

ALL SIGNATURES MUST BE DONE IN BLUE FOR VERIFICATION PURPOSES.

AUTHORIZED SIGNATORY

Print Name: _____ Title: _____

Signature: _____ Date: _____

DOCUMENT(S) Authorized to sign: INVOICES REPORTS CONTRACT CONTRACT AMENDMENTS BUDGET & BUDGETAMENDMENTS

AUTHORIZED SIGNATORY

Print Name: _____ Title: _____

Signature: _____ Date: _____

DOCUMENT(S) Authorized to sign: INVOICES REPORTS CONTRACT CONTRACT AMENDMENTS BUDGET & BUDGETAMENDMENTS

AUTHORIZED SIGNATORY

Print Name: _____ Title: _____

Signature: _____ Date: _____

DOCUMENT(S) Authorized to sign: INVOICES REPORTS CONTRACT CONTRACT AMENDMENTS BUDGET & BUDGETAMENDMENTS

AUTHORIZED SIGNATORY

Print Name: _____ Title: _____

Signature: _____ Date: _____

DOCUMENT(S) Authorized to sign: INVOICES REPORTS CONTRACT CONTRACT AMENDMENTS BUDGET & BUDGETAMENDMENTS

CERTIFICATION: PER THE AGENCY'S BYLAWS AND THE ATTACHED BOARD RESOLUTION (IF APPLICABLE), I/WE HEREBY VERIFY THAT I AM AN AUTHORIZED AGENCY SIGNATORY/WE ARE AUTHORIZED AGENCY SIGNATORIES FOR THE AFOREMENTIONED AGENCY AND AS SUCH CAN SIGN AND/OR DELEGATE AUTHORIZATION TO SIGN AND BIND THE AGENCY AS IT RELATES TO THE ABOVE-REFERENCED PROGRAM TO THE DELEGATED AUTHORIZED SIGNATORY/SIGNATORIES LISTED ON THIS FORM.

SIGNATURE AUTHORIZATION IS PROVIDED TO AGENCY AUTHORIZED SIGNATORY BELOW: PER SECTION (INCLUDE SECTION NUMBER) _____ OF THE AGENCY'S BYLAWS PER THE BOARD'S RESOLUTION (COPY ATTACHED)

CONTRACT/AMENDMENTS WILL REQUIRE: ONE SIGNATURE PER BYLAWS OR TWO SIGNATURES PER BYLAWS or AS A CORPORATION*

AGENCY AUTHORIZED SIGNATORY:

Name: _____ Title: _____

Signature: _____ Date: _____

**AGENCY AUTHORIZED SIGNATORY:

Name: _____ Title: _____

Signature: _____ Date: _____

*If Agency is a corporation, two (2) authorized signatories will be required on all documents submitted, unless specified in the organization's Bylaws or corporate resolution.

IMPORTANT NOTE: If the signature authorization status of any individual changes during the term of the grant agreement, it is the responsibility of the contractor to contact their respective Program Officer regarding the change and to complete and submit a new Signature Authorization Form. Incorrect information on file may delay the processing of any of the documents submitted.

USE NEW PAGE FOR ADDITIONAL AUTHORIZED SIGNATORIES. ALL ADDITIONAL PAGES MUST BE SIGNED BY THE AGENCY'S AUTHORIZED SIGNATORY OR SIGNATORIES.