Authorized Signature Form for Grant Contracts, Reimbursement Payment Requests (RPRs) or Cash Advance Payment Requests (CAPRs)/Financial Status Reports (FSRs)

Instructions

Please obtain at least two authorized signatures to facilitate back-up. Submit a new form when there is a change in personnel authorized to sign Grant Contracts, RPR's or FSR/CAPR requests, change in the address, or in the authorized limits. A change in the title or position of authorized personnel does not require a new form if the authority remains unchanged.

Grantee Organization Name and Address: Enter the legal name and complete address of the Grantee Organization.

Printed Name and Signature: Enter the typed name(s) of the individual(s) authorized to request cash and obtain signature(s) of each. If more than four persons are authorized, use additional forms and annotate: 1 of 2; 2 of 2; etc.

Certification of Authorizing Official: Enter signature, title(s) and date of the official authorized to certify the signatures.

DEED Certifying Officer: Leave Blank.

Authorized Signature Form for Reimbursement Payment Requests (RPRs), Cash Advance Payment Requests (CAPRs)/Financial Status Reports (FSRs) and DEED Grant Contracts

rantee Organization Name:	
Grantee Organization Address:	atures of Individual(s) Authorized to sign Reimbursement Payment Report (RPR), Cash Advance nent Request (CAPR) and/or Financial Status Reports (FSR) ONLY: Only one signature required Any two signatures required
antee Organization Address: gnatures of Individual(s) Authorized to sign Reimbursement Payment Report (RPR), Cash Advance yment Request (CAPR) and/or Financial Status Reports (FSR) ONLY: Only one signature required Any two signatures required Inted Name: Signature:	
Payment Request (CAPR) and/or Finan	cial Status Reports (FSR) ONLY:
Only one signature required	Any two signatures required
Printed Name:	Signature:
Printed Name	Signature:
Signature of Individual(s) Authorized to	o sign DEED Grant Contracts ONLY:
Only one signature required	Any two signatures required
Printed Name:	Signature:
Printed Name	Signature:
	of the individual(s)s authorized to sign Reimbursement Payment Request (CAPR), Financial Status Reports (FSR), or Grant
Authorizing Official Signature	Date
Authorizing Official Printed Name and T	itle
DEED Certifying Officer	Date