|  |  |  |
| --- | --- | --- |
| **Title** | **Name** | **Signature** |
|  |  |  |
| **Level of Signature Authority**  |  |   |
| [ ]  Contract Certification | [ ]  Invoices  | [ ]  Statement of Deliverables  |
| [ ]  Contract Change Request  | [ ]  Declaration of Compliance | [ ]  Monitoring Report |
| **Email Address** |  |  |
| **Phone Number** |  |
| **Title** | **Name** | **Signature** |
|  |  |  |
| **Level of Signature Authority**  |  |   |
| [ ]  Contract Certification | [ ]  Invoices  | [ ]  Statement of Deliverables  |
| [ ]  Contract Change Request  | [ ]  Declaration of Compliance | [ ]  Monitoring Report |
| **Email Address** |  |  |
| **Phone Number** |  |
| **Title** | **Name** | **Signature** |
|  |  |  |
| **Level of Signature Authority**  |  |   |
| [ ]  Contract Certification | [ ]  Invoices  | [ ]  Statement of Deliverables  |
| [ ]  Contract Change Request  | [ ]  Declaration of Compliance | [ ]  Monitoring Report |
| **Email Address** |  |  |
| **Phone Number** |  |
| **Title** | **Name** | **Signature** |
| CDTA PM |  |  |
| **Level of Signature Authority**  |  |   |
| [ ]  Contract Certification | [ ]  Invoices  | [ ]  Statement of Deliverables  |
| [ ]  Contract Change Request  | [ ]  Declaration of Compliance | [ ]  Monitoring Report |
| **Email Address** |  |  |
| **Phone Number** |  |

**Signature Authority Form and Board of Directors**

Name of Organization

Address

Phone Number/ Fax Number

In accordance with the Bylaws for the above-named organization, the people listed in the table below have signature authority for contract matters as checked.

|  |  |  |
| --- | --- | --- |
|  **Secretary, Board of Directors** | **Signature** | **Date** |
|  |  |  |
| **Title (alternate to Secretary, if needed)** | **Signature**  | **Date**  |
|  |  |  |

|  |
| --- |
|  |

Organization:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ As of this date, our Board of Directors is comprised of the following members:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name & Board Title** | **E-MAIL ADDRESS** | **PHONE** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |

|  |  |
| --- | --- |
| Maximum Numbers of Board Members per organization’s by-laws. |  |
| Maximum Length of Term per organization’s by-laws. |  |
| Maximum Number of Terms Allowed per organization’s by-laws. |  |

**Attachment**

Please see the attached policy and procedure form for instructions and timelines to complete this document.