San Mateo County Aging and Adult Services – Enclosure 5

RFP 2017-21 OLDER AMERICANS ACT AND COUNTY SPONSORED PROGRAMS

LIST OF AUTHORIZED SIGNATURES

Name of Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Provide the original signature and print the name of the individuals who are authorized to sign on behalf of your agency for the various aspects of contract business. Add additional lines as necessary. **Please provide at least two authorized signatures for each aspect.**

Agreements and Amendments to Agreements Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Budgets and Budget Revisions

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Monthly Expenditure Reports or Invoices (May not be the same individuals as the MIS Reports)

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Monthly Program or MIS Reports (May not be the same individuals as the Monthly Expenditure Reports / Invoices) Please indicate on the “Print name” line any signatures that are for a specific program.

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Form submitted to Aging and Adult Services by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_