

# SIGNATURE AUTHORIZATION FORM

WASHINGTON STATE MILITARY DEPARTMENT  
Camp Murray, Washington 98430-5122

*Please read instructions on reverse side before completing this form.*

NAME OF ORGANIZATION	DATE SUBMITTED
PROJECT DESCRIPTION Public Assistance Program, Disaster -DR-WA	CONTRACT NUMBER

1. AUTHORIZING AUTHORITY		
SIGNATURE	PRINT OR TYPE NAME	TITLE/TERM OF OFFICE

2. OTHER INDIVIDUALS AUTHORIZED TO SIGN CONTRACTS/CONTRACT AMENDMENTS		
SIGNATURE	PRINT OR TYPE NAME	TITLE

## INSTRUCTIONS FOR SIGNATURE AUTHORIZATION FORM

This form identifies the persons who have the authority to sign contracts and amendments. It is required for the management of your contract with the Military Department (MD). Please complete all sections. One copy with original signatures is to be sent to MD with the signed contract, and a copy should be kept with your copy of the contract.

When a contract and/or amendment is received, the signature is checked to verify that it matches the signature on file. **Processing of your contract and/or amendment can be delayed if the agreement and/or amendment is returned without the proper signature.** It is important that the signatures in MD's files are current. Changes in staffing or responsibilities will require a new signature authorization form.

1. **Authorizing Authority.** Generally, the person(s) signing in this box heads the governing body of the organization, such as the board chair or mayor. In some cases, the chief executive officer may have been delegated this authority.
2. **Other Individuals Authorized to Sign Contracts/Contract Amendments.** The person(s) with this authority should sign in this space. Usually, it is a county commissioner, mayor, executive director, finance director, city clerk, applicant agent, etc.

If you have any questions regarding this form or to request new forms, please call your Public Assistance Coordinator.