



**AUTHORIZED SIGNATORIES CERTIFICATION LETTER**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Grant Number: \_\_\_\_\_

This form authenticates the individuals authorized to sign requests for reimbursement and/or quarterly progress reports. Please complete this form, stating whom the **project manager, financial manager, and alternate person** will be, along with their signatures and date.

**Authorized Signatories** (please include up to three)

\_\_\_\_\_  
Authorized Official **Project Manager** (Print)

\_\_\_\_\_  
Authorized Official **Project Manager** (Signature)

\_\_\_\_\_  
Title (Print)

\_\_\_\_\_  
Authorized Official **Financial Manager** (Print)

\_\_\_\_\_  
Authorized Official **Financial Manager** (Signature)

\_\_\_\_\_  
Title (Print)

\_\_\_\_\_  
Authorized Official **Project Manager** (Print)

\_\_\_\_\_  
Authorized Official **Project Manager** (Signature)

\_\_\_\_\_  
Title (Print)

\_\_\_\_\_  
Signature of Certifying Officer for Grantee

\_\_\_\_\_  
Date