**OFFICE OF CRIMINAL JUSTICE PROGRAMS**

**SIGNATURE AUTHORIZATION FORM**

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| *Instructions: Please complete the form below and send to your OCJP Program Manager. Once this form is approved, the Designee will sign appropriate documents* ***as*** *the Authorized Official. This includes signing the Authorized Official’s printed name, signature, and title. The Designee will then sign their initials to those sections.*  *Please note that the Authorized Official remains the legal contracting entity and person ultimately responsible for the overall operations of the agency. Also,* ***only*** *Authorized Officials can sign Corrective Action Plans for monitoring reports.* |

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| **Agency Name:** | | **Agency Address:** | |
| **Contract Number(s), if established:** | | **Agency Phone:** | |
| **Authorized Official** | | | |
| **Typed Name:**  **Title:**  **Date Elected:** | | | |
| **Authorized Official’s Designee** | | | |
| **Name:** | **Title:** | | **Signature:** |
| **I certify that the signature above are of the individuals authorized to sign official documents.** | | | |
| **Authorized Official’s Signature: Date:** | | | |