

**WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES  
BUREAU FOR CHILDREN AND FAMILIES  
OFFICE OF FINANCE AND ADMINISTRATION  
DIVISION OF GRANTS & CONTRACTS**

**AUTHORIZED SIGNATURES**

**AGENCY NAME:** \_\_\_\_\_

**AGENCY STREET ADDRESS:** \_\_\_\_\_

**AGENCY MAILING ADDRESS:** \_\_\_\_\_

The following individual(s) has/have been duly authorized by the Board of Directors, Commissioner, Superintendent, or Owner (if private for-profit) to sign financial documents (i.e., invoices, checks, contracts/agreements, budgets and/or expenditure reports) submitted to the West Virginia Department of Health and Human Resources as indicated below.

<p>_____ <b>Signature</b></p> <p>_____ <b>Printed Name</b></p> <p>_____ <b>Title</b></p> <p>_____ <b>e-mail address</b></p>	<p><b>AUTHORIZED TO SIGN: (PLEASE MARK ALL THAT APPLY)</b></p> <p><b>Contracts:</b> _____</p> <p><b>Invoices:</b> _____</p> <p><b>Checks:</b> _____</p> <p><b>Budgets:</b> _____</p> <p><b>Expenditure Reports:</b> _____</p> <p><b>Other – Specify:</b> _____</p>
<p>_____ <b>Signature</b></p> <p>_____ <b>Printed Name</b></p> <p>_____ <b>Title</b></p> <p>_____ <b>e-mail address</b></p>	<p><b>AUTHORIZED TO SIGN: (PLEASE MARK ALL THAT APPLY)</b></p> <p><b>Contracts:</b> _____</p> <p><b>Invoices:</b> _____</p> <p><b>Checks:</b> _____</p> <p><b>Budgets:</b> _____</p> <p><b>Expenditure Reports:</b> _____</p> <p><b>Other – Specify:</b> _____</p>

**SIGNATURE OF BOARD PRESIDENT:** \_\_\_\_\_

**SIGNATURE OF OWNER:** \_\_\_\_\_

**SIGNATURE OF SUPERINTENDENT/COMMISSIONER/PRESIDENT:** \_\_\_\_\_

**DATE SUBMITTED TO DEPARTMENT:** \_\_\_\_\_