

## Department of Public Safety Signatory Authority Form

|                                                                                                                                                                                                                                                |                                                                                |                                                                                    |                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Grant Program(s):</b>                                                                                                                                                                                                                       |                                                                                | <b>Effective Date</b>                                                              |                                                                                      |
| <b>UEI #</b>                                                                                                                                                                                                                                   |                                                                                | <b>Tax ID#</b>                                                                     |                                                                                      |
| <b>Name of Applicant (Jurisdiction):</b>                                                                                                                                                                                                       |                                                                                |                                                                                    |                                                                                      |
| <b>Signatory Information</b>                                                                                                                                                                                                                   |                                                                                |                                                                                    |                                                                                      |
| <i>Project Manager, Chief Financial Officer, and Signatory Official must be three (3) different individuals.</i>                                                                                                                               |                                                                                |                                                                                    |                                                                                      |
|                                                                                                                                                                                                                                                | <i>Primary Signatories: Grant Award/Amendments and Quarterly Grant Reports</i> | <i>Primary Delegations: Quarterly Financial and Narrative Grant Reports (only)</i> | <i>Secondary Delegations: Quarterly Financial and Narrative Grant Reports (only)</i> |
| <b>Project Manager</b><br><i>Name/Title</i><br><i>Individual who will manage project</i>                                                                                                                                                       |                                                                                |                                                                                    |                                                                                      |
| <b>Project Manager</b><br><i>Address</i><br><i>City, State Zip</i>                                                                                                                                                                             |                                                                                |                                                                                    |                                                                                      |
| <b>Project Manager</b><br><i>Telephone</i>                                                                                                                                                                                                     |                                                                                |                                                                                    |                                                                                      |
| <b>Project Manager</b><br><i>Email</i>                                                                                                                                                                                                         |                                                                                |                                                                                    |                                                                                      |
| <b>Chief Financial Officer</b><br><i>Name/Title</i><br><i>Highest level financial officer, authorized to certify financial expenditures and records</i>                                                                                        |                                                                                |                                                                                    |                                                                                      |
| <b>Chief Financial Officer</b><br><i>Address</i><br><i>City, State Zip</i>                                                                                                                                                                     |                                                                                |                                                                                    |                                                                                      |
| <b>Chief Financial Officer</b><br><i>Telephone</i>                                                                                                                                                                                             |                                                                                |                                                                                    |                                                                                      |
| <b>Chief Financial Officer</b><br><i>Email</i>                                                                                                                                                                                                 |                                                                                |                                                                                    |                                                                                      |
| <b>Signatory Official</b><br><i>Name/Title</i><br><i>Jurisdiction's Chief Executive Governing Official and Title</i>                                                                                                                           |                                                                                |                                                                                    |                                                                                      |
| <b>Signatory Official</b><br><i>Address</i><br><i>City, State Zip</i>                                                                                                                                                                          |                                                                                |                                                                                    |                                                                                      |
| <b>Signatory Official</b><br><i>Telephone</i>                                                                                                                                                                                                  |                                                                                |                                                                                    |                                                                                      |
| <b>Signatory Official</b><br><i>Email</i>                                                                                                                                                                                                      |                                                                                |                                                                                    |                                                                                      |
| <b>Equipment Inventory Manager</b><br><i>Name</i>                                                                                                                                                                                              |                                                                                |                                                                                    |                                                                                      |
| <b>Equipment Inventory Manager</b><br><i>Telephone</i>                                                                                                                                                                                         |                                                                                |                                                                                    |                                                                                      |
| <b>Equipment Inventory Manager</b><br><i>Email</i>                                                                                                                                                                                             |                                                                                |                                                                                    |                                                                                      |
| <b>Grant Correspondence</b> such as award documents and payment notifications will be sent to primary delegates. If you would like additional contacts cc'd in the email please list them below and provide email address if not listed above. |                                                                                |                                                                                    |                                                                                      |
|                                                                                                                                                                                                                                                |                                                                                |                                                                                    |                                                                                      |
| <b>Signatures are required by everyone named above.</b>                                                                                                                                                                                        |                                                                                |                                                                                    |                                                                                      |
| <b>Project Manager</b>                                                                                                                                                                                                                         |                                                                                |                                                                                    |                                                                                      |
|                                                                                                                                                                                                                                                | <i>Primary Signatory</i>                                                       | <i>Primary Delegate</i>                                                            | <i>Secondary Delegate</i>                                                            |
| <b>Chief Financial Officer</b>                                                                                                                                                                                                                 |                                                                                |                                                                                    |                                                                                      |
|                                                                                                                                                                                                                                                | <i>Primary Signatory</i>                                                       | <i>Primary Delegate</i>                                                            | <i>Secondary Delegate</i>                                                            |
| <b>Signatory Official</b>                                                                                                                                                                                                                      |                                                                                |                                                                                    |                                                                                      |
|                                                                                                                                                                                                                                                | <i>Primary Signatory</i>                                                       | <i>Primary Delegate</i>                                                            | <i>Secondary Delegate</i>                                                            |
| <b>Equipment Inventory Manager</b>                                                                                                                                                                                                             |                                                                                |                                                                                    |                                                                                      |
|                                                                                                                                                                                                                                                | <i>Primary Signatory</i>                                                       | <i>Primary Delegate</i>                                                            | <i>Secondary Delegate</i>                                                            |

## **Subgrantee/Jurisdiction Signatory Authority**

### **Grant Agreement**

The Grant Agreement template requires the identification of three (3) separate individuals and their positions; Project Manager, Chief Financial Officer, and Signatory Official and original signatures from the Project Manager, Chief Financial Officer and the Signatory Official. Depending on the grant, an Equipment Inventory Manager's signature may be required. The signatory official's shall be:

- Project Manager; The individual that has the overall responsibility for implementation of the grant project(s).
- Chief Financial Officer; The individual that has final fiscal responsibility and authority for the jurisdiction. (Examples: Financial Officer, Controller, Comptroller, Finance Chief, Financial Manager, etc.)
- Signatory Official; The individual that has final executive authority and responsibility for the jurisdiction. (Examples; Mayor, City Manager)
- Equipment Inventory Manager: The individual that has final accountability for equipment whereabouts at any given time. (Example; Project Manager, Procurement Officer)

The signatory officials on the Grant Agreement and amendments can not be delegated. Changes to these individuals may require an amendment to the original document.

### **Delegation of Signatory Authority**

The Chief Financial Officer, Signatory Official, and the Project Manager may delegate signature authority to another individual(s) (delegate) for the Narrative and Financial Progress Reports only. The jurisdiction must submit the Signatory Authority Form upon acceptance of the Grant Agreement form. No changes to this document will be accepted without prior written request and approval from DPS Grants. The jurisdiction must be in compliance with the following:

- The delegate(s) for the Chief Financial Officer or the Signatory Official cannot be the Project Manager nor can the delegate(s) be subordinate to the Project Manager.
- DPS Grants will maintain a copy of the delegation request on file and will apply it to the appropriate grant report. If the delegation letter is not on file, the report will be returned to the jurisdiction.
- DPS Grants reserves the right to accept and authorize the delegation of signatory authority for all grants identified for that jurisdiction.

### **Equipment Inventory Manager**

When a subrecipient has purchased equipment (\$5,000.00 or more or highly pilferable) items through grants with DPS Grants (federal or state funds), the jurisdiction must report on those items annually whether they have a current grant or not. The Equipment Inventory Manager is the designated contact for DPS Grants to coordinate with.