

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.

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

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

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

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

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