

AUTHORIZED REPRESENTATIVE STATEMENT

Provide the name(s) and telephone number of the person(s) who has been designated the responsibility within the following areas:

<u>POSITION</u>	<u>NAME</u>	<u>TELEPHONE NUMBER</u>
Chairman of the Board	_____	_____
Executive Director	_____	_____
Project Director	_____	_____
Affirmative Action Officer	_____	_____
Personnel Officer	_____	_____
Fiscal Management Officer	_____	_____

1. PERSON(S) AUTHORIZED TO SIGN CHECKS

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
TELEPHONE: _____	TELEPHONE: _____
SIGNATURE: _____	SIGNATURE: _____

2. PERSON(S) AUTHORIZED TO SIGN REIMBURSEMENT PACKAGES

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
TELEPHONE: _____	TELEPHONE: _____
SIGNATURE: _____	SIGNATURE: _____

3. PERSON(S) AUTHORIZED TO SIGN CONTRACTS

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
TELEPHONE: _____	TELEPHONE: _____
SIGNATURE: _____	SIGNATURE: _____

*Persons Authorized to Pick-up _____
Reimbursement Checks _____

FACSIMILE SIGNATURES REQUIRED AND MUST BE BONDED

Date