AREA 12 AGENCY ON AGING FY2024-2025
XXXXXXXXXXXXXXXXXXXXXXXX
CONTRACT AUTHORIZED SIGNATORY FORM

PROVIDER: _____

ADDRESS: _____

_____

The following persons have personally signed below and are authorized to sign documents as indicated:

Agreements

_____ _____
Board Chairperson (term through) Printed/Typed Name

_____ _____
Designee by Board Action Printed/Typed Name

Fiscal Reports/Budgets

_____ _____
Program Director Printed/Typed Name

_____ _____
Designee for Program Director/Title Printed/Typed Name

Program Reports

_____ _____
Program Director Printed/Typed Name

_____ _____
Designee for Program Director/Title Printed/Typed Name

For emergency contact, the Board Chairperson's telephone number is _____

And mailing address is _____

_____ _____
Submitted by Date