



This form identifies the identity of official representatives authorized to submit project reports and financial payment requests. The State will not release funds if names and signatures below, excluding electronic verification, do not match those shown on requests for payments and on invoices or reports. "Authorized Official" must be the person legally authorized to sign contracts or otherwise represent the Grantee. As protection to both the State and Grantee, no one official can fulfill more than one responsibility and each of the three officials must be different from the other two.

Project Information	
Grantee:	Grant Number:
Project Title:	

Signature Authority					
Last Name		First Name		Position/Rank	
Agency					
Mailing Address			City	State	Zip Code
Office Phone		Email Address			
Signature:				Date:	

Financial Officer					
Last Name		First Name		Position/Rank	
Agency					
Mailing Address			City	State	Zip Code
Office Phone		Email Address			
Signature:				Date:	

Project Director					
Last Name		First Name		Position/Rank	
Agency					
Mailing Address			City	State	Zip Code
Office Phone		Email Address			
Signature:				Date:	

CATPA Office Use Only	
Date Received:	
Signature:	