San Francisco Department of Public Health



Grant Colfax, M.D., Director of Health

City and County of San Francisco London N. Breed Mayor

Signature Authority Form and Board of Directors

Name of Organization Address Phone Number/ Fax Number

In accordance with the Bylaws for the above-named organization, the people listed in the table below have signature authority for contract matters as checked.

Title	Name	Signature
Level of Signature Authority		
		_
Contract Certification	Invoices	Statement of Deliverables
Contract Change Request	Declaration of Compliance	☐ Monitoring Report
Email Address		
Phone Number		
Title	Name	Signature
Level of Signature Authority		
Contract Certification	☐ Invoices	Statement of Deliverables
Contract Change Request	Declaration of Compliance	☐ Monitoring Report
Email Address	Declaration of compliance	Worldoning Report
Phone Number		1
I none i (unio ei		
Title	Name	Signature
Title	Name	Signature
Title Level of Signature Authority	Name	Signature
	Name Invoices	Signature Statement of Deliverables
Level of Signature Authority		
Level of Signature Authority Contract Certification Contract Change Request Email Address	Invoices	Statement of Deliverables
Level of Signature Authority Contract Certification Contract Change Request	Invoices	Statement of Deliverables
Level of Signature Authority Contract Certification Contract Change Request Email Address Phone Number Title	Invoices	Statement of Deliverables
Level of Signature Authority Contract Certification Contract Change Request Email Address Phone Number	☐ Invoices ☐ Declaration of Compliance	Statement of Deliverables Monitoring Report
Level of Signature Authority Contract Certification Contract Change Request Email Address Phone Number Title	☐ Invoices ☐ Declaration of Compliance	Statement of Deliverables Monitoring Report
Level of Signature Authority Contract Certification Contract Change Request Email Address Phone Number Title CDTA PM	☐ Invoices ☐ Declaration of Compliance	Statement of Deliverables Monitoring Report
Level of Signature Authority Contract Certification Contract Change Request Email Address Phone Number Title CDTA PM Level of Signature Authority Contract Certification Contract Change Request	☐ Invoices ☐ Declaration of Compliance Name	Statement of Deliverables Monitoring Report Signature
Level of Signature Authority Contract Certification Contract Change Request Email Address Phone Number Title CDTA PM Level of Signature Authority Contract Certification	☐ Invoices ☐ Declaration of Compliance Name ☐ Invoices ☐ Invoices	Statement of Deliverables Monitoring Report Signature Statement of Deliverables

San Francisco Department of Public Health



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City and County of San Francisco London N. Breed Mayor

Secretary	, Board of Directors	Signature	Date
Title (alterna	te to Secretary, if needed)	Signature	Date
Organization:			
Date: members:	As of this date, or	ur Board of Directors is compr	ised of the following

	Name & Board Title	E-MAIL ADDRESS	PHONE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

Maximum Numbers of Board Members	
per organization's by-laws.	
Maximum Length of Term per	
organization's by-laws.	
Maximum Number of Terms Allowed	
per organization's by-laws.	

Attachment

Please see the attached policy and procedure form for instructions and timelines to complete this document.