



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		
<input type="checkbox"/> Contract Certification	<input type="checkbox"/> Invoices	<input type="checkbox"/> Statement of Deliverables
<input type="checkbox"/> Contract Change Request	<input type="checkbox"/> Declaration of Compliance	<input type="checkbox"/> Monitoring Report
Email Address		
Phone Number		
Title	Name	Signature
Level of Signature Authority		
<input type="checkbox"/> Contract Certification	<input type="checkbox"/> Invoices	<input type="checkbox"/> Statement of Deliverables
<input type="checkbox"/> Contract Change Request	<input type="checkbox"/> Declaration of Compliance	<input type="checkbox"/> Monitoring Report
Email Address		
Phone Number		
Title	Name	Signature
Level of Signature Authority		
<input type="checkbox"/> Contract Certification	<input type="checkbox"/> Invoices	<input type="checkbox"/> Statement of Deliverables
<input type="checkbox"/> Contract Change Request	<input type="checkbox"/> Declaration of Compliance	<input type="checkbox"/> Monitoring Report
Email Address		
Phone Number		
Title	Name	Signature
CDTA PM		
Level of Signature Authority		
<input type="checkbox"/> Contract Certification	<input type="checkbox"/> Invoices	<input type="checkbox"/> Statement of Deliverables
<input type="checkbox"/> Contract Change Request	<input type="checkbox"/> Declaration of Compliance	<input type="checkbox"/> Monitoring Report
Email Address		
Phone Number		



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Secretary, Board of Directors	Signature	Date
Title (alternate to Secretary, if needed)	Signature	Date

Organization:

Date: _____ As of this date, our Board of Directors is comprised of the following members:

	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.