



COLORADO

Division of Homeland Security
& Emergency Management

Department of Public Safety

Signature Authorization Form

All fields on this form must be completed to be accepted.

All authorizations require two (2) or more signatures depending on the authorization purpose. This form allows saving for single signatures to supplement for three (3) or more required signatures.

For Application authorizations ONLY:

- Please indicate the Grant Program and Year in place of the award agreement encumbrance number below.
- Applications which require more than two (2) signatures, please complete additional forms as necessary to fulfill the requirements for signatures as outlined in the instructions for the grant application.

SUBRECIPIENT NAME:	<u>Huerfano County</u>
AWARD AGREEMENT	
ENCUMBRANCE NUMBER:	

Please select the authorization purpose for this signature submission: [Authorize Application](#)

The Subgrantee and responsible signatories certify by signing that they have read and understand the Application including the grant requirements, and if awarded, are fully cognizant of their duties and responsibilities for this grant and will comply with, and follow, all requirements established in Federal and DHSEM grant guidance. The Subgrantee understands and agrees that any subgrant award received as a result of this application shall incorporate by reference the information contained herein.

Signature Authorization Section:

PRINTED: Signature #1 Name	<u></u>	PRINTED: Signature #2 Name	<u>Carl Young</u>
TITLE for Signature #1	<u>BOCC Chairman</u>	TITLE for Signature #2	<u>County Administrator</u>
EMAIL for Signature #1	<u></u>	EMAIL for Signature #2	<u>cyoung@huerfano.us</u>
PHONE for Signature #1	<u></u>	PHONE for Signature #2	<u></u>
DATE of Signature #1	<u></u>	DATE of Signature #2	<u></u>

Signature #1	Signature #2
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