



COLORADO

Division of Homeland Security & Emergency Management

Department of Public Safety

Signature Authorization Form

Form Instructions:

Subrecipient Name - Legal name of jurisdiction

Award Agreement Encumbrance Number - Located on Small Dollar Grant Award (SDGA) or the grant program and grant year if unknown

Signature Authorization Section requirements -

- Application: Board of County Commissioner (BOCC)/County Manager/Sheriff - whoever holds the authority to enter into the terms & conditions of the grant **and** Chief Financial Officer (CFO)/Fiscal Officer must sign this form. The local Emergency Manager's (EM) signature authorization should be captured by advancing/submitting in EMGrants Pro and therefore, does not need to sign this form.*
- Progress Report: Only the local EM is the authorized signer and it should be captured by advancing/submitting in EMGrants Pro so this form does not need to be signed by the local EM. If another person has been delegated, this form must be signed unless they have EMGrants Pro access to advance/submit.*
- Request for Reimbursement (RFR): Only the CFO/Fiscal Officer or designated person on behalf of the CFO/Fiscal Officer must sign this form unless they have access to advance/submit in EMGrants Pro. The local EM may be the authorized signer and is captured by advancing/submitting in EMGrants Pro.*
- Scope/Budget Change: CFO/Fiscal Officer must sign this form and the local EM's signature authorization should be captured by advancing/submitting in EMGrants Pro.*

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

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.

By signing, I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

Signature Authorization Section:

PRINTED: Signature #1 Name	<u>Karl Sporleder</u>	PRINTED: Signature #2 Name	<u>Kim Trujillo</u>
TITLE for Signature #1	<u>BOCC Chairman</u>	TITLE for Signature #2	<u>Chief Finance Officer</u>
EMAIL for Signature #1	<u>ksporleder@huerfano.us</u>	EMAIL for Signature #2	<u>ktrujillo@huerfano.us</u>
PHONE for Signature #1	<u>(719) 738-3000</u>	PHONE for Signature #2	<u>(719) 738-3000</u>
DATE of Signature #1	<u>12/17/2024</u>	DATE of Signature #2	<u>12/17/2024</u>

Signature #1	Signature #2
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