**PLEASE RETURN TO:**Cassandra Kellogg Gillenwater

[ckellogggillenwater@serveindiana.gov](mailto:ckellogggillenwater@serveindiana.gov)

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| --- | --- |
| **Host Organization:** | ABC INC |
| **Address:** | 1234 SEASAME STREET |
| **City, State, Zip:** | ANYTOWN, USA, 12345 |

*The board of directors of the above-mentioned organization has granted signatory authority to the individual or individuals noted below.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Primary** | **Secondary 1** | **Secondary 2** |
| **Name:** | Jane Doe | John Smith | Jack J. Hill |
| **Title** | Executive Director | Chief Financial Officer | Program Director |
| **Telephone** | 888-555-1212 | 888-555-1213 | 888-555-1214 |
| **Email** | [jdoe@abc.net](mailto:jdoe@abc.net) | [jsmith@abc.net](mailto:jsmith@abc.net) | [jhill@abc.net](mailto:jhill@abc.net) |
|  | (Please check all that apply) | (Please check all that apply) | (Please check all that apply) |
| **Authorized Legal Signatures:** | * State Grant Agreement * Member Contracts * Member-related forms * Program Applications * Program Management Forms * Quarterly Progress Reports * Financial Status Reports * Grant Closeout Package * Request for Reimbursement * Host Site Agreement(s) * Correspondence * Other: | * State Grant Agreement * Member Contracts * Member-related forms * Program Applications * Program Management Forms * Quarterly Progress Reports * Financial Status Reports * Grant Closeout Package * Request for Reimbursement * Host Site Agreement(s) * Correspondence * Other: | * State Grant Agreement * Member Contracts * Member-related forms * Program Applications * Program Management Forms * Quarterly Progress Reports * Financial Status Reports * Grant Closeout Package * Request for Reimbursement * Host Site Agreement(s) * Correspondence * Other: |

Signature: Signature: Signature:

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