



CITY OF CHICAGO
 Delegate Agency
 Signature Authorization Form

Check one:
 Initial Authorization
 Revised Authorization
 Cancel Authorization

Delegate Agency Name	
Address	
City, State, Zipcode	
Primary Contact Name	
Primary Contact Telephone Number	
FEIN	
Blanket Purchase Order (Global) Number If multiple, enter all PO Numbers or "various"	
Program Name (Optional)	

THIS DOCUMENT IS PART OF THE CONTRACT BETWEEN THE CITY OF CHICAGO AND THE DELEGATE AGENCY (Name must be consistent with the legal agency name on the FEIN and City Contract) IDENTIFIED ABOVE.

The person whose signature is furnished below is hereby authorized to sign spending budgets, budget revisions, reimbursement vouchers (invoices), audit confirmations and contractual related documentation for the program funded by the City Department of

AUTHORIZED PERSON'S SIGNATURE: _____

AUTHORIZED PERSON'S NAME (please type):

AUTHORIZED PERSON'S TITLE (please type):

AUTHORIZED PERSON'S SIGNATURE (2nd optional): _____

AUTHORIZED PERSON'S NAME (please type):

AUTHORIZED PERSON'S TITLE (please type):

Describe any limitations on the designated signatory's in the comment box below:

This authorization is approved for this Delegate Agency by:

APPROVING PERSON'S SIGNATURE: _____

APPROVING PERSON'S NAME (please type):

APPROVING PERSON'S TITLE (please type):

DATE OF THIS APPROVAL:

This form is to be completed as part of the Delegate Agency's process of executing the contract identified by the above Blanket (Global) Purchase Order contract number. Completing this form is one of the conditions necessary to receive funds from the City. Delegate Agency is required to inform the City Department of any organizational changes to the "Approving Person" identified on the completed form. An Executive Director cannot approve his/her self as an authorized signer. The approval would need to be provided by a Board of Directors' officer, as required.