**AUTHORIZATION TO SIGN PROJECT DOCUMENTS**

I, , hereby authorize the identified individuals to act on my behalf in coordination with the Attorney General’s office in reference to VCVA Grant Number «Grant\_Number». In this capacity, they are authorized to sign all correspondence in relation to this project.

Agency: «Agency»

**Authorized Program Officer**

Authorized Individual’s Mailing Address

Authorized Individual’s Area Code/Phone No

Authorized Individual’s Area Code/Fax No

Authorized Individual’s E-mail

**Authorized Fiscal Officer**

Authorized Individual’s Mailing Address

Authorized Individual’s Area Code/Phone No

Authorized Individual’s Area Code/Fax No

Authorized Individual’s E-mail:

Chief Executive Officer Date