



OFFICE OF THE ATTORNEY GENERAL
STATE OF ILLINOIS

KWAME RAOUL
ATTORNEY GENERAL

AUTHORIZATION TO SIGN PROJECT DOCUMENTS or ADDRESS CHANGE

I, _____, hereby authorize the identified individuals to act on my behalf in coordination with the Office of the Attorney General.

Grant Number _____. In this capacity, they are authorized to sign all correspondence in relation to this project.

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

The Authorized Program Officer and Fiscal Officer cannot be the same individual.

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