



**Authorized Signatories Form  
 Homeless Housing, Assistance, and Prevention (HHAP)**

**Instructions:** This form is intended to list all of the individuals who are authorized to sign Homeless Housing, Assistance, and Prevention (HHAP) grant documents. The Authorized Representative who signs this form must be an individual who is authorized to legally bind the awarded entity and/or payee to HHAP grant agreements. The Authorized Representative is authorized to sign all HHAP grant documents and may authorize additional signatories to sign HHAP grant documents using the Authorized Signatories' section below.

**Grantee information:** Enter the name of the awarded entity (e.g. Sacramento CoC) and payee (e.g. Sacramento Steps Forward).

**Authorized Signatories:** Enter the names and title/position of the individuals authorized by the Authorized Representative to sign HHAP grant documents. Each of the authorized signatories listed below must sign this form. Signatures may be wet or electronic.

**PLEASE NOTE:** Pursuant to California Government Code, Section 40602, for cities (including charter cities), the Authorized Representative must be the mayor of the city, or the city must include a reference to a city ordinance that delegates signing authority.

**Certification:** By signing this form, the Authorized Representative certifies that they are authorized to legally bind the administrative entity and/or payee to HHAP grant agreements, they are authorized to sign all HHAP grant documents, and the authorized signatories listed on this form are additionally authorized to sign HHAP grant documents. Signatures may be wet or electronic.

**Changes to this form:** This form must be updated whenever the Authorized Representative or signatories change.

GRANTEE INFORMATION	
<b>Awarded Entity:</b>	
<b>Payee:</b>	
<b>This form applies to the following grants:</b>	<input type="checkbox"/> HHAP 1 <input type="checkbox"/> HHAP 2 <input type="checkbox"/> HHAP 3 <input type="checkbox"/> HHAP 4 <input type="checkbox"/> HHAP 5 <input type="checkbox"/> HHAP 6

AUTHORIZED SIGNATORIES		
Name	Title/Position	Signature

CERTIFICATION	
<i>I certify that I am legally authorized to sign HHAP grant documents and that I am additionally authorizing the above signatories to sign HHAP grant documents.</i>	
<b>Name of Authorized Representative</b>	<b>Title</b>
<b>Signature of Authorized Representative</b>	<b>Date</b>

Rev 10/2025