Georgia Department of Human Services

Authorized Signer & Approver Information Form

This form contains pertinent information for both authorized signer and approvers. You must upload this completed form in the Notes & Attachments eCAT CIF.

Contract Information	
Company Name	

Authorized Signer Information

Provide the list of authorized individuals in the order they should sign. If contract is a nonprofit, the authorized signer(s) must match the Corporate Resolution.

Authorized Signer(s)			
Authorized Signer #1		Email Address	
Title		Phone Number	
Authorized Signer #2		Email Address	
Title		Phone Number	
Authorized Signer #3		Email Address	
Title		Phone Number	
Authorized Signer #4		Email Address	
Title		Phone Number	
Authorized Signer #5		Email Address	
Title		Phone Number	

Authorized Approver Information

If the contract requires approval before signature, provide the names in the order they should approve.

Authorized Approver(s)			
Authorized Approver #1		Email Address	
Title		Phone Number	
Authorized Approver #2		Email Address	
Title		Phone Number	
Authorized Approver #3		Email Address	
Title		Phone Number	
Authorized Approver #4		Email Address	
Title		Phone Number	
Authorized Approver #5		Email Address	
Title		Phone Number	

Georgia Department of Human Services

Authorized Signer & Approver Information Form

My signature below acknowledges that all information contained in this form is accurate and verified.

Program Contact	
Brenda Jones Digitally signed by Brenda Jones Date: 2023.01.05 16:03:54 -05'00'	Adm 3
Signature	Title
Brenda Jones	November 8, 2023
Printed Name	Date