



CITY OF CHICAGO

Applicant Signature Authorization

Please Check One

- [ ] Initial Authorization
[ ] Revised Authorization
[ ] Cancel

TO THE CITY COMPTROLLER'S OFFICE

TO BE COMPLETED BY THE CITY DEPARTMENT
FMPs Coding:
SC Contract # / FMPs Contract # Release # BFY Fund Report Category # Project #
Applicant Name ndor # /Site

TO BE COMPLETED BY THE DELEGATE AGENCY
Applicant Name Agency FEIN
Address City/State Zipcode
Contact Person Contact Phone # ( )

THIS DOCUMENT IS PART OF THE CONTRACT BETWEEN THE CITY OF CHICAGO AND THE Applicant IDENTIFIED ABOVE.

The person whose signature is furnished below is hereby authorized to sign reimbursement vouchers and related documentation.

for a program funded by the Department of

AUTHORIZED PERSON'S SIGNATURE:

AUTHORIZED PERSON'S NAME (Please Type):

AUTHORIZED PERSON'S TITLE (Please Type):

Describe any limitations on that authority here:

This authorization is approved for this Applicant 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 process of executing the contract identified by the above fund and contract numbers. Completing this form is one of the conditions necessary to receive funds from the City.