

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
OFFICE OF WOMEN’S HEALTH (OWH)
CONTRACT CONTACT VERIFICATION/SIGNATURE AUTHORIZATION FORM**

COMPLETE AND RETURN VIA ELECTRONIC MAIL TO THE OFFICE OF WOMEN’S HEALTH AT OWHContract@ph.lacounty.gov. INCLUDE ANY AUTHORIZING DOCUMENT (BYLAWS, OPERATING AGREEMENT, PARTNERSHIP AGREEMENT ETC.), IF APPLICABLE, TO VERIFY SIGNATURE AUTHORIZATION. IF THE SIGNATURE AUTHORIZATION STATUS OF ANY INDIVIDUAL OR THE ADDRESS CHANGES DURING THE TERM OF THE CONTRACT, IT IS THE RESPONSIBILITY OF THE AGENCY TO COMPLETE AND SUBMIT A NEW SIGNATURE AUTHORIZATION FORM IMMEDIATELY. DOCUMENTS SIGNED BY UNAUTHORIZED SIGNATORY(IES), WILL NOT BE ACCEPTED.

Date: _____

Legal Agency Name:		Executive Director Name:	
Agency Administrative Address:		Executive Director Name Email Address:	
COMPLETE PART I FOR AUTHORIZED CONTRACT SIGNATORY(IES) AND PART II FOR REPORTS, INVOICES, AND CLOSEOUT REPORTS.			
PART I. AUTHORIZED CONTRACT SIGNATORY(IES)			
PER THE AGENCY’S AUTHORIZING DOCUMENT (ATTACHED BYLAWS, OPERATING AGREEMENT, PARTNERSHIP AGREEMENT, RESOLUTION(S), ETC.), I/WE HEREBY VERIFY THAT I/WE AM/ARE AN AUTHORIZED AGENCY SIGNATORY(IES) FOR THE AFOREMENTIONED AGENCY AND AS SUCH CAN SIGN AND BIND THE AGENCY TO CONTRACTUAL AGREEMENTS AND AMENDMENTS.			
SIGNATURE AUTHORIZATION IS PROVIDED TO AGENCY	<input type="checkbox"/> EXECUTIVE DIRECTOR <input type="checkbox"/> CHIEF EXECUTIVE OFFICER	<input type="checkbox"/> AGREEMENTS <input type="checkbox"/> AMENDMENTS	
PRIMARY AGENCY AUTHORIZED CONTRACT AND AMENDMENT SIGNATORY	Print Name:		Title:
	Email Address:		Signature:
SIGNATURE AUTHORIZATION IS PROVIDED TO AGENCY	<input type="checkbox"/> EXECUTIVE DIRECTOR <input type="checkbox"/> CHIEF EXECUTIVE OFFICER	<input type="checkbox"/> AGREEMENTS <input type="checkbox"/> AMENDMENTS	
SECONDARY AGENCY AUTHORIZED CONTRACT AND AMENDMENT SIGNATORY	Print Name:		Title:
	Email Address:		Signature:
PART II. FISCAL AND PROGRAMMATIC AUTHORIZED SIGNATORIES			
AUTHORIZED SIGNATORY	Print Name:		Title:
	Email Address:		Signature:
DOCUMENTS Authorized to sign are: <input type="checkbox"/> SERVICE REPORTS <input type="checkbox"/> INVOICES <input type="checkbox"/> FINANCIAL CLOSEOUT REPORT			
AUTHORIZED SIGNATORY	Print Name:		Title:
	Email Address:		Signature:
DOCUMENTS Authorized to sign are: <input type="checkbox"/> SERVICE REPORTS <input type="checkbox"/> INVOICES <input type="checkbox"/> FINANCIAL CLOSEOUT REPORT			
AUTHORIZED SIGNATORY	Print Name:		Title:
	Email Address:		Signature:
DOCUMENTS Authorized to sign are: <input type="checkbox"/> SERVICE REPORTS <input type="checkbox"/> INVOICES <input type="checkbox"/> FINANCIAL CLOSEOUT REPORT			
IMPORTANT NOTE: IT’S IMPERATIVE TO ENSURE THAT THE AGENCY ADDRESS IS UP TO DATE AT ALL TIMES AS ALL PAYMENTS WILL BE RECONCILED WITH THE ADDRESS ON FILE AND AN INCORRECT ADDRESS COULD DELAY RECEIPT OF PAYMENTS. IN ADDITION TO UPDATING YOUR ADDRESS WITH THE OWH, PLEASE UPDATE THE VENDOR REGISTRATION PROFILE WITH ISD AS WELL.			