

# DESIGNATION OF GRANT OFFICIALS - INSTRUCTIONS

On the following page, fill in the name, title, address, and phone number for the project director, the financial officer, and the authorized for the grant. No two officials can be the same person.

## **A. Project Director**

This official must be an employee of the applicant agency or from a contractor organization, at the applicant's option, who will be directly responsible for operation of the project.

## **B. Financial Officer**

This person must be the chief financial officer of the applicant agency such as the county auditor, city treasurer/controller, or the board treasurer.

## **C. Authorized Official**

This person is the official who is authorized to apply for, accept, decline, or cancel the grant for the applicant agency. This must be the executive director of a state agency, chairperson of the county Board of Commissioners, city mayor, chairperson of the city council, or the chairman/president of the board of directors. All correspondence regarding the grant application must be signed by the authorized official. Once an award has been made, the authorized official may designate someone to sign this documentation by submitting a letter on agency letterhead to CJCC.

# DESIGNATION OF GRANT OFFICIALS

LEGAL NAME OF AGENCY: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

GRANT NUMBER: \_\_\_\_\_

Mr.

Ms.

PROJECT DIRECTOR NAME (Type or Print) \_\_\_\_\_

Title and Agency \_\_\_\_\_

Official Agency Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mr.

Ms.

FINANCIAL OFFICER (Type or Print) \_\_\_\_\_

Title and Agency \_\_\_\_\_

Official Agency Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Mr.

Ms.

AUTHORIZED OFFICIAL (Type or Print) \_\_\_\_\_

Title and Agency \_\_\_\_\_

Official Agency Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_