

All Contractors/Potential Contractors are required to fill out and submit this form.

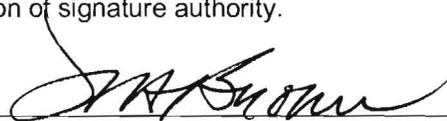
Completion of this form designates signature authority for Contractor: Tom Green County

The Contractor may attach a document or letter designating signature authority, including the signature authority's name and title, or verify that the signature below is the only signature authority designated for contracting with DFPS.

- Document attached (e.g., from the contractor's governing body)
- Signature used below is the signature authority for the Contractor

The Contractor understands that there is an ongoing duty to notify DFPS in writing of any change to signature authority during the term of the contract with DFPS. The Contractor verifies that the attached document or signature below is a complete, true, and correct representation of signature authority.

Mike Brown
Printed Name


Signature of Authorized Representative

County Judge
Title of Authorized Representative

9-13-11
Date

Tom Green County
Legal Name of Contractor/Potential Contractor

23939172
Contract or Procurement Number

The Designated Signature Authority, as referenced above, must authorize in writing the delegation of signature authorities to any additional person(s) to approve and sign contract documents. The Contractor must use the supplied attachment(s) provided by DFPS to capture further delegation information. Both the printed name and signature is required for each authorized individual.

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
Additional Authorized Signature Designation

Contractor's Name & Mailing Address:

Date: _____

Program Name & Contract Number:

Designation of Contract Signatories

The agency's contract signatory, as referenced on the Signature Authority Designation (form 2031), for the above listed program contract has authorized the following person(s) listed below to approve and sign on the contract functions as indicated. Please note that *both* the printed name and signature is required for each authorized individual.

Printed Name	Title	Function	Signature
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification of Designation

I certify that the person(s) indicated above are designated as "Authorized Official(s)" for the purpose stated and that the signatures are valid. I further understand that it is my responsibility to immediately notify the Division of Regional CPS Contracts in writing of any changes to the above list.

Printed or Typed Name & Title of Contract Signatory

Signature