

# APPENDIX D

## FY22 FISCAL SIGNATORIES FORM

**PARTNERSHIP:**

**DATE:**

<b>BOARD CHAIRPERSON</b>
NAME (please print):
TITLE:
SIGNATURE:

<b>EXECUTIVE DIRECTOR (must be <i>designated by board</i>)</b>	
NAME (please print):	
TITLE:	
LIMITATION:	<i>Please choose an option for each:</i>
Budget Re-Allocation Form	\$                    amount or <input type="checkbox"/> no limitations
Invoice Payment Authorization Form	NO CHANGES ALLOWED. Limitation amount set by SCFS.
Contract Authorization	\$                    amount or <input type="checkbox"/> no limitations
SIGNATURE:	

<b>BOARD MEMBER #1</b>
NAME (please print):
TITLE:
SIGNATURE:

<b>BOARD MEMBER #2</b>
NAME (please print):
TITLE:
SIGNATURE:

<b>BOARD MEMBER #3</b>
NAME (please print):
TITLE:
SIGNATURE:

<b>BOARD MEMBER #4</b>
NAME (please print):
TITLE:
SIGNATURE:

Local partnerships (LP) may choose to require the Board Chair's signature, a Board member's signature or to delegate authority to the Executive Director either entirely or up to a specified amount of funding. LP re-allocation forms will not be approved by SCFS without at least one of the above signatures.

The LP board shall determine how many members have signature authority and this authority must be voted on by the LP board and reflected in LP board minutes.

**REMEMBER: Complete, sign, scan and save this form as a PDF. Send ONE copy along with the partnership's Formula Funding Grant Application and ONE copy to the SCFS Finance Manager.**