



CITY OF CHICAGO
Delegate Agency
Signature Authorization

Please Check One

- Initial Authorization
- Revised Authorization
- Cancel

TO THE CITY COMPTROLLER'S OFFICE, SPECIAL ACCOUNTING DIVISION

TO BE COMPLETED BY THE CITY DEPARTMENT								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%; height: 20px;"></td> </tr> <tr> <td style="font-size: small;">FMPS Contract #</td> <td style="font-size: small;">Release #</td> </tr> </table>			FMPS Contract #	Release #	FMPS Coding: _____ (Attach a supplementary page if needed) <div style="border: 1px solid black; height: 60px; width: 100%;"></div> <table style="width: 100%; font-size: small;"> <tr> <td style="width: 30%;">BFY</td> <td style="width: 30%;">Fund</td> <td style="width: 40%;">Report Category #</td> </tr> </table>	BFY	Fund	Report Category #
FMPS Contract #	Release #							
BFY	Fund	Report Category #						
Delegate Agency Name _____ /Site _____								

TO BE COMPLETED BY THE DELEGATE AGENCY			
Delegate Agency Name _____	/Site _____	Agency FEIN _____	
Address _____	City/State _____	Zipcode _____	
Agency Contact Person _____	Agency Contact Phone # (_____)		
<p>THIS DOCUMENT IS PART OF THE CONTRACT BETWEEN THE CITY OF CHICAGO AND THE DELEGATE AGENCY IDENTIFIED ABOVE.</p> <p>The person whose signature is furnished below is hereby authorized to sign reimbursement vouchers and related documentation.</p> <p>_____</p> <p>for a program funded by the Department of _____</p>			
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 Delegate Agency by:			
APPROVING PERSON'S SIGNATURE:	_____		
APPROVING PERSON'S NAME (Please Type):	_____		
APPROVING PERSON'S TITLE (Please Type):	_____		
DATE OF THIS APPROVAL:	_____		
<p><i>This form is to be completed as part of the Delegate Agency's 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.</i></p>			