



# COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT

FY \_\_\_\_\_ Grant No. \_\_\_\_\_  
Program: \_\_\_\_\_

## Program Authorizing Official Reporting Form

Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

**Authorizing Official**  
Name/Title: \_\_\_\_\_

An authorizing official is someone the organization's Board of Directors has assigned the responsibility of signing documents on behalf of the organization. Please provide the name/s and title/s of your organization's authorizing official/s. Attach a copy of the approved Board Meeting minutes or other official Board documentation that so designates each person named on this form.

\_\_\_\_\_  
Program Board Chair/President Name

\_\_\_\_\_  
Program Board Chair/President Signature

\_\_\_\_\_  
Date