



## Grant Subaward Signature Authorization

Grant Subaward #: VW22 400120

Subrecipient: County of Humboldt

Implementing Agency: Office of the District Attorney

The **Grant Subaward Director** and **Financial Officer** are **REQUIRED** to sign this form.

### Grant Subaward Director:

Printed Name: Maggie Fleming

Signature: \_\_\_\_\_

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

### Financial Officer:

Printed Name: Karen Paz Dominguez

Signature: \_\_\_\_\_

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

The following persons are authorized to sign for the **Grant Subaward Director**:

Signature: \_\_\_\_\_

Printed Name: Stacey Eads

Signature: \_\_\_\_\_

Printed Name: Rachelle Davis

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

The following persons are authorized to sign for the **Financial Officer**:

Signature: \_\_\_\_\_

Printed Name: James Hussey

Signature: \_\_\_\_\_

Printed Name: Tabatha Miller

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_