



Grant Subaward Signature Authorization

Grant Subaward #: VW21 390120

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: Rachelle Davis

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

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

Signature: _____

Printed Name: Amanda Loftis

Signature: _____

Printed Name: James Hussy

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Printed Name: _____