



Application Number:	<input type="text"/>
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*Application number will be sent as part of the confirmation email after submitting the electronic HEAP application.*

**HOMELESS EMERGENCY AID PROGRAM  
Authorized Signatories Form**

Date:	<input type="text"/>
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**GRANTEE INFORMATION**

Entity Name:	<input type="text"/>	Authorized Representative:	<input type="text"/>
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**Form Instructions:** Eligible applicants for HEAP funds are the Administrative Entities (Continuums of Care and large cities) as defined in Health and Safety Code Section Code 50210. By signing and submitting this document, the authorized representative is certifying that the approved signatory(ies) below are authorized to sign the standard agreement and related documents on behalf of the specified Administrative Entity. You will receive an application number after submitting your electronic application. Please attach this completed form with the rest of the required supplemental documents as a reply to your confirmation email. **These supplemental documents are required in order for the application to be deemed complete.**

In the space provided below, fill in the name, position/title and signature of all of the individuals who are authorized to sign all applicable HEAP documents in lieu of the authorized representative, including (but not limited to):

- 1) HEAP Standard Agreement
- 2) STD 204 form (for nongovernmental entities)
- 3) GovtTIN form (for governmental entities)
- 4) Shelter crisis declaration waiver (if applicable)

Number	Name of Approved Signatory	Position / Title	Signature
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** This form must be updated by the Administrative Entity whenever the authorized representative or approved signatory changes. The updated information must include the name, position/title and signature of the newly approved signatory. Please forward supporting documentation noticing any official changes to the list of approved signatories to [HCFC@BCSH.ca.gov](mailto:HCFC@BCSH.ca.gov). Supporting documentation must include the name and position/title of the individual authorized to legally bind the governing body to HEAP-related contracts and commitments. The supporting document does not need to be HEAP specific.

**CERTIFICATION**

I certify that the signature(s) above are of the individuals authorized to sign for all applicable documents for the HEAP grant cited above.

*NOTE: Authorized Representative cannot be a person named as an approved signatory above.*

<input type="text"/>	<input type="text"/>
Name of Authorized Representative	Title
<input type="text"/>	<input type="text"/>
Signature of Authorized Representative	Date