***MUST be replicated on public entity letterhead, executed, and notarized***

**AUTHORIZATION**

**TO ENTER INTO CONTRACT**

|  |  |
| --- | --- |
| Date: |  |
| Program: | XYZProgram |
| Contract Period: | [insert contract period] |
| Proposed Cost: |  |

Individual(s)\* authorized as a signing authority on behalf of Public Entity:

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Name: |  |
| Title: |  |

*[****insert Public Entity name as it appears on Application Cover****]* agrees to enter into a written contract with the Georgia Department of Human Services, Division of Family and Children Services, ABC Unit , to deliver services as described in FY20## XYZ Program proposal.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of **AUTHORIZED** Representative\*\* |  | *Notary Signature* |
|  |  |  |
| *Printed Name*  |  | *Date Commission Expires* |
|  |  | *.* |
| *Title*  |  | *Affix notary seal or stamp here* |
|  |  |  |
| Date |  |  |

***\*Name(s) and title(s) of authorized individual(s) MUST be consistent with identification of signing officer(s) reported on Cover, Section 2***.

***\*\*Authorized official of Public Entity.***