

**Helpful Hints in Completing the
Authorized Signatory Listing Form**

1. Please read all instructions before completing the **Contractor Authorized Signatory Listing** form found on pages 2 and 3. **Note:** State agencies are **exempt** from completing this form.
2. At the top of page 2, please enter Contractor Legal Name and Contractor Vendor/Customer Code.
3. In the box titled “Authorized Signatory Name” on page 2, please list ALL individuals who will be responsible for signing any document that requires a signature for the Formula Grant award. Documents include but are not limited to the following:
 - a. Standard Contract
 - b. General Sub-recipient Grant Conditions
 - c. Quarterly Financial Reporting Forms
 - d. Memorandum of Agreement/Certification of Consultation
4. The Contractor Authorized Signatory Listing form (page 2) must be signed by the public/private organization or local unit of government’s **Authorizing Official** (e.g. Mayor, City/Town Manager, Town Administrator, Executive Director, Board President, and Corporate Clerk).
5. At the top of page 3, please enter Contractor Legal Name and Contractor Vendor/Customer Code.
6. **For each respective individual listed as an Authorized Signatory within the box on page 2, a Proof of Authentication of Signature (refer to pg. 3) must be signed and signature notarized.**
For example: if there are four names listed as an Authorized Signatory, there should be four Proof of Authentication of Signature forms. (One per signatory is required).

COMMONWEALTH OF MASSACHUSETTS

CONTRACTOR AUTHORIZED SIGNATORY LISTING FORM



CONTRACTOR LEGAL NAME:

CONTRACTOR VENDOR/CUSTOMER CODE:

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

Signature

Date: _____

Title: _____ Telephone: _____

Fax: _____ Email: _____

[Listing cannot be accepted without all of this information completed.]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

**COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING**

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CONTRACTOR LEGAL NAME:
CONTRACTOR VENDOR/CUSTOMER CODE:

PROOF OF AUTHENTICATION OF SIGNATURE

This Section MUST be completed by the Contractor Authorized Signatory in presence of notary.

Signatory's full legal name (print or type): _____

Title: _____

X _____

Signature as it will appear on contract or other document (**Complete only in presence of notary**):

AUTHENTICATED BY NOTARY OR CORPORATE CLERK (PICK ONLY ONE) AS FOLLOWS:

I, _____ (NOTARY) as a notary public certify that I witnessed the signature of the aforementioned signatory above and I verified the individual's identity on this date:

_____, 20 ____.

My commission expires on: _____

AFFIX NOTARY SEAL

I, _____ (CORPORATE CLERK) certify that I witnessed the signature of the aforementioned signatory above, that I verified the individual's identity and confirm the individual's authority as an authorized signatory for the Contractor on this date:

_____, 20 ____.

AFFIX CORPORATE SEAL