



Tennessee Department of Human Services
Adult Protective Services Sub-Recipient Authorized Signatories

Program

Agency Name and Address

Date:

Signatories for Invoices and Budget Revisions

The following individuals are authorized to sign this agency's budget revisions and invoices for reimbursement.

Name:

Title:

Signature:

Name:

Title:

Signature:

Signatory on Contracts

I am authorized to sign this agency's contracts

Name:

Title:

Signature:

This form must be completed by the individual authorized to sign contracts between the agency and the state. Please submit with each Service Proposal and upon any changes thereafter to the appropriate email:

SSBG.dhs@tn.gov

CREST.dhs@tn.gov

CREVAA.dhs@tn.gov