

**All Contractors/Potential Contractors are required to fill out and submit this form.**

Completion of this form designates signature authority for  
Contractor:

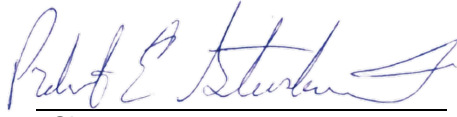
Fort Bend County

The Contractor may: (1) designate additional signature authority by including the additional signature authority's name and title; or (2) verify that the signature below is the only signature authority designated for contracting with DFPS.

The Contractor understands that there is an ongoing duty to notify DFPS in writing of any change to signature authority during the term of the contract with DFPS. The Contractor verifies that the signature(s) below is a complete, true and correct representation of signature authority.

<u>KP George</u>	<u></u>
Printed Name	Signature of Authorized Representative
<u>County Judge</u>	<u></u>
Title of Authorized Representative	Date
<u>Fort Bend County</u>	<u></u>
Legal Name of Contractor/Potential Contractor	Procurement Number or Agency Account ID

**The Designated Signature Authority as referenced above** has authorized the following person(s) listed below to also approve and sign on the contract functions as indicated. Please note that *both* the printed name and signature is required for each authorized individual.

<u>Robert Ed Sturdivant</u>	<u>County Auditor</u>	<u>Financial Documents</u>	<u></u>
Printed Name	Title	Function	Signature
<u></u>	<u></u>	<u></u>	<u></u>
Printed Name	Title	Function	Signature
<u></u>	<u></u>	<u></u>	<u></u>
Printed Name	Title	Function	Signature
<u></u>	<u></u>	<u></u>	<u></u>
Printed Name	Title	Function	Signature
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Printed Name	Title	Function	Signature
<u></u>	<u></u>	<u></u>	<u></u>

I certify that the person(s) indicated above are designated as "Authorized Official(s)" for the purpose stated and that the signatures are valid. I further understand that it is my responsibility to immediately notify the DFPS in writing of any changes to the above list.

<u>KP George, County Judge</u>	<u></u>
Printed or Typed Name & Title of Contract Signatory	Signature