

Signature Authority Designation

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 attach a document or letter designating signature authority, including the signature authority's name and title, **or** verify that the signature below is the only signature authority designated for contracting with DFPS.

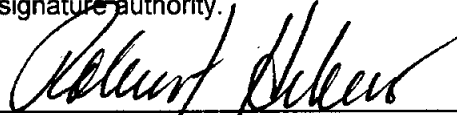
Document attached (e.g., from the contractor's governing body)

Signature used below is the signature authority for the Contractor

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 attached document or signature below is a complete, true, and correct representation of signature authority.

Robert Hebert

Printed Name



Signature of Authorized Representative

County Judge

Title of Authorized Representative

10-23-2012

Date

Fort Bend County

Legal Name of Contractor/Potential Contractor

23620521

Contract or Procurement Number

The Designated Signature Authority, as referenced above, must authorize in writing the delegation of signature authorities to any additional person(s) to approve and sign contract documents. The Contractor must use the supplied attachment(s) provided by DFPS to capture further delegation information. Both the printed name and signature is required for each authorized individual.

**DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES
Additional Authorized Signature Designation**

Contractor's Name & Mailing Address:

Date: 10/11/2012

Fort Bend County

301 Jackson Street, Suite 533

Richmond, Texas 77469

Program Name & Contract Number:

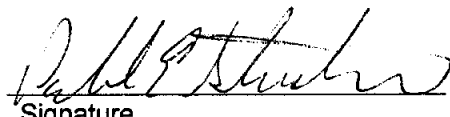
Claims Processing - 23620521

Designation of Contract Signatories

The agency's contract signatory, as referenced on the Signature Authority Designation (form 2031), for the above listed program contract has authorized the following person(s) listed below to approve and sign on the contract functions as indicated. Please note that *both* the printed name and signature is required for each authorized individual.

Robert Ed Sturdivant

County Auditor



Printed Name

Title

Function

Signature

Printed Name

Title

Function

Signature

Printed Name

Title

Function

Signature

Printed Name

Title

Function

Signature

Printed Name

Title

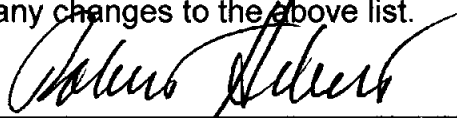
Function

Signature

Certification of Designation

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 Division of Regional CPS Contracts in writing of any changes to the above list.

Robert Hebert, County Judge



Printed or Typed Name & Title of Contract Signatory

Signature 10-23-2012