

SUZANNE McCLAIN ATWOOD
Executive Coordinator

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STATE OF OKLAHOMA

DISTRICT ATTORNEYS COUNCIL

421 N.W. 13TH STREET, SUITE 290 • OKLAHOMA CITY, OKLAHOMA 73103

EXECUTIVE	FISCAL	GRANTS	VICTIMS	MIS
405-264-5000	405-264-5004	405-264-5008	405-264-5006	405-264-5002
FAX 405-264-5099	405-264-5099	405-264-5095	405-264-5097	405-264-5099

**AUTHORIZATION TO SIGN PROJECT DOCUMENTS
FORM A-1**

Check applicable grant program:

- AGE AGN AGW BYRNE JAG NCHIP
 NFSIA PSNE PSNN PSNW RSAT VAWA

I herby authorize _____ to act on my behalf in coordination with the District Attorneys Council in reference to Subgrant Number _____.

In this capacity, the above identified individual is authorized to sign all correspondence in relation to this project.

Agency: _____

Authorized Individual: _____

Authorized Individual's Mailing Address: _____

Authorized Individual's Area Code/Phone No.: _____

Authorized Individual's Area Code/Fax No.: _____

Authorized Individual's E-mail: _____

Chief Executive Officer

Date

_____GMS Update

_____Program Monitor

_____Financial Analyst