

# APPENDIX E

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IN WITNESS WHEREOF, the parties hereto have caused this Grant Agreement to be executed by its duly authorized officials.

**GRANTEE**

\_\_\_\_\_  
Signature / Title Date  
PRINT OR TYPE NAME AND TITLE

\_\_\_\_\_  
Signature / Title Date  
PRINT OR TYPE NAME AND TITLE

**COMMONWEALTH OF PENNSYLVANIA DEPARTMENT  
OF HUMAN SERVICES**

**SECRETARY OR DESGNEE**

\_\_\_\_\_  
Signature Date

**COMPTROLLER OPERATIONS**

\_\_\_\_\_  
Signature Date

**Approved as to Legality and Form:**

\_\_\_\_\_  
OFFICE OF GENERAL COUNSEL  
DEPARTMENT OF  
HUMAN SERVICES

Form: 14-FA-1.0  
\_\_\_\_\_  
DEPUTY ATTORNEY GENERAL  
OFFICE OF ATTORNEY GENERAL

Form: 14-FA-1.0  
\_\_\_\_\_  
DEPUTY GENERAL COUNSEL  
OFFICE OF GENRAL COUNSEL