

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
Form: 14-FA-3.0

**DEPUTY ATTRONEY GENERAL
OFFICE OF ATTORNEY GENERAL**

Form: 14-FA-1.0
Form: 14-FA-3.0

**DEPUTY GENERAL COUNSEL
OFFICE OF GENRAL COUNSEL**