

Appendix J

Signatory Authority Document Transition Systems Framework Implementation with Intermediate Units (IU)

Date

I, _____
Name and Title

Authorize _____	OR	_____
Name		Name
_____		_____
Title		Title

The Signatory Authority is the individual authorized to legally bind the grantee organization in agreements and financial commitments related to the IU Transition Systems Implementation at the LEA Level for the Pathways to Partnership grant with the PA Office of Vocational Rehabilitation, Department of Labor and Industry. If you are completing this form as the Signatory Authority, by providing your signature, you are confirming your approval for the individual named on this form. This approval empowers them to undertake commitments and authorize expenditures as specified in the scope of this grant.

Your signature indicates full acknowledgment and acceptance of the responsibilities and commitments being made by the named individual on behalf of your organization in relation to this grant.

Printed Name of Signatory Authority

Signature of Signatory Authority

Date