





**GRANT/CONTRACT SIGNATURE AUTHORIZATION**

DR 325 (Rev. 09/18)

<p>GRANTEE/CONTRACTOR:</p> <p>STATE OF CALIFORNIA                  Department of Rehabilitation                  721 Capitol Mall                  Sacramento, California 95814-4702</p>	<p>SUBGRANTEE/CONTRACTEE:                  (Legal Corporation/Public Agency Name &amp; Address)</p>
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The following persons are authorized to request reimbursement of expenses incurred as a result of the agreement between the Grantee/Contractor and Subgrantee/Contractee named above:

Signature	Name (Please Type or Print)	Title (Please Type or Print)
		
Signature	Name (Please Type or Print)	Title (Please Type or Print)
		
Signature	Name (Please Type or Print)	Title (Please Type or Print)
		
Signature	Name (Please Type or Print)	Title (Please Type or Print)
		

I hereby delegate authority to request reimbursement of expenses as shown above.

Authorized Signature per Board Resolution	Name (Please Type or Print)	Date Signed
