

## SIGNATURE PAGE

CHEAT SHEET 01/2020

#### WHEN IS THE SIGNATURE PAGE REQUIRED?

- > THE SIGNATURE PAGE IS REQUIRED:
  - 1. BEFORE APPLICATIONS ARE EXECUTED
  - 2. WHEN THERE IS A CHANGE (AN AMENDMENT MUST BE DONE) WITHIN THE AGENCY OF THE FOLLOWING PEOPLE:
    - AUTHORIZED OFFICIAL
    - > AGENCY ADMINISTRATOR
    - AGENCY STAFF
- > IF THE NEW USER HAS NOT BEEN ADDED, SEE THE "ADDING USERS" CHEAT SHEET



#### FROM THE MAIN SCREEN:

> CLICK ON
APPLICATIONS/GRANTS

You have 89 new tasks.

OPEN TASKS

You have 24 tasks that are critical.

Select the Open Tasks button below to view your active tasks.



SEARCH FOR THE
APPLICATION/GRANT
THAT YOU NEED TO
CHANGE

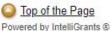
NOTE: DO NOT
COMPLETE ALL THE
FIELDS ON THIS
SCREEN—LESS
INFORMATION IS BEST





SELECT THE
APPLICATION/GRANT
UNDER THE "NAME"
COLUMN THAT NEEDS TO BE
CHANGED







- HOVER OVER FORMS
  MENU
- > SELECT CERTIFICATION
  AND SIGNATURES





- > SELECT THE APPROPRIATE PEOPLE FOR THE SIGNATURE PAGE:
  - AGENCY ADMINISTRATOR
  - AGENCY STAFF
  - AUTHORIZED OFFICIAL
- > CLICK SAVE
- CLICK PRINT VERSION TO GENERATE THE PDF SIGNATURE PAGE





# THE SIGNATURE PAGE MUST BE PRINTED, SIGNED IN <u>BLUE INK</u> AND MAILED TO:

ATLANTA, GA 30334

**GOHS** 

ATTN: CANDICE HAMILTON-LAWLESS 7 MARTIN LUTHER KING JR. DR. SW SUITE 643

# General Application 2021 Organization: GOHS Testing Inc GA-2021-GOHS Testi-00002 Certification and Signatures

I certify that I understand and agree to comply with the general and fiscal year terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the applicant to perform the tasks as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the grantee; and, that the receipt of grantor funds through the Governor's Office of Highway Safety will not supplant state or local funds. Monthly reimbursement claim submissions filed electronically are in effect, "electronically signed".

#### Agency Administrator \*

Name: Agency:	AgencyAdministrator GOHSUser GOHS Testing Inc	Title: Address:	555
Agency.	CONS resulty life	Address.	Atlanta, GA, 55555
Phone Number: (555) 555-5555 Fax Number:		Email Address: demotest@agatesoftware.com	
Signature:		Date:	12/3/2019
	Ag	ency Staff *	
Name:	Ms. Anne Taylor	Title:	Program Manager
Agency:	GOHS Testing Inc	Address	555 Test
			Testing, GA, 55555
Phone Number: (555) 555-5555		Email Address: rhayes@gohs.ga.gov	
Fax Number:	:		
Signature:		Date:	12/3/2019
FEI Number:	98-7654321		
	Autho	rized Official *	
Name:	AgencyAuthorizedOfficial GOHSUser	Title:	
Agency:	GOHS Testing Inc	Address:	555
			Atlanta, GA, 55555
Phone Number: (555) 555-5555		Email Address: demotest@agatesoftware.com	
Fax Number:			
Signature:		Date:	12/3/2019
* NOTE: AGE	ENCY ADMIN, AGENCY STAFF AND AUTH	HORIZED OFFIC	IAL CANNOT BE THE SAME

ANY OF THE ABOVE OFFICIALS WITHOUT GOHS APPROVAL.

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### **WHAT'S NEXT?**

- FOR NEW APPLICATIONS, IF ALL FORMS ARE COMPLETE AND ERROR FREE, SUBMIT THE APPLICATION.
- FOR ASSISTANCE WITH SUBMITTING THE APPLICATION, SEE THE "SUBMITTING APPLICATION" CHEAT SHEET.





#### **GEORGIA GOVERNOR'S OFFICE OF HIGHWAY SAFETY**

7 Martin Luther King Jr. Drive | Suite 643 Atlanta, Georgia 30334

WWW.GAHIGHWAYSAFETY.ORG