

# SIGNATURE PAGE

CHEAT SHEET 01/2023

### 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 <u>NOT</u> BEEN ADDED, SEE THE "ADDING USERS" CHEAT SHEET



### FROM THE MAIN SCREEN:

> CLICK ON
APPLICATIONS/GRANTS

You have 89 new tasks. You have 24 tasks that are critical.

OPEN TASKS

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



OSEARCH 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** 



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- HOVER OVER FORMS
  MENU
- > SELECT CERTIFICATION
  AND SIGNATURES



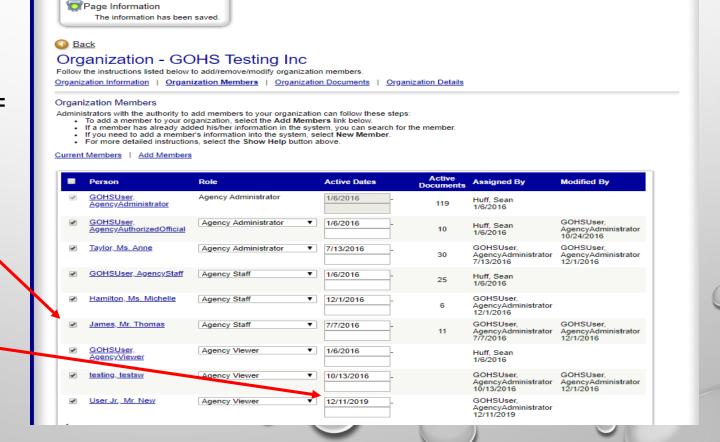


- > SELECT THE APPROPRIATE PEOPLE FOR THE SIGNATURE PAGE:
  - AGENCY ADMINISTRATOR
  - AGENCY STAFF
  - AUTHORIZED OFFICIAL
- > CLICK SAVE
- CLICK PRINT VERSION TO
  GENERATE THE PDF SIGNATURE
  PAGE
- IF A CONTACT IS NOT SHOWING UP IN THE DROP DOWN, PLEASE SEE THE NEXT SLIDE.





- CLICK MANAGEMENT TOOLS
- SELECT ADD/EDIT PEOPLE
- CLICK THE BOX TO THE LEFT OF
   THE NEW USER TO PUT A
   CHECK MARK TO THE LEFT OF
   THE USER NAME
- SELECT A DATE IN THE UPPER
   BOX TO THE RIGHT OF THE
   NAME
- CLICK SAVE





# 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:	-	yAdministrator GOHSUser Testing Inc	Title: Address:	555
Phone Number:	er:	(555) 555-5555	Email Addres	Atlanta, GA, 55555 ss: demotest@agatesoftware.com
Signature:			_ Date:	12/3/2019
			Agency Staff *	
Name:	Ms. Ar	nne Taylor	Title:	Program Manager
Agency:	GOHS	Testing Inc	Address	555 Test Testing, GA, 55555
Phone Number:	er:	(555) 555-5555	Email Addres	ss: rhayes@gohs.ga.gov
Signature: FEI Number:		98-7654321	_ Date:	12/3/2019
		Au	thorized Official *	
Name:	Agenc	yAuthorizedOfficial GOHSUser	Title:	
Agency:	GOHS	Testing Inc	Address:	555 Atlanta, GA, 55555
Phone Number:	er:	(555) 555-5555	Email Addres	ss: demotest@agatesoftware.cor
Signature:			_ Date:	12/3/2019

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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**

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