

NATIONAL ENDOWMENT FOR THE ARTS

SIGNATURE AUTHORIZATION FORM

Complete this form and mail or FAX (202/682-5610 or 5609) it to: Grants & Contracts Office, Room 618; National Endowment for the Arts: 1100 Pennsylvania Avenue, N.W.; Washington, DC 20506-0001

ORGANIZATION'S I	LEGAL NAME:			
the organization. Th	nis individual has auth	ority to sig	organization who has aut gn all application and gra onsidered to be authorizi	nt-related documents.
			fficial(s) for your organiza	
Current Authorizin	g Official making thi	s reques	t (mandatory):	
XSignature	 -	Date		
Typed Name:				
e-mail:	-mail: phone:			
ALTERNATE AUTH	ORIZING OFFICIAL:		ALTERNATE AUTHO	ORIZING OFFICIAL:
X	 -		x	
Signature		Date	Signature	Date
Typed Name:			Typed Name:	
Title:			Title:	
e-mail:	phone:		e-mail:	phone:
	ne college or university		ISCAL OFFICER is an ir matters only (e.g., signir	•
FISCAL OFFICER:			FISCAL OFFICER:	
XSignature	 	Date	X Signature	Date
Typed Name:			•	
Title:			Title:	