



**Tennessee Department of Human Services  
SSBG Authorized Signatories Form**

**Agency Name and Address**

**Date:**

**Signatory on Contracts**

I am authorized to sign this agency's contracts.

**Name:**

**Title:**

**Signature:**

**Signatories for Invoices and Budget Revisions**

The following individuals are authorized to sign this agency's budget revisions and invoices for reimbursement.

**Name:**

**Title:**

**Signature:**

**Name:**

**Title:**

**Signature:**

This form must be completed by the individual authorized to sign contracts between the agency and the state. Please submit with each SSBG Service Proposal and upon any changes thereafter to [ssbg.dhs@tn.gov](mailto:ssbg.dhs@tn.gov).