



**ATTACHMENT E
AUTHORITY TO SIGN**

CITY OF PHOENIX

To Whom It May Concern:

_____, does hereby designate and authorize _____
whose signature appears below, to execute and sign on behalf of _____, the
following documents as indicated by checks: Consultant/Company/School District

- 1. The Contract/Agreement
- 2. Amendments
- 3. Invoices
- 4. All other documents or forms submitted necessary to the execution of the contracted services.
- 5. All Four
(Please check one or more of the squares as applicable.)

The authority herein granted shall be and is hereby granted for the duration of the Head Start Birth to Five Hearing Screening Assessment Training Services agreement or until express notice of revocation has been duly given in writing, whichever is the lesser period.

Dated this ____ day of _____, 2021.

By _____
 (Signature of Officer) (Title)

(Signature of Persons Authorized to Sign)