



**OFFICE OF THE ATTORNEY GENERAL**  
STATE OF ILLINOIS

**KWAME RAOUL**  
ATTORNEY GENERAL

**AUTHORIZATION TO SIGN PROJECT DOCUMENTS or ADDRESS CHANGE**

I, \_\_\_\_\_, hereby authorize the identified individuals to act on my behalf in coordination with the Attorney General's office in reference to VCVA or DV Grant Number \_\_\_\_\_. In this capacity, they are authorized to sign all correspondence in relation to this project.

Agency: \_\_\_\_\_

**Authorized Program Officer** \_\_\_\_\_

Authorized Individual's Mailing Address \_\_\_\_\_

Authorized Individual's Area Code/Phone No \_\_\_\_\_

Authorized Individual's Area Code/Fax No \_\_\_\_\_

Authorized Individual's E-mail \_\_\_\_\_

**Authorized Fiscal Officer** \_\_\_\_\_

Authorized Individual's Mailing Address \_\_\_\_\_

Authorized Individual's Area Code/Phone No \_\_\_\_\_

Authorized Individual's Area Code/Fax No \_\_\_\_\_

Authorized Individual's E-mail: \_\_\_\_\_

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

***The Authorized Program Officer and Fiscal Officer cannot be the same individual.***