Tobacco Region Revitalization Commission
Signature Authorization Form

Grant Recipient: _____

Project Title: _____

TRRC Grant #: _____

ALL SIGNATURES ON THIS FORM SHOULD BE ORIGINAL HANDWRITTEN SIGNATURES. E-SIGNATURES ARE NOT ACCEPTED ON THIS FORM.

The following persons are authorized to request funds for the above grant awarded by the Tobacco Region Revitalization Commission:

Signature	Printed Name	Title	Email Address	E-Signature Authorized (Y/N)

If any of the above individuals are authorized by your organization to use e-signatures on grant payment requests, please indicate what platform will be used (i.e. Adobe Sign, DocuSign): _____

NOTE: ***For electronic signatures to be accepted by TRRC staff for payment requests, the signed document must also include a Certified Digital Signature (Adobe Sign), Certificate of Completion (DocuSign), or similar authentication from the e-signature platform which validates signer's identity.***

All Grant payments shall be made payable to:

Organization Name: _____

Organization Address: _____

City, State, Zip: _____

Federal ID #: _____

Phone: _____

_____ _____

Grantee's Chief Executive Officer Name | Grantee's Chief Executive Officer Job Title

_____ _____

Grantee's Chief Executive Officer Signature | Date of Signature

Rev. 8/2026