



FISCAL YEAR July 1, 2020 – June 30, 2021

SIGNATURE AUTHORIZATION FORM

Date _____

Organization _____

Mailing Address _____

Street/P.O. Box

City, State

Zip

Phone

Phone

Email Address

"I authorize the following signatures the authority to request York County Arts Commission Grant monies on behalf of the above organization. This form replaces any previous form."

Authorized Signatures

Print/Type Name of Authorized Person

Signature of Authorized Person

Print/Type Name of Authorized Person

Signature of Authorized Person

**Board of
Directors President**

Print/Type Name

Signature