

BHS CONTRACTS SIGNATURE AUTHORIZATION FORM

HHSA – BEHAVIORAL HEALTH SERVICES, 3255 Camino del Rio South, San Diego, CA 92108

Please read instructions on page 3 before completing this form.

FISCAL YEAR 2024-25

EFFECTIVE DATE: _____



ORGANIZATION/ LEGAL ENTITY NAME _____
 PROVIDER NUMBER(S) _____
 Unique Entity Identifier (UEI) NUMBER _____

ORIGINAL REPLACEMENT SUPPLEMENTAL
 (Please select one)

ORGANIZATION/ LEGAL ENTITY ADDRESS NEW ADDRESS
 CITY _____ STATE _____ ZIP _____
 PHONE NUMBER _____ FAX NUMBER _____
 (____) _____ (____) _____

BHS ONLY CONTRACT NUMBER(S):

EXECUTIVE SECTION: This section is to be completed by the executive who signed the County contract or the current head of the organization.

In addition to myself, the individuals listed in **SECTION 1** are authorized to sign and/or delegate signatory authority to individuals for all documents on behalf of the organization / legal entity listed above. The individuals listed in **SECTION 2** are hereby delegated permission to sign the type of document/s specified below.

Name: _____ Title: _____ Signature: _____ Date: _____
 Phone Number: _____ Email: _____ Email Preference: _____

SECTION 1: AUTHORIZED TO SIGN ALL DOCUMENTS AND DELEGATE SIGNING AUTHORITY INCLUDING ELECTRONIC SIGNATURES

SIGNATURE	NAME (PRINT OR TYPE)/PHONE	TITLE/EMAIL	SELECT EMAIL PREFERENCE
	NAME: _____ PHONE #: (____) _____	TITLE: _____ EMAIL: _____	_____
	NAME: _____ PHONE #: (____) _____	TITLE: _____ EMAIL: _____	_____

SECTION 2: AUTHORIZED TO SIGN SPECIFIED DOCUMENTS

SIGNATURE	NAME (PRINT OR TYPE)/PHONE	SELECT EMAIL PREFERENCE	REQUIRED FIELD: SELECT FROM DROPDOWN LIST
	NAME: _____ TITLE: _____ PHONE #: (____) _____	EMAIL: _____ PREFERENCE: _____	_____
	NAME: _____ TITLE: _____ PHONE #: (____) _____	EMAIL: _____ PREFERENCE: _____	_____
	NAME: _____ TITLE: _____ PHONE #: (____) _____	EMAIL: _____ PREFERENCE: _____	_____

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ADDITIONAL BHS ONLY CONTRACT NUMBERS:

ADDITIONAL NOTES

County of San Diego – Health and Human Services Agency (HHS)A)
Behavioral Health Services (BHS)

CONTRACTS SIGNATURE AUTHORIZATION FORM INSTRUCTIONS

The BHS Contracts Signature Authorization Form (SAF) identifies the persons (signatories) who have the authority to sign contracts and various other documents on behalf of the organization either with a wet or electronic signature. Contract documents include, but are not limited to contract amendments, budgets, administrative and budget adjustments, change of payment address, requests for reimbursement, and exclusion/debarment certification.

The SAF is also utilized to verify signature(s) on contractor claims for payment or reimbursement. **Payments may be delayed if the signatures on the claim do not match the SAF.** It is considered best practice to authorize more than one person to sign documents as this may help prevent delays in processing claims.

Contractors have the option to sign the above-mentioned documents with either a wet or electronic signature. BHS will only accept electronically signed documents from individuals who are listed and have signed the SAF. Organizations are required to review the SAF annually or whenever there are changes in key personnel. The SAF must be submitted via email to the assigned Contracting Officer's Representative (COR) and cc: BHSCST.HHSA@sdcounty.ca.gov within thirty (30) days of the start of the contract term, or of signatory change.

ORGANIZATION/LEGAL ENTITY INFORMATION

The top sections of the form pertaining to the Organization/Legal Entity information are required. If the organization has a new address, mark the "New Address" box.

ORIGINAL, REPLACEMENT, SUPPLEMENTAL FORMS

Original – Mark the "Original" box if submitting the form for the first time.

Replacement – Mark the "Replacement" box when replacing signatories (e.g., a new CFO replaces former CFO) and require all previous signatories to re-sign the updated SAF. Enter any additional notes on the second page.

Supplemental – Mark the "Supplemental" box when adding signatories or contract numbers (e.g., add Controller to sign fiscal documents in addition to the CFO). If additional space is needed to list contract numbers, please enter them on the second page.

CONTRACT NUMBER(S)

Enter all the BHS contract numbers on the "BHS Only Contract Number(s)" box. If additional space is needed, enter them on the second page. Do not include contracts with other HHS)A departments, County of San Diego departments, or other government agencies.

EXECUTIVE SECTION

The section is always required and to be completed by the individual who has signed the organization's contract(s) with BHS or the current lead Executive for the organization. By signing in this section, the lead provides their signature of record and officially delegates signing authority to other staff members.

SECTION 1 is reserved for other high-level executives in the organization (no more than two) who are authorized to sign ALL documents and designate limited signing authority to individuals listed in SECTION2.

SECTION 2 should be used to designate at least one individual as the **primary insurance contact** who can answer questions about insurance compliance. A phone number and email are required for this contact. Be sure to select the types of documents each person is authorized to sign. Refer to Supplemental instructions if there are more than three (3) additional limited signatories.

CONTRACTOR EMAIL LIST PREFERENCES

BHS maintains an email distribution list derived from the SAF. The list ensures authorized signatories are sent critical contractor communications throughout the year. If other contacts (I.e. Program Managers) without authority to sign need to be added into the BHS email distribution list, please notify your COR.

If you have any questions regarding this form, please contact your respective COR.