Alternate Signature / GEMS User Authority

OTS-55 (New 10/17)

INSTRUCTIONS:

- 1. The Grantee Authorizing Official listed on Page 1 of the grant agreement may submit this form to OTS requesting delegation and signature / Grant Electronic Management System (GEMS) user authority for one or more of their employees to be an authorized individual on a grant.
- 2. Submit one Alternate Signature / GEMS User Authority form per grant.
- 3. All individuals listed on this form will be authorized to sign documents on behalf of their organization and will be able to log into GEMS for all matters relating to the OTS grant, including, but not limited to, completing and submitting Quarterly Performance Reports (QPRs) and reimbursement claims.
- 4. Each grant is allowed a total of five (5) authorized signatories / GEMS users (including the Authorizing Official).
- 5. Complete the information below.
- 6. Email the completed form to: Grants@ots.ca.gov
- 7. Retain the original form in your OTS grant file.
- 8. If there are any changes in alternate authorized signatories / GEMS users after this form has been submitted, please submit a new form indicating changes.

As the Authorizing Official for OTS Grant #AL18024		
I hereby authorize the following individual(s) to represent and have signature $/$ GEMS user authority for all matters related to the above referenced grant.		
Signature - Authorizing Official of Above Referenced Grant	Date	
David Kehoe	Chairman, Board of Supervisors	
Print Name	Title	
Shasta County Health and Human Services Agency Agency		
Alternate Signatures / GEMS User Authority:		
Signature	Date	
Terri Fields Hosler	Branch Director, Public Health	
Print Name	Title	
tfieldshosler@co.shasta.ca.us	530-245-6869	
Email Address	Phone	
Shasta County Health and Human Services Agency Agency		

STATE OF CALIFORNIA • OFFICE OF TRAFFIC SAFETY **Alternate Signature / GEMS User Authority**OTS-55 (New 10/17)

Signature	Date
Tracy Tedder	Branch Director, HHSA
Print Name	Title
ttedder@co.shasta.ca.us	
Email Address	Phone
Shasta County Health and Human Services Agency Agency	
Signature	Date
Carmen Schuette	
Print Name	Title
cschuette@co.shasta.ca.us	530-229-8424
Email Address	Phone
Shasta County Health and Human Services Agency Agency	
Signature	Date
Barbara Gridley	
Print Name	Title
bgridley@co.shasta.ca.us	530-225-3667
Email Address	Phone
Shasta County Health and Human Services Agency Agency	