

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 # DI18013

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

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	530-229-8425
Email Address	Phone
Shasta County Health and Human Services Agency	
Agency	

Signature	Date
Wendy Millis	Community Education Specialist II
Print Name	Title
wmillis@co.shasta.ca.us	530-245-6858
Email Address	Phone
Shasta County Health and Human Services Agency	
Agency	

Signature	Date
Barbara Gridley	Accounting Technician
Print Name	Title
bgridley@co.shasta.ca.us	530-225-3667
Email Address	Phone
Shasta County Health and Human Services Agency	
Agency	
