

University of Massachusetts Lowell * Request to Delegate Signature Authority

1. Delegate Information:

Name : _____	Title: _____
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2. Certification Authority is being delegated for All of Pls projects Selected Projects Listed Below

3. If delegation is specific to certain projects, please provide the following information about each project for which certification authority is to be delegated; list additional projects on the reverse side or a separate sheet if more room is needed:

Project Number	Sponsor	Delegation Start Date	Delegation End Date

4. Please provide a brief explanation of why this delegation is being requested:

5. Signatures:

Principal Investigator: *I certify that the delegate named above has sufficient technical knowledge and suitable means of verifying the work performed on the projects listed above.*

Print Name: _____

Signature: _____ Date: _____

Delegate: *I certify that I understand the delegation of authority being entrusted to me, and that I have a suitable means of verifying the work performed by project staff who work on the projects listed above.*

Signature: _____ Date: _____

Reviewed and Approved:

Signature: _____ Date: _____

Michael Accardi, Asst. Controller, Grants Accounting