To:	**BHS Contracted Service Providers**
From:	**Behavioral Health Services**
Date:	**August 15, 2025**
Title	**Revised Signatory Authorization Form Process and Procedures**

All Behavioral Health Services (BHS) providers are required to complete the BHS Contracts Signatory Authorization Form (SAF) to comply with the BHS contract terms and conditions.

To fulfill this Fiscal Year's (FY 25-26) requirement, please complete the SAF no later than SEPTEMBER 15, 2025. If there are no changes AND the last SAF was submitted within the past year, please send an email to your respective Contracting Officer Representative (COR), CC: BHSCST.HHSA@sdcounty.ca.gov, and indicate "No change to Signature Authorization Form."

What is the SAF?
The SAF is an electronic form that must be completed per legal entity/organization and must be submitted at new contract execution (for brand new legal entity), annually at a minimum, and whenever there is a change in authorized signatories.

The SAF identifies the person(s) (signatories) employed by the organization who has the authority to sign contracts and various other documents on behalf of the organization. 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 used to verify signatories on contractor claims for payment or reimbursement. Payments may be delayed if the signatories 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.

For Questions:

- Please contact your Contracting Officer's Representative (COR)