

**County of San Diego**  
**Behavioral Health Services (BHS)**

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**Contract Signatory Authorization Form (SAF) Instructions**

The BHS Contracts Signatory Authorization Form (SAF) identifies the persons (signatories) who have 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 utilized 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.

**Digital Signature Instructions:** Contractors have the option to sign contract and other various documents with either a wet or electronic signature. BHS will only accept electronically signed documents from individuals who are listed on this form. If opting to sign documents electronically, the following signatories must sign using acceptable digital signature. For contract documents that are managed by the Department of Purchasing and Contracting (DPC) (e.g., contract templates, amendments), please refer to DPC Bulletin on [Electronic Signatures for Contractual Documents](#) and [Fact Sheet](#) for guidelines.

**BHS Communications:** To receive BHS Contractor Communications, each individual listed on this form must register using the [GovDelivery link](#).

Organizations are required to review the SAF at a minimum annually (during Fiscal Year-End) and submit an updated SAF when there are changes in key personnel via email to the assigned Contracting Officer's Representative/s (COR/s) within thirty (30) days of the start of the contract term, or of signatory change. If there are changes on key personnel or signatory, the form must list down all authorized signatories. During Fiscal Year-End, if there are no changes and the last SAF was submitted within the past year, please send an email to the respective COR/s and cc: BHSCST.HHSA@sdcounty.ca.gov and indicate "No change to Signature Authorization Form."

**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.

**UNIQUE ENTITY ID (UEI) NUMBER** UEI replaced DUNS number. Refer to [SAM.gov](#) to find UEI number and for more information.

**PROVIDER NUMBER(S) FOR DMC FUNDED CONTRACTS:** The Provider Number is issued by DHCS, also known as the license certificate number. This is different from the BHS' assigned contract number. Separate Provider Numbers with a semi-colon (;).

**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 three) who are authorized to sign ALL documents and designate limited signing authority to individuals listed in SECTION 2.

**SECTION 2** is reserved for all the other designated signatories for specific documents. Be sure to select the types of documents each person is authorized to sign. If authorized to sign other type of documents not included on the drop-down list or to specific BHS contract, enter the type of document and/or BHS contract number under the "If Other or for specific contracts only", enter the type of documents and/or specific contracts. Do not include contracts with other HHSA departments, County of San Diego departments, or other government agencies. This section should also 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.

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

**BHS Contracts Signature Authorization Form**

Behavioral Health Services

Fiscal Year: \_\_\_\_\_

Organization/Legal Entity Name: \_\_\_\_\_

Provider Number(s) for DMC Funded Contracts: \_\_\_\_\_

New Address: \_\_\_\_\_

Unique Entity Identifier (UEI) Number: \_\_\_\_\_

Organization/Legal Entity Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Executive Section:** The following executive has the authority to sign **ALL** documents. This executive authorizes or delegates authority to the individuals listed on Section 1 to sign for all documents on behalf of the organization/legal entity above. Additionally, this executive authorizes or delegates the individuals listed on Section 2 permission to sign the type of documents/specified below: **New Executive:** \_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**Section 1:** Authorize to sign **ALL** documents and delegate signing authority including electronic signatures.

	Name	Title	Email	Phone Number
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

**Section 2:** Authorized to sign specified documents. Refer to page 3 for additional entries.

	Name	Title	Email	Phone Number	Document Type	If Other or for specific contracts only, enter the type of document and/or specific contracts.
1)	_____	_____	_____	_____	Insurance Contact Only	New Contact
2)	_____	_____	_____	_____	Insurance Contact Only	New Contact
3)	_____	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____	_____

**Section 2 (continued):**

Name	Title	Email	Phone Number	Document Type
Í D'	███	███	███	███
Î D'	███	███	███	███
Ï D'	███	███	███	███
Ì D'	███	███	███	███
JD'	███	███	███	███
FED'	███	███	███	███
FFD'	███	███	███	███

Prepared By: \_\_\_\_\_

Prepared Date: \_\_\_\_\_