



Alameda County Behavioral Health, Contracts Unit

Provider Signature Authorization Form

Instructions: Please use this form to list who in your organization has authority to sign contracts and financial documents.

Provider Information:

Be it hereby resolved that the Chief Executive Officer (CEO) of an organization without a Board of Directors or the Board of Directors of

Thrive Together

that this resolution will be in effect until rescinded or amended by the CEO or Board of Directors.

We certify that the foregoing resolution was adopted at a meeting held in (city) Hayward, (state) CA on 3/6/2021. This resolution empowers the individuals designated below to bind this corporation and declares that they are authorized to enter into and execute formal agreements (including contracts) and sign invoices, financial documents, and similar binding documents on behalf of the corporation.

Please check the number of signers needed to bind the organization's agreement: 1 or 2

Name of Authorized Signer:		Authorized to Sign: (Select all that applies)	Select Types of Provider:
Linda Thompson	<i>Linda</i>	<input checked="" type="checkbox"/> Formal Agreements (Contracts)	<input type="checkbox"/> Mental Health
(Name, Title)	(Signature)	<input checked="" type="checkbox"/> Invoices and Other Financial Documents	<input checked="" type="checkbox"/> Substance Use
lthompson@example.com			<input checked="" type="checkbox"/> Services-As-Needed
(Email Address)			
		<input type="checkbox"/> Formal Agreements (Contracts)	<input type="checkbox"/> Mental Health
(Name, Title)	(Signature)	<input type="checkbox"/> Invoices and Other Financial Documents	<input type="checkbox"/> Substance Use
(Email Address)			<input type="checkbox"/> Services-As-Needed
		<input type="checkbox"/> Formal Agreements (Contracts)	<input type="checkbox"/> Mental Health
(Name, Title)	(Signature)	<input type="checkbox"/> Invoices and Other Financial Documents	<input type="checkbox"/> Substance Use
(Email Address)			<input type="checkbox"/> Services-As-Needed
		<input type="checkbox"/> Formal Agreements (Contracts)	<input type="checkbox"/> Mental Health
(Name, Title)	(Signature)	<input type="checkbox"/> Invoices and Other Financial Documents	<input type="checkbox"/> Substance Use
(Email Address)			<input type="checkbox"/> Services-As-Needed

Jane Taylor, CEO

Signature of CEO or Board Chairperson

Signature of Board Secretary (if applicable)