

# UOVC Application/Contract Authorized Official Attestation Form

## Authorized Official's Attestation

I, the undersigned, hereby affirm that I am the duly authorized official of the organization listed below, with full authority to sign the UOVC (Utah Office for Victims of Crime) application/contract on behalf of the organization.

I further attest that:

1. I have read and fully understand the UOVC program plan as outlined in the documentation provided.
2. I acknowledge that by signing this form, I am agreeing to the terms and conditions outlined in the UOVC application/contract.
3. I authorize [Insert Designee Name] to electronically sign the UOVC application/contract on behalf of the organization.

By signing below, I confirm that I have the legal authority to act on behalf of the organization and that the information provided herein is accurate and complete.

---

## Authorized Official Information

Organization Name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Name of Authorized Official: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

---

## Signature of Authorized Official

Signature: \_\_\_\_\_

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

---

## Designee Information (if applicable)

Name of Designee: \_\_\_\_\_

Title of Designee: \_\_\_\_\_