

GRANT/CONTRACT SIGNATURE AUTHORIZATION

DR 325 (Rev. 12/98) Computer Generated

GRANTEE/CONTRACTOR:	SUBGRANTEE/CONTRACTEE: (Legal Corporation/Public Agency Name & Address)
STATE OF CALIFORNIA Department of Rehabilitation 2000 Evergreen Street Sacramento, California 95815-3832	NAPA VALLEY UNIFIED SCHOOL DISTRICT 2425 Jefferson Street Napa, CA 94558

The following persons are authorized to request reimbursement of expenses incurred as a result of the agreement between the Grantee/Contractor and Subgrantee/Contractee named above:

Signature	Name (Please Type or Print) Rabinder Mangewala	Title (Please Type or Print) Asst. Supt., Business Services
Signature	Name (Please Type or Print) Terri Lynne Ricetti	Title (Please Type or Print) Director, Spec Education
Signature	Name (Please Type or Print) Melissa Cooke	Title (Please Type or Print) Exec. Director of Fiscal Services
Signature	Name (Please Type or Print) Mary Anne Valles	Title (Please Type or Print) Asst. Supt., Dept. of Instruction

I hereby delegate authority to request reimbursement of expenses as shown above.

Authorized Signature per Board Resolution	Name (Please Type or Print) Rosanna Mucetti	Date Signed
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