

2026 Signature Authorization Form

Effective January 1, 2025 through December 31, 2025



→ MAIL COMPLETED ORIGINAL FORM TO: Snohomish County Human Services - Attn: HSD Contracts
3000 Rockefeller, M/S 305 - Everett, WA 98201

Or..... → EMAIL SCANNED (PDF) COPY TO: HSD.contracts@snoco.org

Please sign in blue ink, electronic signature, or both (whichever will be used to sign Contracts, Invoices, etc.). ALL SECTIONS below must be completed.

SECTION 1: Official Business Name of Organization

Business Name:	City of Everett			Date Submitted:	2/5/2026		
Mailing Address:	2930 Wetmore Suite 8A	Street	City	State	Zip		

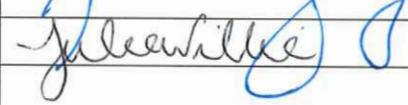
SECTION 2: Authorizing Authority

Type or Print Name (below)	Title	Signature(s)	APPROVED AS TO FORM OFFICE OF THE CITY ATTORNEY 
Cassie Franklin	Mayor		

SECTION 3: Authorization to Sign Contracts / Contract Amendments

Type or Print Name (below)	Title	Signature(s)	Attest:  Office of the City Clerk
Cassie Franklin	Mayor		

SECTION 4: Authorization to Sign Invoices / Requests for Reimbursements

Type or Print Name (below)	Title	Signature(s)	Attest:  Office of the City Clerk
Kelli Roark	Community Support Manager		
Kembra Landry	Community Development Manager		
Julie Willie	Director of Strategic Initiatives		

SECTION 5: Email Address Information for Contract Delivery Designation

Type or Print Name (below)	Title	* Type or Print Email Address *
Kelli Roark	Community Support Manager	kroark@everettwa.gov
Kembra Landry	Community Development Manager	klandry@everettwa.gov
Julie Willie	Director of Strategic Initiatives	jwillie@everettwa.gov

Signature Authorization Form

PURPOSE

The Signature Authorization Form identifies the person(s) who has the authority to sign contracts, amendments and invoices/requests for reimbursement. The form also designates the email address for the authorized recipient(s) of contracts and amendments from the Human Services Department.

It is important that the signatures on file with the Department are current. Whenever there is a change in an authorized signor, a new Signature Authorization Form must be completed. The new form supersedes the previous form. Additional forms may be requested by sending an email to HSD.contracts@snoco.org or by contacting your program staff.

INSTRUCTIONS

Please print the Signature Authorization Form on white paper and complete each section. Make a copy of the form for your records and email a copy to HSD.contracts@snoco.org. If you prefer to mail the original copy to Snohomish County, please send it to the address below:

Snohomish County Human Services
Attn: HSD Contracts
3000 Rockefeller Avenue, M/S 305
Everett, WA 98201

SECTION 1: Official Business Name of Organization

Complete organization name, mailing address and date form is submitted.

SECTION 2: Authorizing Authority

This section is to be completed by the person(s) who has the authority to authorize the person(s) entered in Section 3 and Section 4 to represent your organization for these actions. Usually this person(s) will be the board president, chair, director, CEO or other person(s) delegated by the ruling body of the organization to act on its behalf.

SECTION 3: Authorization to Sign Contracts / Contract Amendments

Complete this section with the name of the person(s) authorized by your organization and/or board of directors to sign contracts and contract amendments for all programs.

SECTION 4: Authorization to Sign Invoices / Requests for Reimbursements

Complete this section with the name of the person(s) authorized by your organization and/or board of directors to sign invoices requesting reimbursement of costs and services from the Snohomish County Human Services Department for all programs.

SECTION 5: Contract Delivery Designation

Complete this section with the name, title and email address of the person(s) who should receive contracts (via email) for your organization.

Note: This form is not write-protected. Add additional lines to any section if needed.

Include all appropriate signors to cover ALL contracts with the Human Services Department.

2026 Snohomish County Signature Form_2052026_SD

Final Audit Report

2026-02-10

Created:	2026-02-09
By:	Marista Jorve (mjorve@everettwa.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAZmAgqr2EtBVYBVf4BqtLQ2d4qcuEuaxw

"2026 Snohomish County Signature Form_2052026_SD" History

-  Document created by Marista Jorve (mjorve@everettwa.gov)
2026-02-09 - 9:23:15 PM GMT
-  Document emailed to Kathleen Vandermeer (KVandermeer@everettwa.gov) for approval
2026-02-09 - 9:24:35 PM GMT
-  Email viewed by Kathleen Vandermeer (KVandermeer@everettwa.gov)
2026-02-09 - 9:31:06 PM GMT
-  Document approved by Kathleen Vandermeer (KVandermeer@everettwa.gov)
Approval Date: 2026-02-09 - 9:31:19 PM GMT - Time Source: server
-  Document emailed to Kelli Roark (KRoark@everettwa.gov) for approval
2026-02-09 - 9:31:20 PM GMT
-  Email viewed by Kelli Roark (KRoark@everettwa.gov)
2026-02-09 - 10:40:11 PM GMT
-  Document approved by Kelli Roark (KRoark@everettwa.gov)
Approval Date: 2026-02-09 - 10:40:18 PM GMT - Time Source: server
-  Document emailed to Tim Benedict (TBenedict@everettwa.gov) for approval
2026-02-09 - 10:40:21 PM GMT
-  Email viewed by Tim Benedict (TBenedict@everettwa.gov)
2026-02-09 - 10:48:32 PM GMT
-  Document approved by Tim Benedict (TBenedict@everettwa.gov)
Approval Date: 2026-02-09 - 10:48:41 PM GMT - Time Source: server

-  Document emailed to Cassie Franklin (cfranklin@everettwa.gov) for signature
2026-02-09 - 10:48:43 PM GMT
-  Email viewed by Cassie Franklin (cfranklin@everettwa.gov)
2026-02-10 - 3:20:55 PM GMT
-  Document e-signed by Cassie Franklin (cfranklin@everettwa.gov)
Signature Date: 2026-02-10 - 3:21:05 PM GMT - Time Source: server
-  Document emailed to Marista Jorve (mjorve@everettwa.gov) for approval
2026-02-10 - 3:21:07 PM GMT
-  Email viewed by Marista Jorve (mjorve@everettwa.gov)
2026-02-10 - 4:48:54 PM GMT
-  Document approved by Marista Jorve (mjorve@everettwa.gov)
Approval Date: 2026-02-10 - 4:49:06 PM GMT - Time Source: server
-  Agreement completed.
2026-02-10 - 4:49:06 PM GMT