

STATE OF MAINE
Department of Public Safety

Paul Richard LePage
Governor

Anne H. Jordan
Commissioner

Subject: Grant Management Signature Policy		Number: DPS
Effective Date: January 1, 2011		Rescinds: New
Reference: <u>10 M.R.S.A. § 1051</u> <u>10 M. R. S. A § 1053</u>		
Distribution: Grant personnel and Sub recipients		Review Date: Annually

I. Purpose

The Maine Department of Public Safety (DPS) is the State Administrative Agency (SAA) for many federal grant programs through the U. S. Department of Justice and other Federal Agencies. With increasing use of the internet, allowing electronic signatures in conducting grant business will improve government efficiency. Use of electronic, scanned or faxed signatures will improve grant management capabilities, allow quicker access to documents, and reduce costs and environmental impact.

II. Policy

To allow the usage of electronic, scanned, or faxed signatures in grant records between the Maine Department of Public Safety and the subgrantee. This policy is not a mandate to replace handwritten signatures with electronic, scanned, or faxed signatures but rather is a policy to adopt electronic signatures as an option in conducting grant transactions with DPS.

III. Definitions

A. Electronic signature: Can include faxed/copied/scanned signatures or digital signatures.

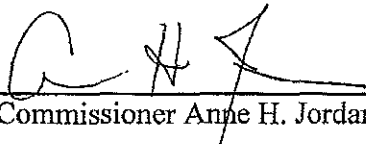
IV. Procedure

- A. A copy of the Authorized Signature Form with original signatures must be approved by grant personnel at the Maine Department of Public Safety before the electronic signature will be accepted.
- B. If there is a change in authorized signatures an updated copy of the changes must be received before the scanned copy will be accepted.
- C. Any misuse or disregard of electronic signature policy will be reviewed and acted upon by the Maine Department of Public Safety grant staff.

WARNING

This policy is for Department use only and does not apply in any criminal or civil proceeding. The Department policy should not be construed as a creation of higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this policy will only form the basis for Department administrative sanctions.

Adopted by:


Commissioner Anne H. Jordan

1/24/2011

Date

AUTHORIZED SIGNATURE FORM

Sub Grantee Fiscal Quarterly Reports and Cash Requests

Agency Name _____

Federal Grant Award(s) _____

Authorized Signature(s)

Print Name _____

Signature _____

Print Name _____

Signature _____

Please return completed form to: Grant Manager
Department of Public Safety
104 State House Station
Augusta, ME 04333-0104

Department of Public Safety Use Only	
Approved by _____	Date _____