Date

Zions Bank

ATTN: Stephanie Nicholls

Corporate Trust Administrator

1001 17th Street, Suite 850

Denver, CO 80202

Email: stephanie.nicholls@zionsbank.com

RE: Sublessee Representative

Ms. Nicholls,

As part of the BEST Grant Project awarded to *Name of District, or Charter School( if applicable),* the *Sublessee Representative’s name and Title,* is authorized to sign all reimbursements and requests for the project accounts on behalf of the *Name of District, or Charter School( if applicable).*

I, *current Sublessee Representative’s name and Title,* hereby authorize *NEW Sublessee Representative’s name and Title (possibly more than one)*  **to act as an additional Sublessee Representative as such term is defined in the governing documents**, to sign all reimbursement requests from the project accounts on behalf of *Name of District, or Charter School( if applicable).*

Or (to remove a representative):

I, *current Sublessee Representative’s name and Title,* hereby request to remove *OLD Sublessee Representative’s name and Title.*

Sincerely,

*Current Sublessee Representative’s signature*

*Current Sublessee Representative’s name printed*

*Title*

*NEW/ADDITIONAL Sublessee Representative’s signature*

*NEW/ADDITIONAL Sublessee Representative’s name printed*

*NEW/ADDITIONAL Sublessee Representative’s title*

*NEW/ADDITIONAL Sublessee Representative’s signature*

*NEW/ADDITIONAL Sublessee Representative’s name printed*

*NEW/ADDITIONAL Sublessee Representative’s title*