

PROJECT SIGN OFF

Authorization Memorandum

I have carefully assessed the Community Service Project [name] performed by [Name of BCA Scholarship Awardee] for the [Name of Benefitting Organization]

MANAGEMENT CERTIFICATION – Please check the appropriate statement:

The required service hours of ___ for the Community Service Project were completed: Yes ___ No___ If no, how many hours were completed? ___

The approved project plan deliverables are completed:

Yes ___ No ___

- The project is accepted
- The project is accepted pending the issues noted below
- The project is not accepted for the reasons provided below

Issue	Description	Resolution

Comments:

Signature:

Date: