THE
UNIVERSITY
OF RHODE ISLAND

DELEGATION OF SIGNATURE AUTHORITY

By: Barbara E. Wolfe Provost/Executive Vice President for Academic Affairs

Date: 12/01/2023

I, Barbara E. Wolfe, in my capacity as Provost/Executive Vice President for Academic Affairs (the "Authorized Signatory"), hereby delegate to Deborah Riebe, in their capacity as Interim Dean, College of Health Sciences (the "Delegate"), my authority under the University of Rhode Island Policy on Approval and Execution of Contracts and Other Binding Documents as described herein (the "Delegated Authority").

A. Scope of Delegation

The Delegate is authorized to review, approve, and execute the following type(s) of Contracts and/or Other Binding Documents:

URI Speech and Hearing Center/Clinic: NPI# 1497850499 & URI Physical Therapy Clinic NPI# 1760549430 Legally and financially bind the employer to the laws, regulations and program instructions (compliance) as established by the Centers for Medicare and Medicaid Services.

Conduct business on behalf of the organization which includes processing of medical claims, to attest and sign. Initiate or accept surrogacy connections, and manage staff on behalf of the organization.

Responsible for revalidating the organization's Medicare enrollment record.

B. Limitations

1. The Delegated Authority is granted with the following limitations:

   ☐ Authority is granted only during the absence of the Authorized Signatory

   ☐ Authority is limited to Contracts and Other Binding Documents involving a total financial obligation or exposure of $ or less

   ☐ Authority is limited to Contracts and Other Binding Documents with a duration that does not exceed:

2. The Delegated Authority may not be sub-delegated by the Delegate.

C. Term of Delegation

1. The Delegated Authority will become effective on: 07/01/2023
2. The Delegated Authority will remain in effect until the earlier of:

   (a) when it is expressly revoked by me or my successor;
   (b) it expires on the June 30 next succeeding the effective date of the Delegated Authority; or
   (c) the following date:

The undersigned have read and understand the authority and limitations contained in the Policy on Approval and Execution of Contracts and Other Binding Documents and this Delegation of Signature Authority.

Deborah Riebe
Deborah Riebe (Dec 7, 2023 15:04 EST)

Signature of Delegate
Date: 12/07/2023

Barbara E. Wolfe
Barbara E. Wolfe (Dec 4, 2023 08:25 EST)

Signature of Authorized Signatory
Date: 12/04/2023

Initials of Individual Completing this Form: Lou Ann Diomandes
Lou Ann Diomandes (Dec 1, 2023 14:21 EST)