

Instructions to Complete the Connecticut State Department of Education (CSDE)

Authorized Signatures Change Form

The **ED-099 Agreement for Child Nutrition Programs** is the formal agreement between a sponsoring organization and the CSDE to operate one or more of the U.S. Department of Agriculture (USDA) Child Nutrition Programs. When the sponsoring organization's *Agreement* was approved, two originals were signed by the sponsoring organization and the CSDE. One original was returned to the sponsoring organization.

Page 4 of the Agreement designates representatives authorized to enter into an agreement with the CSDE and to sign the claim for reimbursement. The Agreement is permanent and amended as changes occur. The CSDE recognizes that one or both of the authorized signers will change periodically. **The Authorized Signatures Change Form must be executed whenever one of the two authorized signers changes.** Claims for reimbursement are valid only when signed by authorized signers on file with the CSDE. Board action must occur to make changes to authorized signers so that claims can be signed and submitted, and reimbursement delays are avoided.

- **Date** of the board meeting is when the governing body of the sponsoring organization took action to change one or both of the authorized signers.
- **Signature 1** is the designated representative authorized to sign the Agreement for Child Nutrition Programs and to sign claims for reimbursement. The person is head of the governing body, e.g. the chief officer elected or appointed to assume legal responsibility for the organization (superintendent of schools, mayor, selectman, corporate president, chairperson of the board, pastor, or commissioner).
- **Signature 2** is authorized only to sign the claims for reimbursement in the absence or incapacity of the first designated individual (assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner).
- **Signature 3** certifies the board action and is not authorized to sign the claim. This must be a different person from signatures 1 and 2 (secretary of the board, town clerk, or secretary of the corporation).

Mail the original signed and dated Authorized Signature Change Form to:



Connecticut State Department of Education
Bureau of Health/Nutrition, Family Services and Adult Education
Child Nutrition Programs
450 Columbus Boulevard, Suite 504
Hartford, CT 06103-1841

Questions may be directed to the CSDE's Child Nutrition Programs staff. For more information, see the CSDE's handout, *Child Nutrition Staff and Responsibilities*.

This document is available at <https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/SignatureChangeInstructions.pdf>.
The form is available at <https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/SignatureChange.pdf>.



Connecticut State Department of Education
 Bureau of Health/Nutrition, Family
 Services and Adult Education
 Child Nutrition Programs
 450 Columbus Boulevard, Suite 504
 Hartford, CT 06103-1841

FOR STATE USE ONLY	
Effective Date:	_____
AGREEMENT NUMBERS:	
School Programs	_____
Child Day Care Centers	_____
Adult Day Care Centers	_____
Day Care Homes	_____
Summer Food Service	_____

Authorized Signatures Change Form

Read the *Instructions to Complete the Authorized Signatures Change Form* before completing the form. Return this form to the CSDE Child Nutrition Programs at the address above.

This is to certify that on October 2, 2019, as shown in the minutes of
Date

Granby Board of Education Meeting
Name of Corporation, Board of Education or Governing Body

the following action was taken to revise the Authorized Signers of the **ED-099 Agreement for Child Nutrition Programs**.

- The person designated below is authorized to sign this agreement and to sign claims for reimbursement.

<p>_____ <i>Signature</i> <u>Interim Superintendent of Schools</u> <i>Title (superintendent of schools, mayor, selectman, president or chairperson of the board, pastor, or commissioner)</i></p>	<p><u>Mark L. Winzler</u> <i>Printed Name</i> _____ <i>Date</i></p>
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- In the absence or incapacity of the first designated individual, the second person designated below is authorized to sign claims for reimbursement.

<p>_____ <i>Signature</i> <u>Business Manager</u> <i>Title (assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner)</i></p>	<p><u>Anna M. Robbins</u> <i>Printed Name</i> _____ <i>Date</i></p>
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- The signature below certifies the above action.

<p>_____ <i>Signature</i> <u>Rosemarie Weber</u></p>	<p><u>Secretary of the Board</u> <i>Title (Secretary of Corporation, Town Clerk, Secretary of the Board)</i></p>
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This form is available at <https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/SignatureChange.pdf>. The instructions are available at <https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/SignatureChangeInstructions.pdf>.