

Instructions for Completing the Authorized Signatures Change Form

The **ED-099 Agreement for Child Nutrition Programs** (Agreement) is the formal agreement between a sponsoring organization and the Connecticut State Department of Education (CSDE) to operate one or more of the U.S. Department of Agriculture's (USDA) Child Nutrition Programs. The Agreement designates representatives authorized to enter into an agreement with the CSDE and certifies the claims for reimbursement. The Agreement is permanent and amended as changes occur. The CSDE recognizes that one or both authorized signers will change periodically. The sponsoring organization **must** execute the CSDE's *Authorized Signatures Change Form* whenever there is a change to either of the two authorized signers.

Claims for reimbursement are valid only when certified by authorized signers on file with the CSDE. Action by the board of education must occur to make changes to authorized signers so that claims can be signed and submitted, and reimbursement delays are avoided.

Required Information

The *Authorized Signatures Change Form* must include the information below.

- **Date** of the board meeting is when the governing body of the sponsoring organization took action to change one or both 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).

Submitting to the CSDE

Scan and e-mail the signed and dated *Authorized Signatures Change Form* to CNPermanentAgreement@ct.gov. Include "Authorized Signatures Change Form" in the subject line of the e-mail.

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Questions

Contact the CSDE's Child Nutrition Programs staff. Refer to the CSDE's document, *Child Nutrition Staff and Responsibilities*.



For information on the Child Nutrition Programs, visit the CSDE's [Child Nutrition Programs](#) webpage, or contact the [child nutrition programs staff](#) at the Connecticut State Department of Education, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This document is available at https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Authorized_Signature_Change_Form_Instructions.pdf.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

The Connecticut State Department of Education is committed to a policy of equal opportunity/affirmative action for all qualified persons. The Connecticut Department of Education does not discriminate in any employment practice, education program, or educational activity on the basis of race; color; religious creed; age; sex; pregnancy; sexual orientation; workplace hazards to reproductive systems, gender identity or expression; marital status; national origin; ancestry; retaliation for previously opposed discrimination or coercion, intellectual disability; genetic information; learning disability; physical disability (including, but not limited to, blindness); mental disability (past/present history thereof); military or veteran status; status as a victim of domestic violence; or criminal record in state employment, unless there is a bona fide occupational qualification excluding persons in any of the aforementioned protected classes. Inquiries regarding the Connecticut State Department of Education's nondiscrimination policies should be directed to: Attorney Louis Todisco, Connecticut State Department of Education, by mail 450 Columbus Boulevard, Hartford, CT 06103-1841; or by telephone 860-713-6594; or by email louis.todisco@ct.gov.



Connecticut State Department of Education
 Bureau of Child Nutrition Programs
 450 Columbus Boulevard, Suite 504
 Hartford, CT 06103-1841

For state use only	
Effective date:	_____
Agreement numbers:	
School programs	_____
Child care centers	_____
Adult day care centers	_____
Day care homes	_____
Summer food service	_____

Authorized Signatures Change Form

Read the *Instructions for Completing the Authorized Signatures Change Form* before completing this form. Scan and e-mail the completed form to CNPermanentAgreement@ct.gov. Include "Authorized Signatures Change Form" in the subject line of the e-mail.

This is to certify that on Insert date (month, day, year), as shown in the minutes of insert 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**.

- Signature 1:** The person designated below is authorized to sign this agreement and to sign claims for reimbursement.

<p>_____ <i>Signature</i> <u>Superintendent of Schools</u> <i>Title (superintendent of schools, mayor, selectman, president, chairperson of the board, pastor, or commissioner)</i> <u>burkec@granbyschools.org</u> <i>E-mail</i></p>	<p><u>Cheri P. Burke</u> <i>Printed name</i> <u>6-5-24</u> <i>Date</i> <u>(860) 844-5260</u> <i>Phone number</i></p>
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- Signature 2:** 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>Director of Finance & Operations</u> <i>Title (assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner)</i> <u>stevensonn@granbyschools.org</u> <i>E-mail</i></p>	<p><u>Nicole Stevenson</u> <i>Printed name</i> <u>6-5-24</u> <i>Date</i> <u>(860) 844-5253</u> <i>Phone number</i></p>
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- Signature 3:** The signature below certifies the above action.

<p>_____ <i>Signature</i></p>	<p><u>Board Secretary</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/Authorized_Signatures_Change_Form.pdf. This institution is an equal opportunity provider.