



Connecticut State Department of Education
School Health, Nutrition and Family Services
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**.

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

Signature

Interim Superintendent

Title (superintendent of schools, mayor, selectman, president, chairperson of the board, pastor, or commissioner)

csyriac@woodbridgeps.org

E-mail

Christine Syriac

Printed name

July 18, 2022

Date

(203) 387-6631

Phone number

2. **Signature 2:** In the absence or incapacity of the first designated individual, the second person designated below is authorized to sign claims for reimbursement.

Signature

Director of Business Services / Operations

Title (assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner)

dcoonan@woodbridgeps.org

E-mail

Donna Coonan

Printed name

July 18, 2022

Date

(203) 389-2195 x336

Phone number

3. **Signature 3:** The signature below certifies the above action.

Signature

Woodbridge Board of Education Secretary

Title (secretary of corporation, town clerk, secretary of the board)

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.

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. 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 sign the claims 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 sponsoring organization must execute the *Authorized Signatures Change Form* whenever there is a change to either of the two authorized signers.

Claims for reimbursement are valid only when signed 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.

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 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).

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.

Please direct any questions to the CSDE's Child Nutrition Programs staff. Contact information is available in the CSDE's document, *Child Nutrition Staff and Responsibilities*.

Instructions for Completing the Authorized Signatures Change Form



For information on the Child Nutrition Programs, visit the Connecticut State Department of Education's (CSDE) Child Nutrition Programs webpage, or contact the child nutrition programs staff in the CSDE's Bureau of Health/Nutrition, Family Services and Adult Education, 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (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 affirmative action/equal opportunity 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 age, ancestry, color, civil air patrol status, criminal record (in state employment and licensing), gender identity or expression, genetic information, intellectual disability, learning disability, marital status, mental disability (past or present), national origin, physical disability (including blindness), race, religious creed, retaliation for previously opposed discrimination or coercion, sex (pregnancy or sexual harassment), sexual orientation, veteran status or workplace hazards to reproductive systems, 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: Levy Gillespie, Equal Employment Opportunity Director/Americans with Disabilities Coordinator (ADA), Connecticut State Department of Education, 450 Columbus Boulevard, Suite 505, Hartford, CT 06103, 860-807-2071, levy.gillespie@ct.gov.