Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S155, Little Rock, AR 72203-1437
P: 501.682.8869 TDD: 501.682.1550

SPECIAL NUTRITION PROGRAM CERTIFICATE OF AUTHORITY

One (1) Form Per Person with Signature Authority

Authority is hereby given to _____, to enter into an agreement whether by handwritten or electronic signature, on behalf of _____, for the operation of the Child And Adult Care Food Program (CACFP), National School Lunch Program (NSLP), and/or Summer Food Service Program, on all remaining forms for this application and other documents or division related thereto, including claims for reimbursement.

(Print Name of Authorized Person) (Name of Institution)

Title: _____ Agreement #: _____ Tax ID #: _____

(Title of Authorized Person)

Address: _____ Telephone #: _____

(Street) (City) (Zip)

Signature: _____ Date: _____

Online Password Request:

Name: _____ Last 4 digits of SSN: _____

(Print Name of Authorized Person)

Requesting Access for: _____ Email: _____

Select Security Question: _____ Answer: _____

******* ***** ***** ***** For Board President, Director, or Owner use only ***** ***** ***** *******

By signing below, I understand that the Special Nutrition Program State Agent must be advised immediately of any changes in authorized personnel and that the designation of the below named representative does not relieve me of any liability for mistakes, fraud, or any other illegal activity performed by the designated representative in the name of or on behalf of the above-named institution.

Non-Profit Institution:

Title: _____ Signature: _____ Date: _____

For-Profit Institution:

Title: _____ Signature: _____ Date: _____

For questions or concerns regarding your food program, please contact your Application Coordinator at (501) 682-8869.