

HEALTH and NUTRITION PROGRAMS
CERTIFICATE OF AUTHORITY

Agreement #: _____

TIN #: _____

This is to certify that _____
(Print Name of Authorized Person)

(Signature of Authorized Person)

(Title)

IS DESIGNATED AS THE AUTHORIZED REPRESENTATIVE OF THE

(Name of Institution)

(Telephone Number)

(Street Address)

(City, State, Zip)

Authority is hereby given to the above designated representative to enter into an agreement whether by handwritten or electronic signature, on behalf of the above named institution for the operation of the Child and Adult Food Service Program, National School Lunch Program and/or Summer Food Service Program on all remaining forms for this application and any other document or Division reports relating thereto, including claims for reimbursement.

PLEASE SUBMIT ONE (1) FORM PER PERSON WITH SIGNATURE AUTHORITY

Non-Profit Institution

BY: _____
(Signature: Executive Director, President of Board of Directors or School Superintendent)

(Date)

(Printed Name)

(Title)

For-Profit Institution

BY: _____
(Signature: Owner)

(Date)

(Printed Name)

By my signature above, I understand that Health and Nutrition Programs must be advised immediately of any change in authorized personnel and my designation of the above named representative does not relieve me of any liability for the mistakes, fraud or other illegal activity performed by the designated representative in the name of or on behalf of the above named institution.

On-line Password Requests

Will this person submit claims? (Circle one) YES NO

Name: _____

Last four of SSN: _____

E-mail Address: _____

Answer **only one** of the following security questions:

1. What is your mother's maiden name: _____
2. What is your pet's name: _____
3. What city were you born in: _____
4. What is your favorite color: _____