



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

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 _____, as shown in the minutes of
Date

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

_____ <i>Signature</i>	_____ <i>Printed Name</i>
_____ <i>Title (Superintendent of Schools, Mayor, Selectman, President or Chairperson of the Board, Pastor or Commissioner)</i>	_____ <i>Date</i>

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

_____ <i>Signature</i>	_____ <i>Printed Name</i>
_____ <i>Title (Assistant Superintendent, Business Official, Principal, Headmaster, City or Town Manager, Executive Director or Deputy Commissioner)</i>	_____ <i>Date</i>

3. The signature below certifies the above action.

_____ <i>Signature</i>	_____ <i>Title (Secretary of Corporation, Town Clerk, Secretary of the Board)</i>
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This form is available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/sigchange.pdf.
 The instructions are available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/forms/sigchangeinstr.pdf