

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
BUREAU OF HEALTH/NUTRITION,  
FAMILY SERVICES AND ADULT EDUCATION  
25 INDUSTRIAL PARK ROAD  
MIDDLETOWN, CONNECTICUT 06457-1543

**INSTRUCTIONS TO COMPLETE THE  
AUTHORIZED SIGNATURES CHANGE FORM**

The *ED-099 Agreement for Child Nutrition Programs* is the formal agreement between a sponsoring organization and the Connecticut State Department of Education to operate one or more of the Child Nutrition Programs. When the *Agreement* was approved, one of the two originals, signed by the sponsoring organization and the Department, was returned for your files.

Page 4 of the *Agreement* designates representatives authorized to enter into an agreement with the Department and to sign the claim for reimbursement. The *Agreement* is permanent and amended as changes occur. It is expected that one or both of the authorized signers will change periodically. The *Authorized Signatures Change Form* must be executed whenever one of the two authorized signers changes. Claims for reimbursement are valid only when signed by authorized signers on file with Child Nutrition. It is necessary to arrange for Board action for the form to be signed and submitted in order to avoid delay of reimbursement.

Instructions:

*Date* of the board meeting when the governing body of the sponsoring organization took action to change one or both of the authorized signer(s).

*Signature #1* is the designated representative authorized to enter into the Agreement for Child Nutrition Programs on behalf of the institution 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, President or 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. It must be a person different than signatures #1 and #2 (Secretary of the Board, Town Clerk or Secretary of the Corporation).

Contact the Child Nutrition Programs Unit if there are questions.