



Connecticut State Department of Education
 Bureau of Health/Nutrition, Family
 Services and Adult Education
 Child Nutrition Programs
 450 Columbus Boulevard, Suite 504
 Hartford, CT 06103-1841

<i>For state use only</i>	
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 _____, as shown in the minutes of _____ the following action was taken to revise the authorized signers of the **ED-099 Agreement for Child Nutrition Programs**.

- Signature 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, chairperson of the board, pastor, or commissioner)</i>	<i>Date</i>
<i>E-mail</i>	<i>Phone number</i>

- Signature 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>
<i>E-mail</i>	<i>Phone number</i>

- Signature 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 https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Authorized_Signatures_Change_Form.pdf. *This institution is an equal opportunity provider.*