

Authorized Signatures Change Form

Read the [Instructions for Completing the Authorized Signatures Change Form](#) before completing this form. Scan and email the completed form to CNPermanentAgreement@ct.gov. Include "Authorized Signatures Change Form" in the subject line of the email.

This is to certify that on (insert day/month/year) _____, as shown in the minutes of

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. **Signature 1:** The person designated below is authorized to sign this agreement and to sign claims for reimbursement.

Signature: _____

Printed name: _____

Title: _____

(superintendent of schools, mayor, selectman, president, chairperson of the board, pastor, or commissioner)

Email: _____

Phone number: _____

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

Signature: _____

Printed name: _____

Title: _____

(assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner)

Email: _____

Phone number: _____

3. **Signature 3:** The signature below certifies the above action.

Signature: _____

Printed name: _____

Title: _____

(secretary of corporation, town clerk, secretary of the board)

For state use only

Effective date: _____

Agreement numbers

Adult day care centers: _____



CONNECTICUT
Education

School programs: _____

Day care homes: _____

Child care centers: _____

Summer food service: _____

This institution is an equal opportunity provider.