



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

| For State Use Only | |
|---------------------------|-------|
| 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 to Complete the Authorized Signatures Change Form* before completing the form. Scan and e-mail a completed form to CNPermanentAgreement@ct.gov. Include "Authorized Signature Change Form" in the subject line of the e-mail.

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.

Signature

Printed name

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

Date

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)

Date

3. The signature below certifies the above action.

Signature

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

This form is available at <https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/SignatureChange.pdf>. The instructions are available at <https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/SignatureChangeInstructions.pdf>.