

**CERTIFICATE OF AUTHORITY**

INSTRUCTIONS: Section 1 must be signed by the Chairperson of the Board of Directors of the nonprofit agency named as the Sponsoring Organization **OR** the owner of a for-profit organization. Section 2 must be signed by employees the Chairperson or owner designates as authorized to represent the organization to the Child and Adult Care Food Program (CACFP).

SECTION 1

Print Name of Sponsor Official

Date of Birth

Print Title of Sponsor Official named above
i.e., Chairperson of Board of Directors or owner of a for-profit organization

Home Address (Street Address, City, State, Zip)

Daytime Phone (include area code)

On behalf of _____

Name of Sponsoring Organization

I hereby authorize the employee(s) below to represent this organization to the New York State Department of Health, Division of Nutrition, Child and Adult Care Food Program, and to submit claims for reimbursement and other documents to CACFP.

Signature of Sponsor Official (Original signature only)
(Chairperson of Board of Directors or owner of a for-profit organization)

Date

SECTION 2

ALL CACFP CORRESPONDENCE WILL BE SENT TO THE PERSON IDENTIFIED HERE

1. _____
Print Name and Title of Person Authorized as Sponsor Administrator

Signature (Original signature only)

2. _____
Print Name of Executive Director

Signature (Original signature only)

Date of Birth

Home Address

3. _____
Print Name and Title of Person Authorized

4. _____
Print Name and Title of Person Authorized

Signature (Original signature only)

Signature (Original signature only)

This Certificate supersedes any document previously submitted to the CACFP