



**Acceptance of
Delegation of Signature Authority
School Readiness
FY 2016-2017**

By means of this Acceptance of Delegation of Signature Authority, I

_____ (Director - please print)

accept the delegation of authority given to me by

_____ (Owner/President - please print)

to execute the following documents for the School Readiness Fiscal/Program Year 2016-2017

- ____ School Readiness Contract ____ Holiday Schedule
____ Reimbursement Rate Schedule ____ Annual Provider Update (APU)
____ School Readiness / VPK Provider Change Notification
(Please initial each applicable line)

1. The effective date of this Delegation of Authority begins July 1, 2016 and expires June 30, 2017, or until revoked by the delegating official and/or his/her successor.
2. I understand that the delegated authority assigned is NOT subject to sub-delegation. I understand that I can be held liable for any wrong doing, deception or suspected fraud, being committed and I will be held liable for any such activity.

Signature of Director

STATE OF FLORIDA COUNTY OF _____ The foregoing instrument was

acknowledged before me on _____, _____ 20____
(Month) (Day) (Year)

by, _____ who is personally known to me or who has
(Name of Affiant)

produced _____ as identification.
(Type of Identification)

STAMP or SEAL OF NOTARY

(Signature of Notary)