



Delegation of Signature Authority
School Readiness
FY 2016-2017

of Pinellas County, Inc.

By means of this Delegation of Signature Authority I,

(Owner/President Name - please print)

delegate authority herein to

(Director Name - 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 above is NOT subject to sub-delegation. I understand that this does not release me of my business obligations, responsibilities, wrong doing, deception or suspected fraud activity and that I will still be held liable for any such activity.

Signature of Owner/President

STATE OF FLORIDA COUNTY OF The foregoing instrument was

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

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

produced (Type of Identification) as identification. STAMP or SEAL OF NOTARY

(Signature of Notary)