



Acceptance of Delegation of Signature Authority School Readiness FY 2017-2018

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

(Name & Title - please print)

Center Name (Please print)

accept the delegation of authority give to me by

(Owner/President - please print)

to execute the following documents for the School Readiness Fiscal/Program Year 2017-2018

Please initial each applicable line. Do not use checkmarks or X's.

- | | |
|--|------------------------------------|
| _____ School Readiness Contract | _____ Holiday Schedule |
| _____ Reimbursement Rate Schedule | _____ W9 |
| _____ EFT (Electronic Funds Transfer) | _____ APU (Annual Provider Update) |
| _____ School Readiness Change Notification | |

1. The effective date of this Delegation of Authority begins July 1, 2017 and expires June 30, 2018, 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. STAMP or SEAL OF NOTARY
(Type of Identification)

(Signature of Notary)