



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)

____ School Readiness Contract _____ Holiday Schedule

____ Reimbursement Rate Schedule _____ W9

____ School Readiness / VPK Provider Change Notification

____ EFT (Electronic Funds Transfer)

____ APU (Annual Provider Update)

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)