



Delegation of Signature Authority
School Readiness
FY 2017-2018

of Pinellas County, Inc.

By means of this Delegation of Signature Authority I,

(Owner/President Name - please print)

Center Name (Please print)

delegate authority herein to

(Name & Title - 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 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), 20 (Day) (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)