



**Acceptance of
Delegation of Signature Authority
School Readiness
FY 2018-2019**

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 2018-2019

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 | _____ Form OEL SR 20A |
| _____ Early Learning Performance Funding Project (ELPFP) | _____ Pre-K All Day Contract |

1. The effective date of this Acceptance of Delegation of Authority begins July 1, 2018 and expires June 30, 2019, 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 Title

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)