



Delegation of Signature Authority
School Readiness
FY 2018-2019

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 2018-2019

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

- _____ School Readiness Contract
_____ Reimbursement Rate Schedule
_____ EFT (Electronic Funds Transfer)
_____ School Readiness Change Notification
_____ Early Learning Performance Funding Project (ELPPF)
_____ Holiday Schedule
_____ W9
_____ APU (Annual Provider Update)
_____ Form OEL SR 20A
_____ Pre-K All Day Contract

- 1. The effective date of this 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 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 _____, _____ 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)