State of Alabama
Department of Education - Child Nutrition Programs
Summer Food Service Program
Statement of Authority
(Required APPLICATION Form)

(Re-submit with annual application only if a change in authorization occurs.)

SFSP Sponsor’s Official Name ______________________________ Agreement Number ________
(State Agency will assign for new sponsor)

I, the undersigned, state the Program(s) indicated below are an integral part of and therefore under the direct control

and supervision of the governing body of ______________________________
(Name of Sponsoring Organization)

whose address is ________________________________________________
(Street or Route) ____________________________________________
(City) __________________________ (Zip Code) ________________

and that all funds relating to the program(s) will be subject to the control of the duly constituted governing body of the above named

sponsoring organization, and that all funds received for the operation of said Program(s) will be used exclusively for the purpose

for which they were received.

The following named individual(s) are authorized to sign all official documents (including claims for reimbursement) in connection

with the Agreement(s).

PRINT - NAME OF PERSON AUTHORIZED TO SIGN AGREEMENT BIRTH DATE SIGNATURE OF PERSON AUTHORIZED TO SIGN AGREEMENT

PRINT - NAME OF PERSON AUTHORIZED TO SIGN AGREEMENT BIRTH DATE SIGNATURE OF PERSON AUTHORIZED TO SIGN AGREEMENT

I certify that I, as the official representative of the above named sponsoring organization having the authority to enter into and execute

contracts/agreements, and as such official(s), have executed the Program Agreement(s) Between Sponsor and USDA/Alabama

Department of Education.

I understand that the information on this form is being given in connection with the receipt of Federal funds and that all of the

provisions of the Program Agreement(s) Between Sponsor and USDA/Alabama Department of education apply. I further understand

that any deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

(Complete only the appropriate numbered blank below with signature and date.)

(1) PRINT - NAME AND TITLE OF OFFICIAL REPRESENTATIVE BIRTH DATE SIGNATURE OF OFFICIAL REPRESENTATIVE DATE

E-mail address ______________________________ PRINT - PLEASE WRITE E-MAIL ADDRESS ______________________________

(2) PRINT - NAME OF CHAIRMAN OF GOVERNING BOARD (FOR NONPROFIT ORGANIZATIONS AND CHURCH-SPONSORED PROGRAMS) BIRTH DATE SIGNATURE OF CHAIRMAN OF GOVERNING BOARD DATE

(3) PRINT - NAME OF CHURCH PASTOR (FOR CHURCH-SPONSORED PROGRAMS) BIRTH DATE SIGNATURE OF CHURCH PASTOR DATE