

STATEMENT OF AUTHORITY

Agreement Number: CNIP - 10185 for NSLP

Sponsor Name: Jefferson County Public Schools

Address: 3001 Crittenden Drive, Room 133

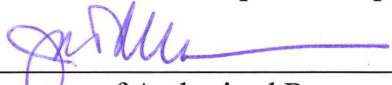
City/State/Zip: Louisville, KY 40209

Phone Number: (502) 485-3186

I, the undersigned, state that the providers for which we are herewith submitting an application for, the Child and Adult Care Food Program (CACFP), are an integral part of the above named organization.

All funds relating to the Child and Adult Care Food Program shall be subject to the control of the duly constituted governing body of the organization, and that all funds received shall be used exclusively for the purpose of operating the Child and Adult Care Food Program.

The following named individual(s) is/are duly authorized to sign official documents in connection with the sponsor's operation of the CACFP:


Signature of Authorized Representative

Director, SCNS
Title

Lorina Edington
Signature of Authorized Representative

Assistant Director, SCNS
Title

Laken Letellier
Signature of Authorized Representative

Coordinator, Records & Reports

Signature of Authorized Representative

Title

The undersigned certifies that he/she has the authority to represent the sponsoring organization/independent center named above. It is also understood 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 Agreement apply.

Signature, Chairman of the Board/Superintendent

Date

03/25/2012