

CHILD AND ADULT CARE FOOD PROGRAM

Tip: Use the Tab key to
move between fields.

STATEMENT OF AUTHORITYSponsor Legacy Number: N/ACNIPS ID # 10185Sponsor Name: Jefferson County Public SchoolsAddress: 3001 Crittenden DriveCity/State/Zip: Louisville KY 40209Office or Center Phone Number: (502)485-3186

I, the undersigned, state that the center(s) for which we are herewith submitting an application for the Child and Adult Care Food Program (CACFP) is (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 Program Contact Terina Edington Date 8/21/13
MM/DD/YYYY

Signature of Authorized Individual Loren Little Date 8/21/13
MM/DD/YYYY

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 and/or Owner _____ Date _____
MM/DD/YYYY

Signature, Owner N/A Date _____
MM/DD/YYYY

Signature, Owner N/A Date _____
MM/DD/YYYY