

## STATEMENT OF AUTHORITY

CNIPS Number: 10185

Sponsor Name: Jefferson County Public Schools

Address: 3001 Crittenden Drive

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 Summer Food Service Program (SFSP) are an integral part of the above named organization.

All funds relating to the Summer Food Service 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 Summer Food Service Program.

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

[Signature]  
Signature of Authorized Representative

Director, SCNS  
Title

Terina Edington  
Signature of Authorized Representative

Assistant Director, SCNS  
Title

Christina Ashley  
Signature of Authorized Representative

SFSP Supervisor  
Title

Hannah Fehman  
Signature of Authorized Representative

Coord. Records and Reports, SCNS  
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