

Child and Adult Care Food Program
CERTIFICATE OF AUTHORITY

Agreement Number _____

Please Type:

1. _____ hereby certifies that
(Name and Title of Official: (Owner, Board President, Dean, Tribal Gov., Pastor, etc.))

2. Authorized representative(s) [Must correspond to Management Plan 4- (b)]

(a) _____
(Please type Name and Title Authorized Representative)

(b) _____
(Please type Name and Title Authorized Representative)

(c) _____ is /are
(Please type Name and Title of Authorized Representative)

designated as authorized representative(s) of

3. _____
(Please type Name of Organization)

(Please type Address and Zip code)

Authority is hereby given the above representative(s) to sign and submit claims on behalf of the organization to the New Mexico Children, Youth and Families Department, Family Nutrition Bureau, Child and Adult Care Food Program (CACFP), for the operation of the CACFP. The designee(s) is/are authorized to present claims for reimbursement and sign for the organization such documents or reports relating to the CACFP.

4. _____
Signature of Official (above)

5. (a) _____ / _____
Signature of Authorized Representative (e-mail if requesting electronic claim submission)

(b) _____ / _____
Signature of Authorized Representative (e-mail if requesting electronic claim submission)

(c) _____ / _____
Signature of Authorized Representative (e-mail if requesting electronic claim submission)

6. _____
Date