

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

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

