

**STATEMENT OF AUTHORITY
AND SIGNATURE AUTHORIZATION CERTIFICATE**
(One Form per Institution)

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 Institution)

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 institution 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), which we recommend should be full time official(s), of the above named institution are authorized to sign all official documents between Institution and USDA/Alabama Department of Education (including claims for reimbursement) in connection with the Agreement(s).

PRINT - NAME OF PERSON AUTHORIZED TO SIGN AGREEMENT SIGNATURE OF PERSON AUTHORIZED TO SIGN AGREEMENT DATE OF BIRTH

EMAIL ADDRESS PHONE NUMBER TITLE

PRINT - NAME OF PERSON AUTHORIZED TO SIGN AGREEMENT SIGNATURE OF PERSON AUTHORIZED TO SIGN AGREEMENT DATE OF BIRTH

EMAIL ADDRESS PHONE NUMBER TITLE

I certify that I, as the Official Representative of the above named institution having the authority to enter into and execute contracts/agreements, and as such official(s), have executed the Program Agreement(s) between the Institution 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 the Institution 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 blanks below with signature and date.)**

(1) _____
PRINT - NAME AND TITLE OF OFFICIAL REPRESENTATIVE SIGNATURE OF OFFICIAL REPRESENTATIVE DATE of BIRTH

Email Address _____
PRINT - PLEASE WRITE EMAIL ADDRESS

(2) _____
PRINT-NAME SIGNATURE OF CHAIRMAN OF GOVERNING BOARD SIGNATURE OF CHAIRMAN OF GOVERNING BOARD DATE of BIRTH
(FOR PRIVATE NONPROFIT ORGANIZATIONS AND CHURCH-SPONSORED PROGRAMS)

(3) _____
PRINT- NAME OF CHURCH PASTOR SIGNATURE OF CHURCH PASTOR/

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

“This institution is an equal opportunity provider”.