

Appointment of a New Authorized Representative

Return form to:

Child Nutrition & Wellness, KSDE, 900 SW Jackson St, Suite 251, Topeka, KS 66612-1212

Sponsor Number: _____ Sponsor Name: _____

Effective Date of Change: _____

Indicate the Child Nutrition Programs for this new Authorized Representative:

- School Nutrition Programs
- Summer Food Service Program
- Child and Adult Care Food Program
- Special Milk Program

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1. Print or type the name, title, email address and phone number of the new Authorized Representative.

Name of Authorized Representative

Title

Email address

Phone

2. The Authorized Representative must sign and date below the following "Certification" statement. A signature stamp can be accepted only if it is registered with the Kansas Secretary of State.

Certification: My signature below certifies that I have read the current Program Agreement between Child Nutrition & Wellness, Kansas State Department of Education and the sponsor named above; and that I understand and accept the conditions and responsibilities specified therein.

Signature of Authorized Representative

Date

Signature of Board Chairperson*
or Administrator or For-Profit Owner

Date

Print Name of Board Chairperson*
or Administrator or For-Profit Owner

* State Statute 72-17,140 requires the board to appoint an authorized representative for School Food Service Programs.

This institution is an equal opportunity provider.