



Connecticut State Department of Education
Bureau of Child Nutrition Programs
450 Columbus Boulevard, Suite 504
Hartford, CT 06103-1841

For state use only	
Effective date:	_____
Agreement numbers:	
School programs	_____
Child care centers	_____
Adult day care centers	_____
Day care homes	_____
Summer food service	_____

Authorized Signatures Change Form

Read the *Instructions for Completing the Authorized Signatures Change Form* before completing this form. Scan and e-mail the completed form to CNPermanentAgreement@ct.gov. Include "Authorized Signatures Change Form" in the subject line of the e-mail.

This is to certify that on _____, as shown in the minutes of
Regional School District 17 BOE the following action was taken to
revise the authorized signers of the **ED-099 Agreement for Child Nutrition Programs**.

1. **Signature 1:** The person designated below is authorized to sign this agreement and to sign claims for reimbursement.

_____ <i>Signature</i>	_____ Jeff Wihbey <i>Printed name</i>
_____ Superintendent	_____ <i>Date</i>
_____ <i>Title (superintendent of schools, mayor, selectman, president, chairperson of the board, pastor, or commissioner)</i>	
_____ jwihbey@rsd17.org	_____ 860-345-4534
_____ <i>E-mail</i>	_____ <i>Phone number</i>

2. **Signature 2:** In the absence or incapacity of the first designated individual, the second person designated below is authorized to sign claims for reimbursement.

_____ <i>Signature</i>	_____ Benjamin Whittaker <i>Printed name</i>
_____ Director of Finance and Operations	_____ <i>Date</i>
_____ <i>Title (assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner)</i>	
_____ bwhittaker@rsd17.org	_____ 860-345-4534
_____ <i>E-mail</i>	_____ <i>Phone number</i>

3. **Signature 3:** The signature below certifies the above action.

_____ <i>Signature</i>	_____ Secretary of the board
	_____ <i>Title (secretary of corporation, town clerk, secretary of the board)</i>

This form is available at https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Authorized_Signatures_Change_Form.pdf. This institution is an equal opportunity provider.