



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 July 16, 2024, 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 Whibey <i>Printed name</i>
_____ Superintendent <i>Title (superintendent of schools, mayor, selectman, president, chairperson of the board, pastor, or commissioner)</i>	_____ <i>Date</i>
<u>jwhibey@rsd17.org</u> <i>E-mail</i>	<u>860-345-4534</u> <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>	Alison Pierce <i>Printed name</i>
_____ Director of Finance & Operations <i>Title (assistant superintendent, business official, principal, headmaster, city or town manager, executive director, or deputy commissioner)</i>	_____ <i>Date</i>
<u>apierce@rsd17.org</u> <i>E-mail</i>	<u>860-345-4534</u> <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>
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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.