

**South Carolina Department of Social Services  
Child and Adult Care Food Program  
STATEMENT OF AUTHORITY**

Agreement No.: \_\_\_\_\_ Name of Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

I, the undersigned, state the institution(s) for which we are herewith submitting an application for the Child and Adult Care Food Program is/are an integral part of the above named organization, except for the following:

\_\_\_\_\_  
\_\_\_\_\_

All funds relating to the Child and Adult Care Food Program will be subject to the control of the duly constituted governing body of the above institution which is entering into this agreement with the South Carolina Department of Social Services.

The following named individual(s) is/are duly authorized to sign the following:

1. Agreement and All Other Supporting Documentation

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

2. Claim for Reimbursement

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

3. The following named individual(s) is/are duly authorized to represent the Institution in matters concerning the CACFP Contract

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

It is understood 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 agreement apply.

\_\_\_\_\_  
Signature of Chairman/Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title (i.e., Chairman of the Board/Owner)

**FOR SCDSS USE ONLY**

Effective Date: \_\_\_\_\_ Date Entered Into Computer: \_\_\_\_\_

Signature: \_\_\_\_\_