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. Request for Access to SCCACFP. It is understood that the application for participation and claims for reimbursement will be submitted through the online application and claims systems.

	Print Name	Print Title	
	Print Name	Print Title	
	Print Name	Print Title	
3.	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:					

DSS Form 16119 (APRIL 18) Edition of AUG 07 is obsolete.