North Carolina Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section
Nutrition Services Branch
Special Nutrition Programs

SUMMER FOOD SERVICE PROGRAM
SPONSOR APPLICATION
STATEMENT OF AUTHORITY FOR SPONSORS

Agreement Number: _____

Name of Sponsor: _____

I, the undersigned, state that all funds relating to the Summer Food Service Program (SFSP) will be subject to the control of the duly constituted governing body of the above-named Sponsor and that all funds received for the operation of the SFSP will be used exclusively for the purpose for which they are received.

The following individuals are authorized to sign supporting SFSP documents and claim for reimbursement documents on behalf of the Sponsor. The Sponsor agrees to notify the State Agency immediately upon a change in the name of the authorized individual(s) designated below. The signing and submission of this form cancels previous authorizations for this Sponsor.

1stPrinted Name **Title**	**2ndPrinted Name** **Title**
Signature	**Signature**
3rdPrinted Name **Title**	**4thPrinted Name** **Title**
Signature	**Signature**

I certify that the information given is true and correct to the best of my knowledge. I understand that the information on this form is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes. The Sponsor agrees to comply with all of the provisions of the SFSP Agreement and applicable federal and state SFSP statutes, regulations and policies.

Signature of Board Chairperson, Superintendent or Chancellor **Date**

Title