



# **FLORIDA DEPARTMENT OF HEALTH**

## **DELEGATION OF SIGNING AUTHORITY**

The background of the slide is a vibrant orange color with a sunburst pattern. A large, semi-circular sun is positioned at the bottom center, with numerous rays extending upwards and outwards, creating a sense of warmth and energy. The rays are slightly darker than the background, creating a subtle gradient effect.

# **Bureau of Child Care Food Programs**

## **Florida Department of Health**

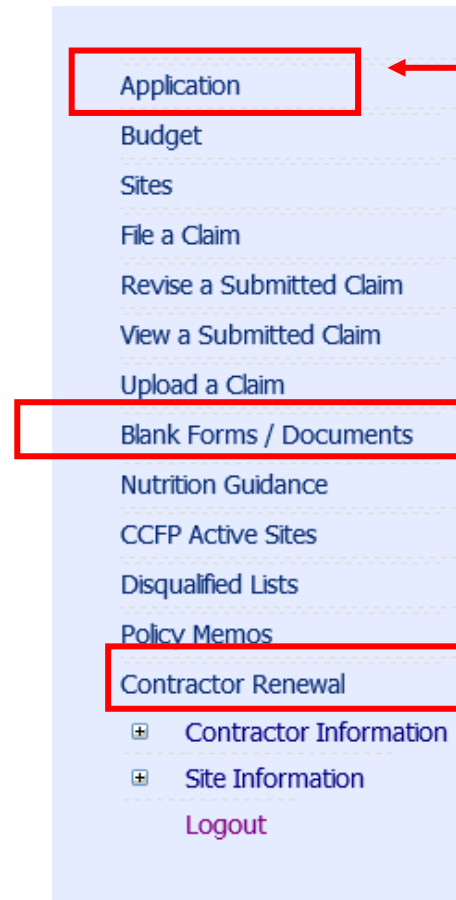
# DELEGATION OF SIGNING AUTHORITY

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- This module will tell you:
  - Where to access a blank Delegation of Signing Authority form
  - Who is the Delegation of Signing Authority
  - How to complete the Delegation of Signing Authority
  - Where to upload the Delegation of Signing Authority

# DELEGATION OF SIGNING AUTHORITY

Where can you access the Delegation of Signing Authority?



After signing into MIPS, you can download a blank Delegation of Signing Authority by either clicking on Application, Blank Forms/Documents, or Contractor Renewal on your MIPS menu.

# DELEGATION OF SIGNING AUTHORITY

From the Application Screen:

In **QUESTION 3** of the Application page, you can **DOWNLOAD** the blank Delegation of Signing Authority and **UPLOAD** the completed Delegation of Signing Authority.

**3) Organization's Chief Executive Officer Who should be listed here?**

Salutation:  First Name:  Last Name:

Position Title:  Date of Birth:

Email:

(If only one address is provided in #2 above, the address below must be different from the address in #2.)

Mailing Address:

City:  State:  Zip:

(The phone number listed here must be different from the phone number in section #4 below.)

Phone:  Ext:  Fax:

**Delegation of Authority**

[Click here to download a blank Delegation of Signing Authority form.](#)

Upload Delegation of Signing Authority

File Name:  Uploaded Date:

# DELEGATION OF SIGNING AUTHORITY

From Blank Forms/  
Documents Page:

You can only **DOWNLOAD** the form from this page. You **CANNOT UPLOAD** the Delegation of Signing Authority on this screen.

**BLANK FORMS AND DOCUMENTS** FloridaHealth.gov

 You have not submitted a claim for May 2019 and the deadline is 7/30/2019.

<a href="#">And Justice for All Poster</a>	<a href="#">Meal Count Record by Name 5-day</a>
<a href="#">Attendance Record</a>	<a href="#">Meal Count Record by Name 5-day (fil-in)</a>
<a href="#">Attestation for Procurement Requirements</a>	<a href="#">Meal Count Record by Name 7-day</a>
<a href="#">Board Of Directors Certification - al</a>	<a href="#">Meal Count Record by Name Monthly (fil-in)</a>
<a href="#">Boxed Lunch Menu</a>	<a href="#">Meal Count Record Monthly</a>
<a href="#">Budget - Single-Site I/A/H</a>	<a href="#">Meal Count Record Monthly - Excel</a>
<a href="#">Budget - Single-Site I/A/H fil-in</a>	<a href="#">Meal Pattern and Menu Checklist</a>
<a href="#">Caterer High Priority Violations Report</a>	<a href="#">Meal Pattern for Children</a>
<a href="#">Caterer List</a>	<a href="#">Meal Pattern for Children - Spanish</a>
<a href="#">Catering Contract 2018-19</a>	<a href="#">Meal Pattern for Infants</a>
<a href="#">CCFP Monthly Documentation Checklist</a>	<a href="#">Meal Pattern Infants - Spanish</a>
<a href="#">Certification of Accuracy and Truthfulness</a>	<a href="#">Medical Statement - Spanish</a>
<a href="#">Certification Statement Regarding Business Integrity</a>	<a href="#">Medical Statement for Meal Modifications</a>
<a href="#">Change Form - single-site contractors</a>	<a href="#">Menu Planning Wksht Child - 5 day - 2 meal and snack</a>
<a href="#">Child Care Enrollment Form</a>	<a href="#">Menu Planning Wksht Child - 7 day - 2 meal and snack</a>
<a href="#">Child Care Enrollment Form - Haitian-Creole</a>	<a href="#">Menu Planning Wksht Child - 7 day - All meals</a>
<a href="#">Child Care Enrollment Form - Spanish</a>	<a href="#">Menu Planning Wksht Infant - 5 day - 2 meal and snack</a>
<a href="#">Child Participation Form</a>	<a href="#">Menu Planning Wksht Infant - 7 day - 2 meal and snack</a>
<a href="#">Child Participation Form - Haitian-Creole</a>	<a href="#">Menu Planning Worksheet with Serving Sizes</a>
<a href="#">Child Participation Form Spanish</a>	<a href="#">Mileage Log</a>
<a href="#">Claim Edit Worksheet</a>	<a href="#">Milk Calculator - Excel</a>
<a href="#">Claim Form</a>	<a href="#">Milk Substitutes and Creditable Milks</a>
<a href="#">Claim Form for Revising Costs</a>	<a href="#">MIPS Claim Instructions - I</a>
<a href="#">Claiming Deadlines - FY 2018-19</a>	<a href="#">MIPS Username Setup</a>
<a href="#">Code of Ethical Conduct Procurement Sample</a>	<a href="#">Monthly Record for Admin Expenditures</a>
<a href="#">Collection Procedures for Pricing Program</a>	<a href="#">Monthly Record for Operational Expenditures</a>
<a href="#">Compensation Plan for Labor Costs</a>	<a href="#">News Release - Non-Pricing</a>
<a href="#">Continuous Property Record \$1000 to \$5000</a>	<a href="#">News Release - Pricing</a>
<a href="#">Corrective Action Plan</a>	<a href="#">PAR - Admin &amp; Oper for Hourly Staff - 1 Auth Number.xls</a>
<a href="#">Corrective Action Plan SAMPLE</a>	<a href="#">PAR - Admin &amp; Oper for Salaried Staff - 1 Auth Number.xls</a>
<a href="#">Crediting Guide</a>	<a href="#">Parent Letter - Non-Pricing</a>
<a href="#">Cycle Menu - Kosher</a>	<a href="#">Parent Letter - Non-Pricing - Haitian Creole</a>
<a href="#">Cycle Menu A - Hispanic</a>	<a href="#">Parent Letter - Non-Pricing - Spanish</a>
<a href="#">Cycle Menu A - Hispanic No Pork/No Peanut</a>	<a href="#">Parent Letter - Pricing</a>
<a href="#">Cycle Menu B - General</a>	<a href="#">PCT Part 2 Nutrition Workbook CCC FY 18-19</a>
<a href="#">Cycle Menu B - General No Pork/No Peanut</a>	<a href="#">PCT Part 2 Record Keeping Workbook CCC FY 18-19</a>
<a href="#">Cycle Menu C - Southern</a>	<a href="#">Personnel Activity Report (PAR)</a>
<a href="#">Cycle Menu C - Southern No Pork/No Peanut</a>	<a href="#">Personnel Activity Report Spanish</a>
<a href="#">Delegation of Signing Authority</a>	<a href="#">Policy Memo Chart</a>
<a href="#">Eligibility Guide</a>	<a href="#">Print Instructions - CCC Site</a>

# DELEGATION OF SIGNING AUTHORITY

From the Contractor  
Renewal Page:

You can **DOWNLOAD** and  
**UPLOAD** the completed  
Delegation of Signing  
Authority form from this  
screen under SECTION D.

## D. Signature and Certification:

The person submitting this renewal **MUST** hold one of the following positions:

For-Profit – Majority Owner

Not-For-Profit – Executive Director, Board Chairperson, Chief Executive Officer, President

Public School Districts – School Superintendent

Military – Commanding Officer

Church – Head Clergy Member

**OR** be the Delegated Authority for one of the above positions. Delegated Authority – a properly completed Delegation of Signing Authority form **MUST** be uploaded in the section for that form at the bottom of the contractor renewal screen.

**By submitting this renewal, I certify that all information submitted and uploaded as part of the CCFP online renewal is true and correct. I understand that any organization or individual that provides false information is subject to applicable civil or criminal penalties, disqualification from the CCFP, and placement on the USDA National Disqualified List.**

First and Last Name: **MARVELL DARDEN** Position Title:  Date Submitted:

[Download Delegation of Signing Authority](#)

Browse...

Save

File Name: Uploaded Date: User:

# DELEGATION OF SIGNING AUTHORITY

Be sure you are using the current form. The date in 2.a. should be **September 30, 2023.**

**Instructions:** This form is used to delegate the authority to sign Child Care Food Program contracts and certain other documents. **The Delegating Official must hold one of the following positions:** Majority Owner, CEO, President, Executive Director, Board Chairman, Commanding Officer, Head Clergy Member, or School Superintendent.

By means of this letter, I, \_\_\_\_\_ (the Delegating Official), delegate the authority herein described to, \_\_\_\_\_ (my representative), on the following terms and conditions:

1. My representative may sign, on my behalf, any documents pertaining to the Child Care Food Program (CCFP).
2. The designated effective time period of this delegation is as follows:
  - a. For a prospective contractor, this delegation will be in effect from the date that the CCFP application checklist or contract is signed, whichever date occurs earlier, through September 30, 2023 or until revoked in writing by the delegating official, whichever date occurs earlier.
  - b. For a renewing contractor, this delegation will be in effect from the date that the CCFP Annual Information Update and Certification or contract amendment (when applicable) is signed, whichever date occurs earlier, through September 30, 2023 or until revoked in writing by the delegating official, whichever date occurs earlier.



# DELEGATION OF SIGNING AUTHORITY

The Delegating Official's **representative** must be an employee of the organization.

3. The authority delegated herein cannot be sub-delegated without my prior and written consent.
4. I understand that this delegation does not relieve me of responsibility to manage and supervise operation of the CCFP, that I may be liable for repayment of funds received, and that I may be subject to disqualification from future participation in the CCFP should the terms of the contract with DOH for participation in the CCFP not be fulfilled.

**Delegating Official:**  
(Must be one of the positions listed in the instructions.)

\_\_\_\_\_  
Signature (Delegating Official)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Acknowledged and Agreed by Representative:**  
(Must be an employee of the organization.)

\_\_\_\_\_  
Signature (Representative)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# DELEGATION OF SIGNING AUTHORITY

- Be aware of the places that the **Delegating Official** and the **Representative** must first print his/her name and where he/she again must print, sign, and date.

Organization Name \_\_\_\_\_ Authorization # \_\_\_\_\_

**Delegation of Signing Authority  
for the Child Care Food Program**

**Instructions:** This form is used to delegate the authority to sign Child Care Food Program contracts and certain other documents. **The Delegating Official must hold one of the following positions:** Majority Owner, CEO, President, Executive Director, Board Chairman, Commanding Officer, Head Clergy Member, or School Superintendent.

By means of this letter, I, \_\_\_\_\_ (the Delegating Official), delegate the authority herein described to, \_\_\_\_\_ (my representative), on the following terms and conditions:

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2. The designated effective time period of this delegation is as follows:
  - a. For a prospective contractor, this delegation will be in effect from the date that the CCFP application checklist or contract is signed, whichever date occurs earlier.
3. The authority delegated herein cannot be sub-delegated without my prior and written consent.
4. I understand that this delegation does not relieve me of responsibility to manage and supervise operation of the CCFP, that I may be liable for repayment of funds received, and that I may be subject to disqualification from future participation in the CCFP should the terms of the contract with DOH for participation in the CCFP not be fulfilled.

**Delegating Official:**  
(Must be one of the positions listed in the instructions.)

Signature (Delegating Official) \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

**Acknowledged and Agreed by Representative:**  
(Must be an employee of the organization.)

Signature (Representative) \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

**Handwritten signatures are required from both parties.**

# DELEGATION OF SIGNING AUTHORITY

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Please contact your Regional Program  
Specialist  
if you have any questions.

Contact information is in the  
CCFP Annual Training Handbook