

NUTRITIONAL ALASKA FOODS FOR SCHOOLS GRANT

SIGNATORY AUTHORITY FORM

Department of Commerce, Community, and Economic Development, Division of Community and Regional Affairs

Please clearly print or type; submit **ORIGINAL** form. **Whenever changes are made to the information, submit an updated form.**

This form can be found online at: <http://commerce.alaska.gov/dnn/dcra/GrantsSection/NutritionalAlaskanFoodsinSchools.aspx>

School District Name:	Date:
School District Contact Name for NAFS Grant:	Telephone Number:
School District Contact Title:	Fax Number:
Address:	E-mail Address:
City, State, Zip Code:	Federal Tax ID #:

The following School District Employees/Officers are authorized to sign Grant Agreements and any Amendments:	
Printed Name:	Printed Name:
Title:	Title:
Signature:	Signature:

The following School District Employees/Officers are authorized to sign Grant Financial/Progress Reports and Advance Requests:	
Printed Name:	Printed Name:
Title:	Title:
Signature:	Signature:

This signatory authority is conveyed by _____, the Chief
(Name)

Administrator of _____, this _____ day of _____, 20____
(School District)

Grant reports **are due quarterly** unless the box below is checked:

Monthly Reporting

Signature

Printed Name/Title