

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS  
SUMMER FOOD SERVICE PROGRAM (SFSP)**

**CERTIFICATE OF AUTHORITY/AUTHORIZED USER FORM**

County and Agreement Number: \_\_\_\_\_

Sponsor: \_\_\_\_\_

This is to certify that \_\_\_\_\_, whose signature appears

**Authorized Representative (Type or Print)**

below, is the duly designated Authorized Representative of the sponsor named above and is fully empowered to enter into any agreement with the Oklahoma State Department of Education which may be a prerequisite to the installation and/or operation of a Summer Food Service Program for the Sponsor shown above and may act for the administrator in preparing and signing other documents, reports, and claims for reimbursement pertaining to the installation and operation of the program(s). ***No one other than the designated Authorized Representative is authorized to submit online the SFSP claim for reimbursement.***

\_\_\_\_\_  
(Name and Title of Administrator)  
(Print or Type)

\_\_\_\_\_  
(Name and Title of Authorized Representative)  
(Print or Type)

\_\_\_\_\_  
(Signature of Administrator)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**MAILING ADDRESS TO BE USED FOR CHECKS AND ALL CORRESPONDENCE FROM THIS OFFICE:**

\_\_\_\_\_  
(Street or Box)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

The Authorized Representative signs and accepts responsibility for all reimbursements. The Authorized Representative receives the payment notices for reimbursement that are electronically deposited and all other correspondence from this office. The name of this person should appear, typed or printed, at the top of the page; this person should sign on the *Signature of Authorized Representative* line. The authorizing administrator should sign on the appropriate line. A stamped signature is not acceptable unless the signature is registered with the Oklahoma Secretary of State.