



Florida Department of Agriculture and Consumer Services
Food, Nutrition and Wellness

**SUMMER FOOD SERVICE PROGRAM FOR CHILDREN
AUTHORIZED SIGNATURE FORM**

ADAM H. PUTNAM
COMMISSIONER

Sponsor Name: Palm Beach County Board of County Commissioners

Agreement Number: 04-0781

Please type or print the names, titles, and signatures of persons authorized to sign the application, agreements, documents, forms and claim for reimbursement. All authorized signers, authorized representatives, and program contacts must be legal employees of the institution. These individuals cannot be FSMC employees.

AUTHORIZED SIGNERS:

<u>Georgiana Devine</u> Type of Print Name	<u>Program & Contract Manager</u> Type or Print Title	<u><i>G Devine</i></u> Signature
<u>Claudia Tuck</u> Type of Print Name	<u>Human Services Director</u> Type or Print Title	<u><i>C Tuck</i></u> Signature
<u>Taruna Malhotra</u> Type of Print Name	<u>Director of Finance & Support</u> Type or Print Title	<u><i>Tmal</i></u> Signature
<u>Thomas Eaton</u> Type of Print Name	<u>Financial Analyst III</u> Type or Print Title	<u><i>T Eaton</i></u> Signature

I certify that the person(s) above are authorized to operate the program and/or sign the claim for reimbursement.

AUTHORIZED REPRESENTATIVE:

Priscilla A. Taylor, Mayor
Type or Print Name & Title of Authorized Representative

Signature of Authorized Representative

Date signed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

ATTEST:
SHARON R. BOCK
CLERK AND COMPTROLLER

Tammy Fields, Chief Assistant County Attorney
DACS-01741 01/12

By _____
Deputy Clerk

APPROVED AS TO TERMS
AND CONDITIONS
BY: *Sharon R. Bock*
DEPARTMENT HEAD