DELEGATION OF AUTHORITY FROM AN OFFICER TO A PRINCIPAL

I, _Alan Hallman_ am the _Mayor_ of _City of Hapeville_, and
    (Officer's Name)   *(Title)*   *(Name of Organization)*

hereby grant authorization to _Ashley Moody_, as a legal employee, to act on the behalf of
                              (Principal's Name)

City of Hapeville while conducting business and/or activities pertinent to administering and/or
(Name of Organization)

operating the _SFSP_ Food Program.
              (CACFP or SFSP)

Ashley Moody is to be considered an agent of the _City of Hapeville_ and therefore
(Principal Name)   *(Name of Organization)*

the signature of said agent is binding and causes the _City of Hapeville_ to assume all responsibilities connected to or
                                                    (Name of Organization)

associated with the signature as they may relate to _City of Hapeville_
                                                   (Name of Organization)

SFSP Food Program business.
(CACFP or SFSP)

I, _Ashley Moody_ understand that it is my sole responsibility to grant and terminate any such authorization and
  (Principal's Name)

to ensure that Bright from the Start receives notice of such grant or termination within 30 days. The attached documentation demonstrates my appointment as Officer, and/or documentation supporting the governing board's approval of the delegation of authority to _Ashley Moody_.
              (Principal's Name)

I, _Ashley Moody_, hereby accept my appointment as Principal of _City of Hapeville_ with all
  (Principal.)   *(Name of Organization)*

duties and responsibilities pertinent to this appointment.

I, _Ashley Moody_, hereby declare that I have fully read Bright from the Start's Participation Agreement and understand
  (Principal)   the terms and conditions of the agreement.

_____   _____
Signature of Officer   Signature of Delegated Principal
Title: Title:
Date: Date:

Legal Name of Organization: _City of Hapeville_

Sworn to and Subscribed before me
This _____ day of _____ 20 _____

_____   My Commission Expires: _____
Notary Public Signature