GREENWICH PUBLIC SCHOOLS
Greenwich, Connecticut

Date of Meeting: August 30, 2012
Title of Item: Authorized Signatures for ED-099 Agreement
Policy Reference: E - 051

REQUEST FOR BOARD ACTION OR PRESENTATION OF INFORMATIONAL ITEM

______X______ Action Requested  ____________Informational Only

Submitted By:  __Benjamin B. Branyan__
Position:  ____Managing Director of Operations____

I will be present at Board meeting to explain if called upon:

____X______Yes  ____No

BACKGROUND:

The ED-099 Agreement for Child Nutrition Programs is a formal agreement between Greenwich Public Schools and the Connecticut State Department of Education. The agreement is permanent and amended as changes occur. The agreement designated representatives authorized to enter into an agreement with the Department and sign the claim for reimbursement. It is expected that one or both of the authorized signers will change periodically. The attached form must be executed whenever of one of the two authorized signers changes.

The attached form updates signers to reflect the current individuals in the positions.

RECOMMENDED ACTION:

Approve the revisions to the Authorized Signers of the ED-099 Agreement for Child Nutrition Programs.
AUTHORIZED SIGNATURES CHANGE FORM

Read the enclosed instructions before completing the form.

This is to certify that on ________________________, as shown in the minutes of (Date)

Greenwich Board of Education
(Name of Corporation, Board of Education or Governing Body)

the following action was taken to revise the Authorized Signers of the ED-099 Agreement for Child Nutrition Programs.

1. The person designated below is authorized to sign this agreement and to sign claims for reimbursement.

______________________________           _______ William S. McKersie, Ph.D.
Signature            Printed Name

Superintendent of Schools
Title (Superintendent of Schools, Mayor, Selectman, President or Chairperson of the Board, Pastor or Commissioner)

______________________________       ___________________________________________
Signature            Title    (Superintendent of Schools, Mayor, Selectman, President or Chairperson of the Board, Pastor or Commissioner)

2. In the absence or incapacity of the first designated individual, the second person designated below is authorized to sign claims for reimbursement.

______________________________                   Benjamin B. Branyan
Signature            Printed Name

Managing Director Of Operations
Title (Assistant Superintendent, Business Official, Principal, Headmaster, City or Town Manager, Executive Director or Deputy Commissioner)

______________________________       _____________________________________________
Signature            Title    (Assistant Superintendent, Business Official, Principal, Headmaster, City or Town Manager, Executive Director or Deputy Commissioner)

3. The signature below certifies the above action.

______________________________       Secretary, Greenwich Board of Education
Signature            Title    (Secretary of Corporation, Town Clerk, Secretary of the Board)