



CONTRACT AUTHORIZATION FORM

Fiscal Year 2020/2021

PLEASE COMPLETE ALL INFORMATION AND RETURN TO
PARTNERSHIP CONTRACTS OFFICE

Early Care & Education Facility Name:			
President/CEO/CFO/Owner Name:		Title:	
Mailing Address:			
Telephone:		Fax:	
Email Address:		Federal ID:	
Designated Authorized Signer Name:		Title:	
Designated Authorized Signer Name:		Title:	
Designated Authorized Signer Name:		Title:	
Designated Authorized Signer Name:		Title:	
Designated Authorized Signer Name:		Title:	

By signing below, I authorize the person(s) named above to sign and execute Contracts and other legally binding documents related to the relationship between Partnership for Children of Cumberland County, Inc. (PFC) and the Early Care & Education Facility (ECEP) named above on behalf of the ECEP. I understand that this authorization does not preclude the person(s) named above from any requirement for verifications or proofs of signatures by a Notary Public on documents executed between PFC and ECEP.

NOTICE: Acceptance of any payment under a Contract, Grant, Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) shall operate as a waiver of any defense by the ECEP challenging the existence of a valid Contract, Grant, MOA or MOU due to an alleged lack of actual authority to execute the document by the Signer.

I certify that I am the President, Chief Executive Officer, Chief Financial Officer, or Owner of the ECEP and as an authorized officer of the ECEP, I certify that the name(s) of the person(s) identified on this Contract Authorization Form is(are) current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to the relationship between PFC and ECEP. I understand that ECEP has a responsibility to immediately update this Contract Authorization Form whenever the authorized signer(s) above retire, are otherwise terminated from the ECEP's employ, have their responsibilities change resulting in a loss of their authorization, or whenever new authorized signers are designated.

President/CEO/CFO/Owner Signature

Date

COUNTY, NORTH CAROLINA

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public Signature

My Commission Expires

SEAL