



Division of Child Care & Early Childhood Education
P.O. Box 1437, Slot S155, Little Rock, AR 72203-1437
P: 501.682.8869 F: 501.682.2334 TDD: 501.682.1550

CERTIFICATE OF AUTHORITY

TIN #: _____

This is to certify that _____
(PRINT NAME OF AUTHORIZED PERSON)

(SIGNATURE OF AUTHORIZED PERSON)

(TITLE)

IS DESIGNATED AS THE AUTHORIZED REPRESENTATIVE OF THE FOLLOWING INSTITUTION

(NAME OF INSTITUTION)

(TELEPHONE NUMBER)

(STREET ADDRESS)

(CITY, STATE, ZIP)

Authority is hereby given to the above designated representative to enter into an agreement whether by handwritten or electronic signature, on behalf of the above-named institution for the operation of the Child Care Stabilization Grant, American Rescue Plan Act, on all remaining forms for this application and any other documents or Division reports relating thereto, including claims for reimbursement.

PLEASE SUBMIT ONE (1) FORM PER PERSON WITH SIGNATURE AUTHORITY

Nonprofit Institution

(Name of Nonprofit)

By: _____
(Superintendent, Board Member, or Secretary of Board)

(Title)

(Signature)

(Date)

For-Profit Institution

(Name of Business or LLC)

By: _____
(Owner or President)

(Title)

(Signature)

(Date)

By my signature above, I understand that the Division of Child Care and Early Childhood Education **must** be advised immediately of any change in authorized personnel and my designation of the above-named representative does not relieve me of any liability for the mistakes, fraud or any other illegal activity performed by the designated representative in the name of or on behalf of the above-named institution.