Nebraska Department of Education, Nutrition Services
P.O. Box 94987 Lincoln, NE 68509-4987

NDE 01-017
Revised 4/2026

Agreement Number: _____	**Organization Representatives Authorization Statement**	**FY 2027**

This is to certify that the person(s) designated as Responsible Individual or Principal as listed on the sponsor application (NDE 01-017) is/are authorized to 1) enter into the permanent written agreement on behalf of the owner or sponsoring organization with the Nebraska Department of Education for the operation of the Child and Adult Care Food Program at the sponsoring organization and center(s) identified in this application; 2) is/are authorized to submit claims for reimbursement for the Child and Adult Care Food Program; and 3) is/are authorized to sign for the owner/sponsoring organization on any other documents or reports relating to the Child and Adult Care Food Program. The sponsoring organization and the sponsoring organization representative understands that they are legally and financially responsible for all actions taken by the Responsible Individual or Principal, pursuant to this authorization.

NONPROFIT ORGANIZATION or PUBLIC AGENCY

AT LEAST ONE PERSON MUST SIGN FOR NONPROFIT ORGANIZATIONS.

Contact information required for both CEO and Board Chair/President **(required by 7 CFR 226.6(b)(xiv)**

Executive Director OR Chief Executive Officer

Name: First, Middle Initial, Last (Please print legibly)					
Date of Birth: (required) mm/dd/yyyy	_ _/_ _/_ _ _ _				
Title:					
Email:					
Business Phone:	( )				Ext:
Address					
City		State		Zip	
Signature				Date Signed:	

Chair/President, Board of Directors, Non-Profit Institution ☐ same as above

Name: First, Middle Initial, Last (Please print legibly)					
Date of Birth: (required) mm/dd/yyyy	_ _/_ _/_ _ _ _				
Title:					
Email:					
Business Phone:	( )				Ext:
Address					
City		State		Zip	
Signature				Date Signed:	

PRIVATELY-OWNED, FOR-PROFIT BUSINESS – OWNER

Name: First, Middle Initial, Last (Please print legibly)					
Date of Birth: (required) mm/dd/yyyy	_ _/_ _/_ _ _ _				
Title:					
Email:					
Business Phone:	( )				Ext:
Address					
City		State		Zip	
Signature				Date Signed:	