Enter Date Here

Early Learning Coalition of Manatee County

Attn: Provider Relations Department

600 8th Ave. W., Suite 100

Palmetto, FL 34221

Subject: Business Name Here - Delegation of Signatory Authority

Dear Early Learning Coalition of Manatee County:

This is to notify you that the following individual has signature authority to execute or amend contracts, such as the School Readiness Contract and/or Voluntary Prekindergarten Agreement, with the Early Learning Coalition of Manatee County on behalf of Business Name Here.

*Signatory authority has been granted to the following individual:*

Enter Name Here

Sincerely,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner Signature Date

Print Name: Enter Name Here

Title: Enter Title Here

*Signatory authority may be granted to the following individual:*

* *An individual having responsibility for the overall operation of the child care facility.*