

Administrator Signature Verification
July 1, 2014 to June 30, 2015

The person signing and executing all cooperative agreements with the Adult Education Division warrants and guarantees that he/she has been fully authorized to execute cooperative agreements to bind the contractor to all terms, conditions, performance, and provisions.

By my signature, I verify that I am the Chief Local Education Agency (LEA) Administrator (President, Chancellor, Superintendent, etc. or Literacy Council Board President or Chair) for the LEA providing administration services for the following Adult Education Program or Literacy Council:

Name Printed or Typed

Signature

Date

I will sign all documents for the Adult Education Program/Literacy Council.
Yes ___ *No___

If answered No, please submit the following on **LEA letterhead:*

I authorize _____ to sign all documents,
Adult Ed/Literacy Council Director Name Printed/Typed

except for the initial grants and accompanying documents for the

_____ Adult Education/Literacy Council program

for the 2013-14 fiscal year.

Name Printed or Typed

Signature

Date