

(Child Care Business Letterhead or Name)

Date: \_\_\_\_\_

To: Early Learning Coalition of Indian River, Martin & Okeechobee Counties:

This letter serves as formal **Delegated Authority** to act on behalf of:

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
, Email

\_\_\_\_\_  
, Phone

**Delegating authority for:**

**Name of Provider:** \_\_\_\_\_

Provider ID: \_\_\_\_\_

In all matters relating to the electronic signing on the SSO Portal of contracts and documentation associated with the School Readiness (SR) and Voluntary Prekindergarten (VPK) programs. This includes, but is not limited to, all contractual agreements and communications between our organization and the Early Learning Coalition of Indian River, Martin, and Okeechobee Counties (ELCIRMO).

For future reference, I will ensure that the coalition is notified of any new representatives added to the provider. I will also inform the coalition when revoking authorization for the representatives to act on behalf of the provider.

This will also serve as the main point of contact for all inquiries related to our contracts with ELCIRMO. If you have any questions or require further information, please do not hesitate to contact them directly.

If additional confirmation or documentation is needed, I can be reached at the contact information provided above.

**Authorized Representatives:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Owner's Signature: Date: \_\_\_\_\_