I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I am the responsible principal and/or individual (RPI) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I hereby appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend training, receive technical assistance, sign for administrative reviews, and have full power and authority to act on my behalf for any other administrative duty related to the Child and Adult Care Food Program (CACFP).

If my institution has any noncompliance’s or is declared seriously deficient, I understand that it is still my responsibility as the RPI to complete corrective action or repay any debt owed to the Oklahoma State Department of Education.

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RPI Signature

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Print RPI Name Date