**Administrator Signature Verification**

**July 1, 2025 to June 30, 2026**

The person signing and executing all cooperative agreements with the Arkansas Workforce Connections, Office of Adult Education, warrants and guarantees that s/he 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, Literacy Council Board President/Chair, etc.) for the LEA providing administration services for the following Adult Education Program or Literacy Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 statement below on* ***LEA******letterhead****:*

“I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to sign all financial documents, excluding initial

Proxy Name Printed/Typed

grants, and accompanying documents for the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Name Printed/Typed

Adult Education/Literacy Council program for the 2025-2026 program year.”

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

Name (Printed or Typed) Signature Date