



BUREAU OF BUDGET AND FISCAL MANAGEMENT
DIVISION OF FOOD AND NUTRITION CN PEARS Signer/User Authorization Form (PDE400a)

Sponsor Name: _____

Agreement Number: _____

Telephone: _____

Email Address: _____

INSTRUCTIONS: Please **type or print (BLUE INK ONLY)** the names and titles of **employees/administrators** authorized to submit, electronically under the School Nutrition Programs (SNP), which includes the National School Lunch (NSLP), School Breakfast (SBP), Special Milk (SMP) and Afterschool Snack Programs (ASP), Seamless Summer Option (SSO), and/or Summer Food Service Program (SFSP), and/or Child & Adult Care Food Program (CACFP) application, Monthly Claims for Reimbursement, and other forms associated with participation in the federal School Nutrition Programs. **Please note that Signers/Users must be school employees; Food Service Management Company (FSMC) employees are not permitted access to the CN PEARS system.**

If you have a contract with a FSMC, please list the company name: _____

PEARS Authorized Signers/Users					
Name & Title of Employee/Administrator	Email Address	User Status:	Circle Programs Authorized to Access PEARS	Circle Authorization Level for Application(s)	Circle Authorization Level for <u>Claims</u>
		<input type="checkbox"/> New <input type="checkbox"/> Delete	SNP	View Add/Modify	View Add/Modify
			CACFP-DCH	View Add/Modify	View Add/Modify
			CACFP-Center	View Add/Modify	View Add/Modify
			SFSP	View Add/Modify	View Add/Modify
		<input type="checkbox"/> New <input type="checkbox"/> Delete	SNP	View Add/Modify	View Add/Modify
			CACFP-DCH	View Add/Modify	View Add/Modify
			CACFP-Center	View Add/Modify	View Add/Modify
			SFSP	View Add/Modify	View Add/Modify
		<input type="checkbox"/> New <input type="checkbox"/> Delete	SNP	View Add/Modify	View Add/Modify
			CACFP-DCH	View Add/Modify	View Add/Modify
			CACFP-Center	View Add/Modify	View Add/Modify
			SFSP	View Add/Modify	View Add/Modify

I hereby authorize the above users to submit information on behalf of the sponsor noted above. Information submitted is true and correct and provided in connection with the receipt of Federal funds.

Type or Print Name of Chief Administrative Officer: _____

Title of Chief Administrative Officer: _____

Signature of Chief Administrative Officer: _____

Date Signed _____

Form with ORIGINAL SIGNATURE ONLY will be accepted – Copies or Digital Signatures will not be accepted and will be returned to you.

Mail to: Pennsylvania Department of Education, Division of Food and Nutrition, 333 Market Street, 4th Floor, Harrisburg, PA 17126-0333.