

KY-FD-41A
(Rev 5/07)

CHANGE IN ADMINISTRATOR/SUPERINTENDENT

Name of Recipient Agency: _____

Address: _____

City: _____ State: KY Zip Code: _____ County: _____

Name of Former Administrator/Superintendent: _____

Name of New Administrator/Superintendent*: _____

Email: _____ Fax: _____

Effective Date: _____

As the new Administrator/Superintendent of the above listed Recipient Agency, I have reviewed and agree to abide by all regulations, requirements, and policies set forth in the "Agreement" between the Department and the Second Party for Commodities Donated by USDA.

Signature of the New Administrator/Superintendent

Date: _____

*Administrator refers to School Superintendent or Institutions Director.

Return to:

Kentucky Department of Agriculture
Division of Food Distribution
107 Corporate Drive
Frankfort, KY 40601