

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES**  
**Division of Youth Services**  
**AUTHORIZED SIGNATURE FORM**

**GRANTEE/SUB-GRANTEE: Madison County Board of Supervisors**

The following person (s) is/are authorized to sign the following documents indicated below (all signatures must be in BLUE ink):

Document	Authorized Person (s) Signature/Title	Beginning/Ending Dates
<b><u>CONTRACTS</u></b>  <b><u>Grant/Sub-Grant Agreements</u></b>	1.  David Overby, CPA. Madison County Administrator _____ Type Name & Title	2/01/13 – 09/30/13
	2.  Thomas M. Box, Director—MCAOP _____ Type Name & Title	2/01/13 – 09/30/13
<b><u>MODIFICATIONS</u></b>	1.  David Overby, CPA. Madison County Administrator _____ Type Name & Title	2/01/13 – 09/30/13
	2.  Thomas M. Box, Director—MCAOP _____ Type Name & Title	2/01/13 – 09/30/13
<b><u>FINANCIAL REPORTS</u></b>	1.  David Overby, CPA. Madison County Administrator _____ Type Name & Title	2/01/13 – 09/30/13
	2.  Thomas M. Box, Director—MCAOP _____ Type Name & Title	2/01/13 – 09/30/13

The above authorizations were approved by the board of directors on (date) February 19, 2013

Name of Board Chairperson (Typed): Gerald Steen, President, Madison County Board of Supervisors

Signature of Board Chairperson: \_\_\_\_\_ Date: February 19, 2013

If more than two people are authorized to sign, attach additional sheets as needed. Check here if additional sheets are attached ( ).

**FAILURE TO SUBMIT THIS FORM WILL DELAY THE PROCESSING OF ALL DOCUMENTS WITH THE DIVISION OF YOUTH SERVICES.**

**IF CHANGES OCCUR DURING THE CONTRACT PERIOD FOR WHICH THIS DOCUMENT IS SUBMITTED, A REVISED AUTHORIZATION SIGNATURE FORM MUST BE SUBMITTED.**