
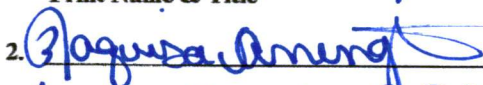
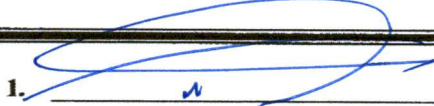
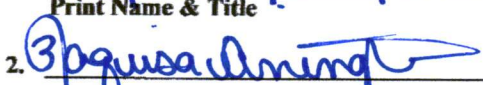

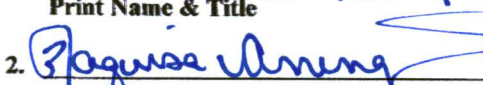


MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
Division of Youth Services
AUTHORIZED SIGNATURE FORM

GRANTEE/SUB-GRANTEE: Madison County Board of Supervisors, A.O.P

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
<u>CONTRACTS</u> <u>Grant/Sub-Grant Agreements</u>	1.  Tony Greer, County Administrator Print Name & Title	07/01/16 – 09/30/17
	2.  Jaquisa Arrington, AOP Coordinator Print Name & Title	07/01/16 – 09/30/17
<u>MODIFICATIONS</u>	1.  Tony Greer, County Administrator Print Name & Title	07/01/16 – 09/30/17
	2.  Jaquisa Arrington, AOP Coordinator Print Name & Title	07/01/16 – 09/30/17
<u>FINANCIAL REPORTS</u>	1.  Shelton Vance, Comptroller Print Name & Title	07/01/16 – 09/30/17
	2.  Jaquisa Arrington, AOP Coordinator Print Name & Title	07/01/16 – 09/30/17

The above authorizations were approved by the board of directors on (date) _____.
 Name of Board Chairperson (Typed): _____

Signature of Board Chairperson: _____ Date: _____

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.