


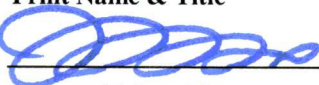

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

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
<u>CONTRACTS</u> <u>Grant/Sub-Grant Agreements</u>	1. _____ Shelton Vance, Comptroller _____ Print Name & Title	10/01/13 – 09/30/14
	2.  _____ Thomas M. Box, Director _____ Print Name & Title	10/01/13 – 09/30/14
<u>MODIFICATIONS</u>	1. _____ Shelton Vance, Comptroller _____ Print Name & Title	10/01/13 – 09/30/14
	2.  _____ Thomas M. Box, Director _____ Print Name & Title	10/01/13 – 09/30/14
<u>FINANCIAL REPORTS</u>	1. _____ Shelton Vance, Comptroller _____ Print Name & Title	10/01/13 – 09/30/14
	2.  _____ Thomas M. Box, Director _____ Print Name & Title	10/01/13 – 09/30/14

The above authorizations were approved by the board of directors on (date) September 9, 2013.
 Name of Board Chairperson (Typed): Gerald Steen

Signature of Board Chairperson: _____ Date: September 9, 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.