

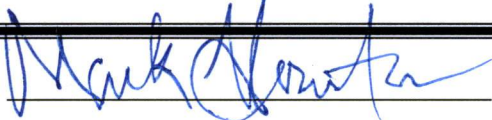

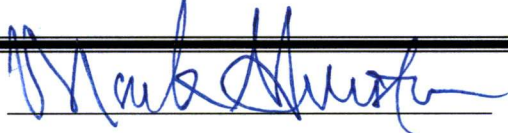
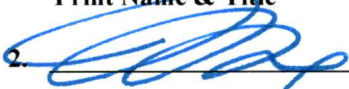
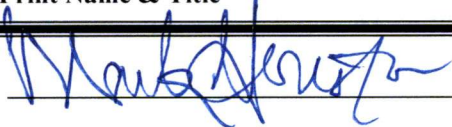

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

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.  <u>Mark Houston, CPA, County Administrator</u> Print Name & Title	04/01/15 – 09/30/15
	2.  <u>Thomas M. Box, Director</u> Print Name & Title	04/01/15 – 09/30/15
<u>MODIFICATIONS</u>	1.  <u>Mark Houston, CPA, County Administrator</u> Print Name & Title	04/01/15 – 09/30/15
	2.  <u>Thomas M. Box, Director</u> Print Name & Title	04/01/15 – 09/30/15
<u>FINANCIAL REPORTS</u>	1.  <u>Mark Houston, CPA, County Administrator</u> Print Name & Title	04/01/15 – 09/30/15
	2.  <u>Thomas M. Box, Director</u> Print Name & Title	04/01/15 – 09/30/15

The above authorizations were approved by the board of directors on (date) April 6, 2015.
 Name of Board Chairperson (Typed): Karl M. Banks, Sr., President, Madison County Board of Supervisors.

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.