

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Division of Youth Services AUTHORIZED SIGNATURE FORM

GRANTEE/SUB-GRANTEE: ADOLESCENT OPPORTUNITY PROGRAM

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>ERIN WHITE</u> <u>THERAPIST, INTERIM COORDINATOR</u> Print Name & Title	7/01/2015-6/01/2016
	2. <u>MARK HOUSTON</u> <u>COUNTY ADMINISTRATOR</u> Print Name & Title	7/01/2015-6/01/2016
<u>MODIFICATIONS</u>	1. <u>ERIN WHITE</u> <u>THERAPIST, INTERIM COORDINATOR</u> Print Name & Title	7/01/2015-6/01/2016
	2. <u>MARK HOUSTON</u> <u>COUNTY</u> Print Name & Title	7/01/2015-6/01/2016
<u>FINANCIAL REPORTS</u>	1. <u>ERIN WHITE</u> <u>THERAPIST, INTERIM COORDINATOR</u> Print Name & Title	7/01/2015-6/01/2016
	2. <u>MARK HOUSTON</u> <u>COUNTY ADMINISTRATOR</u> Print Name & Title	7/01/2015-6/01/2016

The above authorizations were approved by the Madison County Board of Supervisors on _____.
 Name of Board President : (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.