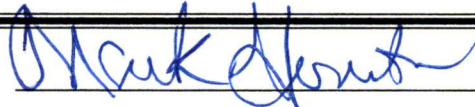
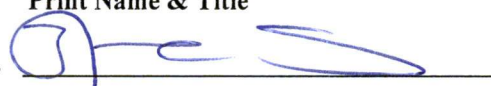
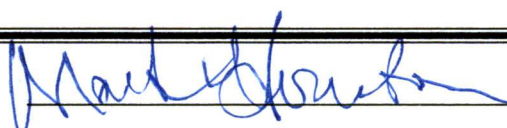

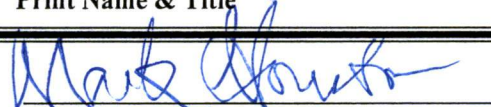
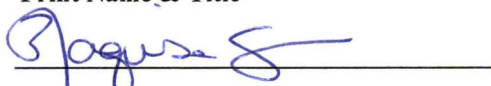


**Division of Youth Services  
AUTHORIZED SIGNATURE FORM**

GRANTEE/SUB-GRANTEE: MADISON COUNTY

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, COUNTY ADMINISTRATOR</u> Print Name & Title	10/01/15 - 09/30/16
	2.  <u>Joquisa Arrington, ADP Coordinator</u> Print Name & Title	10/01/15 - 09/30/16
<u>MODIFICATIONS</u>	1.  <u>MARK HOUSTON, COUNTY ADMINISTRATOR</u> Print Name & Title	10/01/15 - 09/30/16
	2.  <u>Joquisa Arrington, ADP Coordinator</u> Print Name & Title	10/01/15 - 09/30/16
<u>FINANCIAL REPORTS</u>	1.  <u>MARK HOUSTON, COUNTY ADMINISTRATOR</u> Print Name & Title	10/01/15 - 09/30/16
	2.  <u>Joquisa Arrington, ADP Coordinator</u> Print Name & Title	10/01/15 - 09/30/16

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.**