


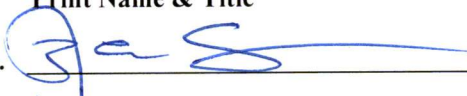
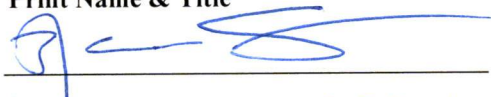
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

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
<p><u>CONTRACTS</u></p> <p><u>Grant/Sub-Grant Agreements</u></p>	<p>1. _____</p> <p>_____</p> <p>Print Name & Title</p> <p>2.  _____</p> <p><u>Jaquisa Arrington, ACP Coordinator</u></p> <p>Print Name & Title</p>	<p>10/01/15 – 09/30/16</p> <p>10/01/15 – 09/30/16</p>
<p><u>MODIFICATIONS</u></p>	<p>1. _____</p> <p>_____</p> <p>Print Name & Title</p> <p>2.  _____</p> <p><u>Jaquisa Arrington, ACP Coordinator</u></p> <p>Print Name & Title</p>	<p>10/01/15 – 09/30/16</p> <p>10/01/15 – 09/30/16</p>
<p><u>FINANCIAL REPORTS</u></p>	<p>1. _____</p> <p>_____</p> <p>Print Name & Title</p> <p>2.  _____</p> <p><u>Jaquisa Arrington, ACP Coordinator</u></p> <p>Print Name & Title</p>	<p>10/01/15 – 09/30/16</p> <p>10/01/15 – 09/30/16</p>

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.