



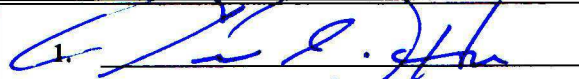



**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES**

Division of Youth Services

**AUTHORIZED SIGNATURE FORM**

**GRANTEE/SUB-GRANTEE:** \_\_\_\_\_

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><b><u>CONTRACTS</u></b></p> <p><u>Grant/Sub-Grant Agreements</u></p>	<p>1.   <u>Steve Ratcliff, Mad. County Judge</u>                      Print Name &amp; Title</p> <p>2.   <u>MIKE Box, Director</u>                      Print Name &amp; Title</p>	<p>2/01/13 – 09/30/13</p> <p>2/01/13 – 09/30/13</p>
<p><b><u>MODIFICATIONS</u></b></p>	<p>1.   <u>Steve Ratcliff, Mad County Judge</u>                      Print Name &amp; Title</p> <p>2.   <u>MIKE Box, Director</u>                      Print Name &amp; Title</p>	<p>2/01/13 – 09/30/13</p> <p>2/01/13 – 09/30/13</p>
<p><b><u>FINANCIAL REPORTS</u></b></p>	<p>1.   <u>Steve Ratcliff, Mad. County Judge</u>                      Print Name &amp; Title</p> <p>2.   <u>MIKE Box, Director</u>                      Print Name &amp; Title</p>	<p>2/01/13 – 09/30/13</p> <p>2/01/13 – 09/30/13</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.**