

## INSTRUCTIONS FOR MDHS SUBGRANT SIGNATURE SHEET ([MDHS-SCSS-1002](#))

**MDHS Funding Division:** (Type in the Name of the MDHS Division Providing the Funds)

- Block 1 -** Indicate the legal name of the organization, street address and mailing address, if different from the street address, and telephone number with area code of the applicant agency. Indicate the subgrantee's fiscal year-end-date and the organization type, i.e., not-for-profit, governmental unit, institution of higher education or commercial organization.
- Indicate the names/titles of three officers who are responsible for the administration/operation of the subgrant, i.e. executive director or designee, director, board chairperson, board president, vice president, finance chairperson, and/or the fiscal officer. Also list the assigned contact person telephone number, and organization DUNS number.
- Block 2 -** Indicate the beginning date that the subgrant is to be effective.
- Block 3 -** Leave blank (Assigned by MDHS)
- Block 4 -** Indicate the (4.a.) Grant identifier by funding source and Federal fiscal year the funds were awarded as the program's title, (4.b.) Catalog of Federal Domestic Assistance (CFDA) number (Provided by MDHS)
- Block 5 -** Indicate the Beginning and Ending dates of the subgrant.
- Block 6 -** Indicate Current Needs/Cash Advance or Cost Reimbursement.
- Block 7 -** Indicate the total number of pages in the subgrant including the Subgrant Signature Sheet.
- Block 8 -** Enter the amount of funds provided under this subgrant in Block 4. Break out the type of funds as indicated by the lines - i.e., Federal, State, Other and Total. Breakout Administration, Services, and the Total of all dollars provided.
- Block 9 -** List each document to be included with the subgrant as required by MDHS.
- Block 10 -** List the source, purpose, subgrant number, period (dates) of subgrants, and amounts for all other funds requested, anticipated or carried over from prior years dedicated to this or similar programs including Federal, State, Local or Private funds. If additional space is needed to list all sources, attach another page as an addendum to this page.
- Block 11 -** Leave blank (for the signature of the MDHS Executive Director).
- The signature form shall be used and shall not be altered to avoid a delay in the receipt of subgrant funds.
- Block 12 -** After the MDHS administrative review process is complete, affix the signature of the applicant agency authorized official with the name and title of the authorized official typed where indicated below the signature

STATE OF MISSISSIPPI  
 MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
 SUBGRANT SIGNATURE SHEET  
 P.O. BOX 352  
 JACKSON, MISSISSIPPI 39205-0352

MDHS FUNDING DIVISION:

<p>1. SUBGRANTEE'S NAME, ADDRESS &amp; PHONE NUMBER:           _____          _____          _____          _____</p> <p>SUBGRANTEE'S FISCAL YEAR END DATE:           _____</p> <p>NAME/TITLE OF OFFICERS (SUBGRANT ENTITY )          A. _____          B. _____          C. _____</p> <p>CONTACT PERSON: _____</p> <p>DUNS: _____</p> <p>E-MAIL: _____</p> <p>PHONE: _____</p>	<p>2. EFFECTIVE DATE:           _____</p> <p>3. AGREEMENT NUMBER(S):           _____</p> <p>4. a. GRANT IDENTIFIER (funding source and year)          b. CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA) NUMBER(S).:          _____</p> <p>5. BEGINNING AND ENDING DATES:           _____</p> <p>6. SUBGRANT PAYMENT METHOD:          _____ CURRENT NEEDS/CASH ADVANCE          _____ COST REIMBURSEMENT          _____ OTHER</p> <p>7. PAGE 1 OF _____</p>																				
<p>8. THE FOLLOWING FUNDS ARE OBLIGATED:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">FEDERAL \$ _____</td> <td style="width: 50%;">ADMINISTRATION \$ _____</td> </tr> <tr> <td>STATE \$ _____</td> <td>SERVICES \$ _____</td> </tr> <tr> <td>OTHER \$ _____</td> <td>OTHER \$ _____</td> </tr> <tr> <td>TOTAL \$ _____</td> <td>TOTAL \$ _____</td> </tr> </table>		FEDERAL \$ _____	ADMINISTRATION \$ _____	STATE \$ _____	SERVICES \$ _____	OTHER \$ _____	OTHER \$ _____	TOTAL \$ _____	TOTAL \$ _____												
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<p>9. THE SUBGRANTEE AGREES TO ADMINISTER THIS SUBGRANT IN ACCORDANCE WITH ALL FEDERAL AND/OR STATE PROVISIONS THAT ARE APPLICABLE TO SAID SUBGRANT. THE FOLLOWING DOCUMENTS ARE INCORPORATED HEREIN:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>a. SUBGRANT SIGNATURE SHEET            b. BUDGET SUMMARY            c. COST SUMMARY SUPPORT SHEET            d. BUDGET NARRATIVE            e. SUBGRANT AGREEMENT                1) SCOPE OF SERVICES                2) GENERAL TERMS AND PROVISIONS</p> </td> <td style="width: 50%; vertical-align: top;"> <p>3) STANDARD ASSURANCES POLICY            4) DEBARMENT POLICY            5) DRUG FREE WORKPLACE POLICY            6) SUBGRANT MANUAL ACCEPTANCE            f. VERIFICATION OF 25% FIDELITY BOND            g. COPY OF BOARD RESOLUTION (If applicable)            h. COST ALLOCATION &amp; INDIRECT COST RATES</p> </td> </tr> </table>		<p>a. SUBGRANT SIGNATURE SHEET            b. BUDGET SUMMARY            c. COST SUMMARY SUPPORT SHEET            d. BUDGET NARRATIVE            e. SUBGRANT AGREEMENT                1) SCOPE OF SERVICES                2) GENERAL TERMS AND PROVISIONS</p>	<p>3) STANDARD ASSURANCES POLICY            4) DEBARMENT POLICY            5) DRUG FREE WORKPLACE POLICY            6) SUBGRANT MANUAL ACCEPTANCE            f. VERIFICATION OF 25% FIDELITY BOND            g. COPY OF BOARD RESOLUTION (If applicable)            h. COST ALLOCATION &amp; INDIRECT COST RATES</p>																		
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<p>11. APPROVED FOR MDHS:</p> <p>BY: _____ DATE _____          MDHS EXECUTIVE DIRECTOR/DESIGNEE</p>	<p>12. APPROVED FOR SUBGRANTEE</p> <p>BY: _____ DATE _____          TITLE _____</p>																				