MDHS FUNDING DIVISION: Revised 11/3/2016

LONG FORM/SHORT FORM

LONG FORM (OR SHORT FORM – ex. Extension only, typo and/or subgrant # change)

(select one)

MODIFICATION OF SUBGRANT BETWEEN THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES AND

		111,2	
Mississippi Department (name of subgrantee by subgrant by MDHS), M modify the initial subg	t of Human Service MDHS) and design Modification # In the street them, the street organization)	es/ (Name of Division that nated as subgrant No. (nur n consideration of the agr the Mississippi Department	n (date) by and between the at provided the funding) and mber assigned to the original eement of the Parties heretont of Human Services (name of the on (date) said subgrant
	#: #:		
	n conflict with this N		ogrant, and the Modification in full force and in effect for
IN WITNESS WHERE the date appearing with	<u>-</u>	_	lodification Number, on
APPROVED FOR M	DHS	APPROVED FOR	
		(subgrantee/contrac	ctor organization)
Signature	Date	Signature	Date
Typed Name of Execu		nee Typed Name and T	itle