

**FINANCIAL MANAGEMENT****Section 5****INSTRUCTIONS FOR MDHS MODIFICATION SIGNATURE SHEET ([MDHS-MSS-1004](#))**

- Block 1** - Indicate the name, street address and/or mailing address (if different from street address) and telephone number of the applicant agency.
- Block 2** - Indicate the beginning date that the modification is to be effective. Modifications shall become effective on date specified on modification forms or upon the signature of both parties, whichever is later; unless a waiver is approved by the MDHS Executive Director.
- Block 3** - Indicate subgrant number as assigned by MDHS from current subgrant signature sheet.
- Block 4** - Indicate modification number and enter funding source and year from current subgrantee signature sheet.
- Block 5** - Indicate the beginning and ending dates of the subgrant.
- Block 6** - Check method of payment as indicated on the current subgrant signature sheet.
- Block 7** - Indicate the total number of pages in the modification including the Modification Signature Sheet.
- Block 8** - Indicate the break out of funds by source in “From” columns from current Subgrant Signature Sheet. Indicate the break out of new obligated funds by source and use amounts in “To” columns.
- Block 9** - List each activity/category in the subgrant that is being modified and the total net effect of the modification. State a brief reason for the modification and, if additional funds are requested, attach a copy of the original subgrant. If additional space is required, an attachment may be used. Attachment should be referenced in Block #9 as “See Exhibit No. \_\_\_, incorporated herein by reference”. The same exhibit number shall be noted on the attached sheet.
- Block 10** - Leave blank (for the signature of the MDHS Executive Director or designee).  
  
The modification signature form shall be used and shall not be altered to avoid a delay in the receipt of subgrant funds.
- Block 11** - 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 MODIFICATION SIGNATURE SHEET**

P.O. BOX 352  
 JACKSON, MISSISSIPPI 39205-0352

**MDHS DIVISION:**

<b>1. SUBGRANTEE'S NAME,          ADDRESS &amp; PHONE NUMBER:</b>  _____  _____  _____  <b>CONTACT PERSON:</b> _____  <b>PHONE NUMBER:</b> _____  <b>FAX:</b> _____  <b>EMAIL:</b> _____	<b>2. EFFECTIVE DATE:</b>  <b>3. SUBGRANT NUMBER:</b>  <b>4. MODIFICATION NUMBER:</b>  Funding Source and Year:  <b>5. BEGINNING/ENDING DATES:</b>  <b>6. SUBGRANT PAYMENT METHOD:</b> _____ CURRENT NEEDS/CASH ADVANCE _____ COST REIMBURSEMENT _____ OTHER  <b>7. PAGE 1 OF</b>
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**8. AS A RESULT OF THIS MODIFICATION, FUNDS OBLIGATED ARE CHANGED AS FOLLOWS:**

<u>FROM :</u>	<u>TO:</u>	<u>FROM :</u>	<u>TO:</u>
FEDERAL \$ _____	\$ _____	ADMINISTRATION \$ _____	\$ _____
STATE \$ _____	\$ _____	SERVICES \$ _____	\$ _____
OTHER \$ _____	\$ _____	OTHER \$ _____	\$ _____
TOTAL \$ _____	\$ _____	TOTAL \$ _____	\$ _____

**9. THE ABOVE SUBGRANT IS HEREBY MODIFIED AS FOLLOWS:**

<u>FROM:</u> (Activity/Category)	<u>TO:</u> (Activity/Category)	<u>DIFFERENCE (+/-)</u> (By Funding Source)

REASON(S) FOR MODIFICATION [(If additional space is needed, please attach typed page (s))]:

**\*\*IF ADDITIONAL FUNDS ARE REQUESTED ATTACH A COPY OF THE ORIGINAL BUDGET**

<b>10. APPROVED FOR MDHS:</b>  BY _____ DATE _____ MDHS Executive Director /Designee	<b>11. APPROVED FOR SUBGRANTEE:</b>  BY _____ DATE _____ TITLE _____
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