

Office of Grants Management, Budget and Accounting GRANT AUTHORIZATION FORM

(The Program Office must completed the top portion of this form **PRIOR** to grant being entered into MAGIC). Once the form has all required signatures, it will be routed back to the Office of Grants Management, Budget and Accounting. The Executive Director will provide a memo along with a copy of the signed form to all offices for their files and use.)

PROGRAM OFFICE INFORMATION

| | GRAW OFFICE INFURMATION | | | |
|--|---|--|--|--|
| Name of Grant: (All correspondence and communication concerning this grant will be referred to by this name.) | | | | |
| Total Amount of Grant : | \$ | | | |
| | SOURCE OF THESE FUNDS | | | |
| Intermediate: (non-governmental agency) | Name: | | | |
| State: (List MS Code Section or Bill # authorizing funds) | Program Name: | | | |
| | MS Code Section/Bill #: | | | |
| Federal: (List proper federal program name and provide CFDA #) | Program Name: | | | |
| | CFDA/Federal Award #: | | | |
| DES | SCRIPTION/PURPOSE OF GRANT | | | |
| Description of Grant: (Include the purpose of the grant and any restrictions on how funds may be used.) | | | | |
| Is there a reservation for Administration or State Activities? YES NO | | | | |
| Will any of the funds go directly to Sch | nool Districts or Charter Schools? YES NO | | | |
| Will indirect cost charges be allowable on this grant? YES NO | | | | |
| Does this grant require any matching of funds? YES NO | | | | |
| If yes, what is the percentage? | | | | |
| Can this grant pay for travel reimbursements for employees and/or contract workers? YES NO | | | | |
| Can this grant fund any PINs? YES NO | | | | |

| Is there a Board approved methodology or federal formula for awarding funds? YES NO | | | | | |
|--|--|--|--|--|--|
| If no, what is the anticipated date of submission for board approval? | | | | | |
| Is this a grant that is awarded through an application process? YES NO | | | | | |
| Name of Program Office: | | | | | |
| Printed Name of Requesting Official: | | | | | |
| Signature of Executive Director: | | | | | |
| Name of Contact for information concerning grant: | | | | | |
| Contact Telephone No.: | | | | | |
| Location of Contact Office: | | | | | |
| Date Submitted: | | | | | |
| | | | | | |
| | he Office of Grants Management: | | | | |
| Elisha Campbell, Executive Director • Suite | e 307 Central High School Bldg. • 601-359-5254 | | | | |
| Name of Grant Manager Assigned to Grant: | | | | | |
| Is the use of these funds restricted? YES NO | | | | | |
| Is there a requirement for tracking the expenditures of these funds? YES NO | | | | | |
| Is this a multi-year grant? YES NO | | | | | |
| Will grant be in MAGIC or MCAPS? MAGIC MCAPS | | | | | |
| Is the Budget Setup /Budget Revision Form attached? YES NO | | | | | |
| Is the Grant Award Notification or Award Letter attached? YES NO | | | | | |
| Signature of Grants Manager: | | | | | |
| Date: | Signature: | | | | |
| | | | | | |
| This section to be completed by the Office of Procurement : Manigue Corley, Director - Suite 207 Control High School Pldg 601, 250, 5716 | | | | | |
| Monique Corley, Director • Suite 307 Central High School Bldg. • 601-359-5716 | | | | | |
| Date: | Signature: | | | | |

| This section to be completed by the Office of Budget & Planning Sharon Rosell, Director • Suite 117 Central High School Bldg. • 601-359-3923 | | | | | |
|--|-------------------------------|--------------------------------------|---------------|--|--|
| Grant Number Assigned: | | | | | |
| Internal Order Number(s) Assigned: | | | | | |
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| If salaries or travel will be paid from this grant, has it been added to the MAGIC Crosswalk? | | | | | |
| YES NO | | | | | |
| Travel Codes to be used are: | | | | | |
| Org Code | | | | | |
| Reporting Category | | | | | |
| Activity Code | | | | | |
| Date: | | Signature: | | | |
| | | | | | |
| This section to be completed by the Office of School Financial Services : Letitia Johnson, Director • Suite 305 Central High School Bldg. • 601-359-3294 | | | | | |
| Lettua John | nson, Director • Suite 505 Ce | ntrai riigii School Blug. • 001-359- | 3294 | | |
| Fund: | Revenue Function: | Expenditure Functions: | Object Codes: | | |
| Date: | | Signature: | | | |
| This section to be completed by the Office of Accounting and School Financial Services : Sheila Franklin-Buie, Executive Director • Suite 117 Central High School Bldg. • 601-359-3525 | | | | | |
| Date: | | Signature: | | | |

Please route completed form to the Executive Director of the Office of Grants Management and Budget.