

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

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 #: _____
DESCRIPTION/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 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:	

This section to be completed by the Office of Grants Management:
Elisha Campbell, Executive Director • Suite 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:
Monique Corley, Director • Suite 307 Central High School Bldg. • 601-359-5716

Date:	Signature:
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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:	
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: Donna Nester, Executive Director • Suite 305 Central High School Bldg. • 601-359-3294			
Fund:	Revenue Function:	Expenditure Functions:	Object Codes:
Date:	Signature:		

This section to be completed by the Office of Accounting: Sheila Franklin-Buie, 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, Accounting and Budget.