

**MISSISSIPPI DEVELOPMENT AUTHORITY
COMMUNITY INCENTIVES DIVISION
FUNDING CERTIFICATION FORM**

Organization: _____

Fiscal Year End: _____
Month Day Year

Must be filled out if Single Audit or Program Audit is not required:

Federal Funds				
<u>Federal Grantor</u>	<u>Pass-through Grantor</u>	<u>Program Name & CFDA Number</u>	<u>Contract Number</u>	<u>Expenditures</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Federal Expenditures for this Fiscal Year				\$ _____

Authorized Signature <i>(Executive Director, Mayor, Board President)</i>	Printed Name	Title
Mailing Address	City, State	Zip Code
Email Address	Phone Number	Fax Number
Chief Financial Officer / Comptroller	Phone Number	Fax Number

Failure to submit this completed form or a completed single audit package as described in the audit requirements by the required due date will affect eligibility for future funding.

Submit this form to:
Mississippi Development Authority, Community Incentives Division
Compliance Bureau
P. O. Box 849
Jackson, Mississippi 39205-0849
601-359-9322