

## **OFFICE OF REAL ESTATE & FACILITIES**

Mississippi Board of Trustees of State Institutions of Higher learning

**FORM G** 

## **CERTIFICATION OF FEDERAL FUNDS**

To: Associate Commissioner of	Real Estate & Facilities		
Institution Name:		IHL Staff Use Only	
Project Number:			
Project Name:			
List of Federal Funds and Amou	nt		
Certification of Use of Federal Funds (check appropriate box)			
I certify the above listed federal funds will be used in accordance with the guidlines/rules of said funds.			
T certify the above listed rederal funds will be used in accordance with the guidines/rules of said funds.			
I cannot certify the above listed federal funds will be used in accordance with the guidlines/rules of said funds.			
University Cianatures			
University Signatures			
		Date Signed:	
		-	
		Date Signed:	