

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 Sta	ff Use Only
Project Number:			
Project Name:			
List of Federal Funds and Amount			
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 h	mas will be used in accordance with the guidines/rule	s or salu fullus.	
			_
I cannot certify the above listed federal funds will be used in accordance with the guidlines/rules of said funds.			
University Signatures			
University Signatures			
		Date Signed:	
		Date Signed:	