

SUB-GRANTEE AGREEMENT FACE SHEET

(Face Sheet for Department Use Only- DO NOT SEND FACE SHEET TO SUB-GRANTEE)



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Document # Due Date New Renewal Modification of

Name of Organization

Contact Person Title

EIN # - DUNS # - Telephone #

Street Address Post Office Box

City State Zip Code Email

Give the title of the sub-grant brief description of the nature of the sub-grant.

Title:

Description:

Start Date End Date Cost Share or Match (N/A if none)

Total Sub-grant Amount Payment Basis: Monthly Quarterly Annually

Amount of funding for last FY Federal Grant Private Grant State Funds

If it is a federal grant: Award # Federal Aid # CFDA #

Cost Center(s)	<input type="text"/> <input type="text"/> <input type="text"/>
Functional Area(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Internal Order(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Funding Source(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Required
<input type="checkbox"/> Determination Worksheet <input type="checkbox"/> Conflicts of Interest <input type="checkbox"/> Additional Terms of Agreement <input type="checkbox"/> Scope of Work <input type="checkbox"/> Budget Justification/Narrative <input type="checkbox"/> Approved Federal Indirect Rate <input type="checkbox"/> Applicable Assurances <input type="checkbox"/> Form 115 <input type="checkbox"/> Other
<input type="text"/>
<input type="text"/>

Personnel Cost	
Salaries	\$ <input type="text"/>
Fringe	\$ <input type="text"/>
Total	\$ <input type="text"/>

Travel Cost	
Mileage	\$ <input type="text"/>
Meals	\$ <input type="text"/>
Lodging	\$ <input type="text"/>

Service Area(s): Statewide Region

Other Please explain:

MODIFICATION For Sub-Grant Agreement

I. Modification to Sub-grant Agreement

As provided in Section 6.1 of the Sub-grant Agreement described below, the undersigned parties agree that this amendment and any other attachments, including, but not limited to a revised budget, are made a part of this document and incorporated herein by reference, and constitute authorized modification to the Agreement for professional services or goods between the Mississippi State Department of Health (hereinafter referred to as the Department) and the Sub-grantee, as indicated below.

II. Sub-grant Information (based on original agreement) :

- A. Original Document/Project ID number _____
- B. Name of the sub-grant being modified (*exactly as it appeared on the original agreement*):

- C. Term of original sub-grant: Beginning date: _____ Ending date: _____
- D. Amount of original sub-grant: \$ _____

III. Modification (Mark unused lines with N/A):

- A. Sub-grant ending date extended from _____ / ____ / ____ to _____ / ____ / ____
- B. Total sub-grant amount *increased* from \$ _____ to \$ _____
(Attach the Revised Budget and/or revised Scope of Work)
- C. Total sub-grant amount *decreased* from \$ _____ to \$ _____
(Attach the Revised Budget and/or revised Scope of Work)
- D. Maximum sub-grant amount per year *increased* from \$ _____ to \$ _____
(Attach the Revised Budget and/or revised Scope of Work)
- E. Maximum sub-grant amount per year *decreased* from \$ _____ to \$ _____
(Attach the Revised Budget and/or revised Scope of Work)
- F. Fee or retainer amount *increased* from \$ _____ to \$ _____
(Attach the Revised Budget and/or revised Scope of Work)
- G. Fee or retainer amount *decreased* from \$ _____ to \$ _____
(Attach the Revised Budget and/or revised Scope of Work)
- H. Requested effective date of modification _____
- I. Other _____

IV. The parties agree and acknowledge that all of the terms and conditions of the original Agreement, to the extent not specifically modified, shall remain in full force and in effect and shall be legally binding upon the parties.

IN WITNESS WHEREOF, this agreement is duly executed.

For the Mississippi State Department of Health:

State Health Officer or designee
Contract EXECUTED With This Signature

Date

Sub-Grantee Authorized Signature and Title

Date

**MODIFICATION
For Sub-Grant Agreement**

INSTRUCTIONS

PURPOSE

The purpose of the Modification for Sub-grant Agreement (Form 96) is to change, revise or update any item on a current Sub-grant Agreement that both parties (MSDH and sub-grantee) desire to modify.

INSTRUCTIONS

Answer all questions in *Section II. Sub-grant Information*. This information is to be taken from the **original** sub-grant agreement.

In *Section III. Modification*, ***ONLY complete*** the statement(s) that pertain to what is to be changed. **MARK ANY UNUSED LINES WITH N/A.** One form can be used for multiple changes.

Example: If the total amount of the sub-grant agreement is to be DECREASED, complete C and mark N/A on the other lines in Section III.

Example: If the total amount of the sub-grant is to be INCREASED and the ending date is to be extended, complete A and B and mark N/A on the other lines in Section III.

The Modification for Sub-grant Agreement is to be routed and approved by all authorized parties before given to the sub-grantee for their signature. After approval, the agreement will be released for the sub-grantee's signature. The agreement will then be given to the State Health Officer for the final signature. A copy of the executed agreement will be stored in the electronic document management system.