

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

Mississippi Board of Trustees of State Institutions of Higher learning

**FORM G** 

## **CERTIFICATION OF FEDERAL FUNDS**

To: Assistant Commissioner of R	al Estate & Facilities		
Institution Name:		IHL Stat	ff Use Only
Project Number:			
Project Name:			
List of Federal Funds and Amoun			
Certification of Use of Federal Funds (check appropriate box)			
Sertification of ose of Federal Full	as (check appropriate box)		
I certify the above listed federal funds will be used in accordance with the guidlines/rules of said funds.			
I cannot certify the above listed federal funds will be used in accordance with the guidlines/rules of said funds.			
, and an			-
University Signatures			
		Date Signed:	
		Date Signed:	