

## **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.		
I cannot certify the above listed federal funds will be used in accordance with the guidlines/rules of said funds.		
Hairmaita Oirmatuma		
University Signatures		
		Date Signed:
		Date Signed:
		-