Mississippi Home Corporation Request for Cash

Program:

HOME Homeowner Rehabitatation Program

Section A: Gener	al Information			tion B: Project Informatio					
Recipient Madison County Board Of Supervisors			Grant No.	Contrac	et No.	Project No.			
Mailing Address	Post Office Box 608			1228-M16-S	G-280-045	2			
Street Address	125 West North Street			Services Rendered		Request No.			
	Canton< MS 39046		From		То	. 1			
200	601-855-5500		April 25, 2017	Thru	April 28, 2017	MHC Staff Initials			
Telephone No.	001-033-3300			mu					
Section C: Reque	at Per Activity				S N. S	n, na aliyêye lefêrinê Kiranê e geler			
	Activity Description	Budget Amount	Total Received to Date	This Request	Remaining Balance	Activity Numbers			
1	Application Fee	\$5,000.00	\$0.00	\$5,000.00	\$0.00				
2	Homeowner Rehabilitation	\$500,000.00	\$0.00	\$0.00	\$500,000.00				
3		\$0.00	\$0.00	\$0.00	\$0.00				
4	440-04-0	\$0.00	\$0.00	\$0.00	\$0.00	······································			
5		\$0.00	\$0.00	\$0.00	\$0.00				
6		\$0.00	\$0.00	\$0.00	\$0.00	<u> </u>			
7		\$0.00	\$0.00	\$0.00	\$0.00				
8		\$0.00	\$0.00	\$0.00	\$0.00				
9		\$0.00	\$0.00	\$0.00	\$0.00				
10		\$0.00	\$0.00	\$0.00	\$0.00				
	Total:	\$505,000.00	\$5,000.00	\$5,000.00	\$500,000.00				
Poguired Accomn	lishement Narrative: (Please pro	ovide a brief undate on I	his project		-9v. //-9/11/14-11/11/11/11/11				
I Hereby Certify	rThat (a) the services covered	by this request have no	ot been received from the	Federal Government/Sta	ate Government or expe	ended for such services under ntract agreement or grant; (c) the			
I Hereby Certify T requirements and that the report is the Federal away	ed herein does not exceed the hat the goods sold and/or service regulations. I certify that this req true, complete, and accurate, a	total funds obligated by es rendered have been de juest does not include any and the expenditures, di ctitious, or fraudulent in	y contract; and (d) the fun livered and/or performed in y advances or funds for futu sbursements and cash re- formation, or the omission	ds are requested for only good order within the time I re obligations. By signing ceipts are for the purpose of any material fact, may	isted above and are in co this report, I certify to the s and objectives set for subject me to criminal,	ents.			
iš this your final re	equest for cash on this contract	?		YES	Х	NO			
						·			
-	Signature of Authorized Office	cial	Date Signed	<u></u>	ames Curtis Smith Prepared By				
	Tuna Boutov				i01-214-5966				
	Trey Baxter Typed Name and Title of Author				Preparer's Telepho	ne No.			
			completed by MHC Au	thorized Official					
APPROVED BY: DATE: Signature, Authorized MHC Representative									
	AUTHORIZED BY:			DA	TE:				
		Signature, Authorized MI	HC Representative	<i></i>		*			
	IDIS APPROVED BY:		10.5	DA	TE:				
	F	Signature, Authorized Mi							
IDIS Voucher Number	Vendor Number	Issue/Series	Fund/Sub-Fund	Servicer					

Mississippi Home Corporation Consolidated Support Sheet

Page 1

Program:

Homeowner Rehabilitation

Recipient

dison County Board Of Supervisors

Request for Cash Number:

4

Contract Number:

1228-M16-SG-280-045

Total Amount Requested:

\$5,000.00

IDIS#	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	38-4-4	_		
	Application Fee	Sunbelt R&D	HOME 1601		\$5,000.00	Match	Amount Budgeted	Total Received to Date	Balance
	Total Administration			\$5,000.00	\$5,000.00	\$0.00	\$5,000.00		\$5,000
lome #1	Homeowner Rehabilitation				70,000		\$5,000.00	\$5,000.00	\$0,00
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									\$0
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ome #2				\$0.00	\$0,00	\$0,00	0.500.000.00		\$(
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ome #2									
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ome #3									
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1110 11-1						\$0.00	\$0.00	\$0,00	\$0.00
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me #4									
me #5				\$0.00	\$0.00	\$0.00	\$0.00		\$0.
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						100			\$0.
									\$0
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me #5							40.00		
				\$0.00	\$0.00	\$0.00	\$0.00		\$0.0
			3.00			Ψ0.00	TOTAL PARAMETERS AND ADDRESS OF THE	\$0.00	\$0.00
				4.5		THE RESERVE OF THE PARTY OF THE		\$0.00	
						Mark Control of the C			7.7

1. Hereby Certify That the goods sold and/or services rendered have been delivered and/or performed in good order within the time listed above and are in compliance with all statutory requirements and regulations. I certify that this request does not include any advances or funds for

. Signature of Authorized Official	Date Signed	James Curtis Smith Prepared By
Trey Baxter		601-214-5966

Mississippi Home Corporation **Consolidated Support Sheet**

Page 2

Program:

Homeowner Rebabilitation

Recipient

dison County Board Of Supervisors Request for Cash Number:

Contract Number:

1228-M16-SG-280-045

Total Amount Requested:

\$5,000.00

Home #6 \$0.00 \$0.0				·				6	\$40,000.00		•
Home #6 Home #6 Home #7 Home #6 Home #7 Home #8 Home #8 So 00 \$0.0	IDIS#	Line Items	Vendor	Invoice #	Total Invoice			Match	Amount Budgeted	Total Received to Date	Balance
Home #6	- I minde man ibeco		 	-	1	<u> </u>					
Home #6 \$0.00 \$0.0	Home #6		**************************************	-	11744						
Home #6 \$0.00 \$0		1		<u> </u>			ļ				\$0.00
Home #5 \$0.00 \$				 							\$0.0
Home #7									+		\$0.00
Home #7 Home #7 Home #8 Home #	Home #6				\$0.00	20.00		40.00	<u> </u>		\$0.00
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Home #8 Home #9 Home #8 Home #							 				\$0 .00
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Home #8 Home #9 Sources Rendered - Beginning: April 25, 2017 Thru April 28, 2017 Structurative: Structurati							T				\$0.00
Home #8						******	† ***				\$0.00
Solution						******					\$0,00
Home #9 \$0.00	Angel				\$0.00	\$0.00		\$0.00	\$0.00		\$0.00
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Services Rendered - Beginning: April 25, 2017 Thru April 28, 2017 \$5,000.00 Plus (+) \$0.00 Equals (=) \$5,000.00	***************		GRAND TOTAL		4F 000 00		ļ				
\$5,000.00 Plus (+) \$0.00 Equals (=) \$5,000.00		Services Rendered - Begin		<u> </u>			<u> </u>		\$505,000.00	\$5,000.00	\$500,000.00
Curnulative: Program Even diffuse		oci noco Nonacica - Begii			April 25, 2017	Thru	April :	88, 2017			41
Cumulative: People Evneuditure				Plus (+)		\$0.00		Equals (=)	\$5,000,00		
		Cumulative:	Program Expenditures		Matching Exp			, ,	•		
I Hereby Certify That (a) the services covered by this reques have not been received from the Federal / State Covernment or expended for such services under any other contract agreement or grant; (b) the amount requested herein does not excued the total funds obligated by contract; and (d) the funds are requested for only immediate disbuse mont.	t Hereby Cert		Program Expenditures			oend tures	******	: ####################################	Total Expenditures	DK 1	a this is
	l Hereby Carl obligations.	tify That the goods sold and/or ser	vices rendered have been delivered and	or performed in	good order within the time	listed above and are in	complia	ace with all statutory requ	irements and regulations I certify t	that this reques: does not include a	any advances or funds for futu
Hereby, Clarify That the goods sold and/or services rendered have been delivered and/or performed in good order within the time listed above and are in compliance with all statutory requirements and regulations. I certify that this request does not include any advances or funds for	38.4			,	5						
Hereby, Certify That the goods sold and/or services rendered have been delivered and/or performed in good order within the time listed above and are in compliance with all statutory requirements and regulations. I certify that this request does not include any advances or funds for	5 6 5 6 6 6 7 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	Signature of	Authorized Official		Date Signed		Jam	·	ired By		
James Curtis Smith	n a s	Trey Baxter Typed Name and Title of A	uthorized Official				601-2	***************************************			
Signature of Authorized Official Date Signed Prepared By Trey Baxter Typed Name and Title of Authorized Official 601-214-5966		Types Name and Title Of A	unonzeu Official					Preparer's T	elephone No.		

TOTAL DUE

Sunbelt Research and Development Consortium, Inc.

717 Thomas Lane Madison, MS 39110 601-214-5966

Fax: 601-898-3761

SERVICE FOR:

Project Administration

Submitted BY:

BILL TO:

Madison County Board of Supervisors

Post Office Box 608 Canton, MS 39046 **INVOICE NUMBER** HOME 1601

Source 1228-M16-SG-280-045

TAX NUMBER 64-0660259

JOB DESCRIPTION Project Administration.]

DATE [04/28/2017]

DATE	SERVICE DESCRIPTION	Amount	Rate	AMOUNT
04/28/2017	HOME Project Administration/Application Preparation	5000	1.00	5000.00
	•		1000	
			*	
				week of the later of
				\$5,000.00

MAKE CHECKS PAYABLE TO: Sunbelt Research and Development Consortium, Inc.