



**Mississippi Home Corporation  
Consolidated Support Sheet**

Program: Homeowner Rehabilitation  
 Recipient: Madison County Board Of Supervisors  
 Request for Cash Number: 1

Contract Number: 1228-M16-SG-280-045  
 Total Amount Requested: \$5,000.00

IDIS #	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Total Received to Date	Balance
	Application Fee	Sunbelt R&D	HOME 1601	\$5,000.00	\$5,000.00				
	<b>Total Administration</b>			\$5,000.00	\$5,000.00		\$5,000.00	\$5,000.00	\$5,000.00
Home #1	Homeowner Rehabilitation					\$0.00	\$5,000.00	\$5,000.00	\$0.00
							\$500,000.00		\$500,000.00
									\$0.00
									\$0.00
Home #1				\$0.00	\$0.00				\$0.00
Home #2						\$0.00	\$500,000.00	\$0.00	\$500,000.00
									\$0.00
									\$0.00
									\$0.00
Home #2				\$0.00	\$0.00				\$0.00
Home #3						\$0.00	\$0.00	\$0.00	\$0.00
									\$0.00
									\$0.00
									\$0.00
Home #3				\$0.00	\$0.00				\$0.00
Home #4						\$0.00	\$0.00	\$0.00	\$0.00
									\$0.00
									\$0.00
									\$0.00
Home #4				\$0.00	\$0.00				\$0.00
Home #5						\$0.00	\$0.00	\$0.00	\$0.00
									\$0.00
									\$0.00
									\$0.00
Home #5				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
								\$0.00	\$0.00

I hereby certify that (a) the services covered by this request have not been received from the Federal / State Government or expended for such services under any other contract agreement or grant; (b) the amount requested will be expended for allowable costs / expenditures under the terms of the contract agreement or grant; (c) the amount requested herein does not exceed the total funds obligated by contract; and (d) the funds are requested for only immediate disbursements.

I 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 future obligations.

Signature of Authorized Official  
 \_\_\_\_\_  
 Trey Baxter

Date Signed  
 \_\_\_\_\_

James Curtis Smith  
 \_\_\_\_\_  
 Prepared By

**Mississippi Home Corporation  
Consolidated Support Sheet**

Program: Homeowner Rehabilitation  
 Recipient: Madison County Board Of Supervisors  
 Request for Cash Number: 1

Contract Number: 1228-M16-SG-280-045  
 Total Amount Requested: \$5,000.00

IDIS #	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Total Received to Date	Balance
Home #6									\$0.00
									\$0.00
									\$0.00
Home #6				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
Home #7									\$0.00
									\$0.00
									\$0.00
Home #7				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Home #8									\$0.00
									\$0.00
									\$0.00
Home #8				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Home #9									\$0.00
									\$0.00
									\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
							<b>TOT REQ TO DTE</b>	\$0.00	
<b>GRAND TOTAL</b>				\$5,000.00	\$5,000.00	\$0.00	\$505,000.00	\$5,000.00	\$500,000.00

Services Rendered - Beginning:

April 25, 2017 Thru April 28, 2017

Cumulative:

\$5,000.00  
Program Expenditures

Plus (+)

Matching Expenditures

\$0.00

Equals (=)

Total Expenditures

\$5,000.00

I hereby Certify That (a) the services covered by this request have not been received from the Federal / State Government or expended for such services under any other contract agreement or grant; (b) the amount requested will be expended for allowable costs / expenditures under the terms of the contract agreement or grant; (c) the amount requested herein does not exceed the total funds obligated by contract; and (d) the funds are requested for only immediate disbursements.

I 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 future obligations.

Signature of Authorized Official

Date Signed

James Curtis Smith

Prepared By

Trey Baxter

Typed Name and Title of Authorized Official

601-214-5966

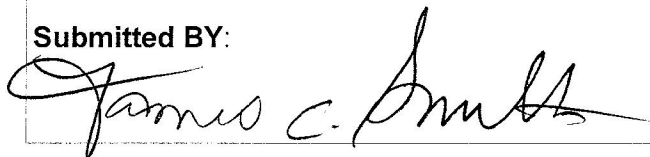
Preparer's Telephone No.

Sunbelt Research and Development  
Consortium, Inc.  
717 Thomas Lane  
Madison, MS 39110  
601-214-5966  
Fax: 601-898-3761

SERVICE INVOICE

SERVICE FOR:  
Project Administration

Submitted BY:



INVOICE NUMBER HOME 1601  
Source 1228-M16-SG-280-045  
TAX NUMBER 64-0660259  
JOB DESCRIPTION Project Administration.]  
DATE [04/28/2017]

BILL TO:  
Madison County Board of Supervisors  
Post Office Box 608  
Canton, MS 39046

DATE	SERVICE DESCRIPTION	Amount	Rate	AMOUNT
04/28/2017	HOME Project Administration/Application Preparation	5000	1.00	5000.00

\$5,000.00  
TOTAL DUE

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