

## GRANTOR/GRANTEE NOTICE OF TRANSFER OF SERVICING OF GRANT

**Re: DRA Contract No.:MS-10374 E.C.**  
**Project Title: West Madison Wastewater Project**  
**Grantee: Madison County**  
**Basic Agency: Central Mississippi Planning and Development District**  
**Total Award: \$200,000.00**  
**LDD Administration Fee: \$6,000.00**

The servicing of the above-referenced Grant will be transferred effective the date of the Notice to Proceed. Prior to this date, all requests should be made to the Delta Regional Authority ("DRA"). After this date, any draw request should be made to Central Mississippi Planning and Development District (the "Basic Agency") under the terms of the Grant and Memorandum of Agreement. After this date, the Grantee's communications should be made directly to the Basic Agency.

The Basic Agency shall be responsible for any and all draw request, monitoring and enforcement of the terms and conditions of the Grant and other related documents. In addition, the Grantee shall be responsible for complying with any and all terms and conditions required by the Basic Agency. The DRA reserves the right to revoke the duties and responsibilities of the Basic Agency and require that the servicing of the Grant be returned to DRA. In the event of such revocation, the Grantee shall be immediately notified.

To answer any questions or inquiries relating to the transfer of servicing, you may contact the DRA by calling Mr. Kemp Morgan, Director of Project Development & Management of DRA, at (662) 624-8600. To answer any questions or inquiries relating to the transfer of servicing or servicing in general, please contact the Basic Agency. The name, address and telephone number of the Basic Agency is as follows:

Central Mississippi Planning and Development District  
P.O. Box 4935  
Jackson Ms 39296-4835  
(662) 981-1511

The transfer of the servicing of the Grant does not affect any representation, warranties, terms or conditions of the Grantee set forth in the Grant Agreement and/or other documents signed in connection with the Grant.

By executing this document, the undersigned certifies he has read and understands the notice.

Grantee: Madison County

By: \_\_\_\_\_  
Name: Gerald Steen  
Title: President, Board of Supervisors  
Date: \_\_\_\_\_

## PERFORMANCE PROGRESS REPORT SF-PPR

		Page 1	of 1 Pages
1. Federal Agency and Organization Element to Which Report is Submitted  DRA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency  MS10374 EC	
		3a. DUNS Number 060845179	
		3b. EIN 64-6000658	
4. Recipient Organization (Name and complete address including zip code)  Madison County, Mississippi 125 W. North Street Canton, MS 39046		5. Recipient Identifying Number or Account Number	
6. Project/Grant Period  Start Date: (Month, Day, Year)      End Date: (Month, Day, Year)		7. Reporting Period End Date  (Month, Day, Year)	
November 12, 2012      November 12, 2014		March 31, 2013	
		8. Final Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input checked="" type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
10. Performance Narrative <i>(attach performance narrative as instructed by the awarding Federal Agency)</i>			
<p>In brief summary, the project was recently awarded and the County has selected an engineering firm. The engineers are working to develop plans and specifications for bidding. Please see attached Quarterly Narrative Report for additional information.</p>			
11. Other Attachments <i>(attach other documents as needed or as instructed by the awarding Federal Agency)</i>			
<b>12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.</b>			
12a. Typed or Printed Name and Title of Authorized Certifying Official  Gerald Steen, President Madison County Board of Supervisors		12c. Telephone (area code, number and extension) 601-855-5535	
		12d. Email Address	
12b. Signature of Authorized Certifying Official		12e. Date Report Submitted (Month, Day, Year) 4/5/2013	
		13. Agency use only	

## ***Performance Progress Report (PPR) Instructions***

The *Performance Progress Report (PPR)* is a standard, government-wide performance progress reporting format used by Federal agencies to collect performance information from recipients of Federal funds awarded under all Federal programs that exceed \$100,000 or more per project/grant period, excluding those that support research. General instructions for completing the *PPR* are contained below. For further instructions on completing the *PPR*, please contact the agency's points of contact specified in the "Agency Contacts" section of your award document.

### **Report Submissions**

1. The recipient must submit the *PPR* cover page and any of the forms (*PPR A-F*), which the Federal agency requires, as specified in the award terms and conditions.
2. The *PPR* must be submitted to the attention of the agency's points of contact specified in the "Agency Contacts" section of the award document in accordance with the requirements established in the award document.
3. If additional space is needed to support the *PPR*, supplemental pages should be attached. The additional pages must indicate the following at the top of each page: Federal Grant or other Identifying Award Number, Recipient Organization, DUNS Number, EIN, and period covered by the Report. Page numbers should be used if a particular page is used more than once.

### **Reporting Requirements**

1. All recipients of grants or cooperative agreements awarded under all Federal programs that exceed \$100,000 or more per project/grant period, excluding those that support research, are required to submit a *PPR* in accordance with the terms established in the award document.
2. The *PPR* must be submitted at least once yearly, on a quarterly, semi-annual, or annual basis, as directed by the awarding Federal agency in the award document. A final *PPR* shall be required at the completion of the award agreement.
3. For interim *PPRs*, the following reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final *PPRs*, the reporting period end date shall be the end date of the project/grant period.

4. The frequency of required reporting is stated in the solicitation and award documents. Interim *PPRs* are due not later than 45 days after the end of each reporting period. Final *PPRs* are due not later than 90 days after the end of the reporting period end date.

<b>Performance Progress Report</b>		
Item	Data Elements	Line Item Instructions for SF-PPR
1	Awarding Federal agency and Organizational Element to Which Report is Submitted	Enter the name of the awarding Federal agency and organizational element identified in the award document or otherwise instructed by the agency. The organizational element is a sub-agency within an awarding Federal agency.
2	Federal Grant or Other Identifying Number Assigned by the awarding Federal agency	Enter the grant/award number contained in the award document.
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN) provided by the Internal Revenue Service.
4	Recipient Organization	Enter the name of recipient organization and address, including zip code.
5	Recipient Account Number or Account Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is strictly for the recipient's use only and is not required by the awarding Federal agency.
6	Project/Grant Period	Indicate the project/grant period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project/grant period (e.g., 5 years) that are funded in increments known as budget periods or funding periods. These are typically annual increments. Please enter the project/grant period, not the budget period or funding period.
7	Reporting Period End Date	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual reports, the following calendar quarter reporting period end dates shall be used: 3/31; 6/30; 9/30; and or 12/31. For final PPRs, the reporting period end date shall be the end date of the project/grant period. The frequency of required reporting is usually established in the award document.
8	Final Report	Mark appropriate box. Check "yes" only if this is the final report for the project/grant period specified in Box 6.
9	Report or Frequency	Select the appropriate term corresponding to the requirements contained in the award document. "Other" may be used when more frequent reporting is required for high-risk grantees, as specified in OMB Circular A-110.
10	Performance Narrative	Attach performance narrative as instructed by the awarding Federal agency.
11	Other Attachments	Attach other documents as needed or as instructed by the awarding Federal agency.

Performance Progress Report		
Item	Data Elements	Line Item Instructions for SF-PPR
Remarks, Certification, and Agency Use Only		
12a	Typed or Printed Name and Title of Authorized Certifying Representative	Authorized certifying official of the recipient.
12b	Signature of Authorized Certifying Official	Original signature of the recipient's authorizing official.
12c	Telephone (area code, number and extension)	Enter authorized official's telephone number.
12d	Email Address	Enter authorized official's email address.
12e	Date Report Submitted (Month, Day, Year)	Enter date submitted to the awarding Federal agency. Note: Report must be received by the awarding Federal agency no later than 90 days after the end of the reporting period.
13	Agency Use Only	This section is reserved for the awarding Federal agency use.

### Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0334. The time required to complete this information collection is estimated to average twenty-six (26) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have suggestions about the accuracy of the estimate, we would be happy to hear from you.** You can e-mail us at [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> DRA	<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) MS-10374 EC	Page 1	of 1
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**3. Recipient Organization (Name and complete address including Zip code)**  
 Madison County, Mississippi 125 W. North Street, Canton, MS 39046

<b>4a. DUNS Number</b> 060845179	<b>4b. EIN</b> 64-6000658	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment)	<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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<b>8. Project/Grant Period</b> From: (Month, Day, Year) November 12, 2012	To: (Month, Day, Year) November 12, 2014	<b>9. Reporting Period End Date</b> (Month, Day, Year) 3/31/2013
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**10. Transactions** Cumulative

*(Use lines a-c for single or multiple grant reporting)*

<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>	
a. Cash Receipts	\$0
b. Cash Disbursements	\$0
c. Cash on Hand (line a minus b)	\$0

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	\$200,000
e. Federal share of expenditures	\$0
f. Federal share of unliquidated obligations	\$0
g. Total Federal share (sum of lines e and f)	\$0
h. Unobligated balance of Federal funds (line d minus g)	\$200,000

<b>Recipient Share:</b>	
i. Total recipient share required	\$205,990
j. Recipient share of expenditures	\$0
k. Remaining recipient share to be provided (line i minus j)	\$205,990

<b>Program Income:</b>	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	\$0						
<b>g. Totals:</b>							

**12. Remarks:** Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

**13. Certification:** By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

<b>a. Typed or Printed Name and Title of Authorized Certifying Official</b> Gerald Steen, President  Madison County Board of Supervisors	<b>c. Telephone (Area code, number and extension)</b> 601-855-5535  <b>d. Email address</b>
<b>b. Signature of Authorized Certifying Official</b>	<b>e. Date Report Submitted (Month, Day, Year)</b> 4/5/2013

**14. Agency use only:**

Standard Form 425  
 OMB Approval Number: 0348-0061  
 Expiration Date: 10/31/2011

**Paperwork Burden Statement**  
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.