Mississippi Home Corporation Request for Cash

Program:	HOME Homeowner Rehabilat	ation Program	Requestion	Oasii				
Section A: Gen			Se					
Recipient	Madison County Board O	f Supervisors	Grant No.	Co	intract No.	Project No.		
Mailing Address	Post Office Box 608			1228-M16	6-SG-280-045			
Street Address	125 West North Street			Services Rendered		Request No.		
City, State Zip	Canton< MS 39046		From		То	4		
Telephone No.	601-855-5500			Thru		MHC Staff Initials		
			15-Dec-18		5-Feb-19			
Section C: Requ	uest Per Activity		•		43.00			
	Activity Description	Budget Amount	Total Received to Date	This Request	Remaining Balance	Activity Numbers		
1	Application Fee	\$5,000.00	\$5,000.00	\$0.00	\$0.00			
2	Bertha Luckett Matlock	\$188,850.00	\$1,450.00	\$800.00	\$186,600,00			
3	Mary Black	\$44,450.00	\$1,450.00		\$43,000.00			
4	Mary M. Austin	\$44,450,00	\$1,450.00		\$43,000.00	<u></u>		
5	Rose Zettera Williams	\$44,450.00	\$1,450.00		\$43,000.00			
6	Willie Ann Johnson	\$44,450.00	\$1,450.00		\$43,000.00			
7	Paulette Wales	\$44,450.00	\$1,450.00		\$43,000.00			
8	Margie Brooks	\$44,450.00	\$1,450.00		\$43,000.00			
9	Wallace Ross	\$44,450,00	\$1,450.00	42.02	\$43,000.00			
10		\$0.00	\$0.00	\$0.00	\$0.00			
	Total:	\$505,000.00	\$10,600.00	\$800.00	\$487,600.00			
under any oth grant; (c) the I Hereby Certify requirements a belief that the	tify That (a) the services cover er contract agreement or gran amount requested herein does That the goods sold and/or service and regulations. I certify that this re report is true, complete, and ac	t; (b) the amount reque s not exceed the total fu ces rendered have been d equest does not include an curate, and the expendi	sted will be expended for unds obligated by contract delivered and/or performed by advances or funds for fut tures, disbursements and	or allowable costs / exp ct; and (d) the funds ar in good order within the ti ture obligations. By signi d cash receipts are for t	enditures under the terms e requested for only immo me listed above and are in c ing this report, I certify to t the purposes and objective	of the contract agreement or ediate disbursements. compliance with all statutory he best of my knowledge and as set forth in the terms and		
conditions of	the Federal award. I am aware to penalties for fraud, false staten	hat any false, fictitious,	or fraudulent information	a, or the omission of an	v material fact may subject	t me to criminal civil or		
s this your final i	request for cash on this contrac	st?		YES	x	NO		
	Signature of Authorized Office	cial .	Date Signed	-	James Curtis Smith Prepared By	2/25/2019 Date Prepared		
* p * 10	Trey Baxter, President Typed Name and Title of Autho				601-214-5966			
	Typed Name and Title of Authorized Official To be completed by MHC Authorized Official To be completed by MHC Authorized Official							
		.0 50	ompleted by Millo At	itilorized Official				
	APPROVED BY:	Signature, Authorized MH	IC Representative	C	DATE:			
	AUTHORIZED BY:			r	ATE:			
		Signature, Authorized MH	C Representative					
	IDIS APPROVED BY:				ATE:			
· · · · · · · · · · · · · · · · · · ·		Signature, Authorized MH	C Representative					
DIS 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:

\$

800.00

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	70tti ilivoice	request	INACCII	\$5,000.00	\$5,000.00	\$0,00
	Total Administration			\$0.00	\$0.00	\$0.00	\$5,000.00	\$5,000.00	\$0.00
Home #1	Bertha Luckett Matlock						\$188,850.00	\$1,450.00	\$187,400.00
		Chisholm Engineering	1	\$800.00	\$800.00				\$800.0
							***************************************		\$0.00
									\$0.00
Home #1			t esga .	\$800.00	\$800.00	\$0.00	\$188,850.00	\$2,250.00	\$186,600.00
Home #2	Mary Black			di Lan	K 1851 11 T		\$44,450.00	\$1,450.00	\$43,000.00
	ļ								\$0.00
						. 1		a de la companya de	\$0.00
Home #2				\$0.00	\$0.00	\$0.00	\$44,450.00	\$1,450.00	\$43,000.00
Home #3	Mary M. Austin						\$44,450.00	\$1,450.00	\$43,000.00
			_				The state of the s		
									\$0.00
	ļ								
Home #3									\$0.00
				\$0.00	\$0.00	\$0.00	\$44,450.00	\$1,450.00	\$43,000.00
Home #4	Rose Zettera Williams						\$44,450.00	\$1,450.00	\$43,000.00
	<u> </u>								
			-					******	\$0.00
		ļ							
Home #4				44.00					\$0.00
Home #5	Willie Ann Johnson			\$0.00	\$0,00	\$0.00	\$44,450.00	\$1,450.00	\$43,000.00
nome #5	IVVIIIIE AITH JOHNSON						\$44,450.00	\$1,450.00	\$43,000.00
	 						·		
· · · · · · · · · · · · · · · · · · ·			_				· · · · · · · · · · · · · · · · · · ·		\$0.00
								V	
Home #5			-	\$0.00	60.00	40.00	044.450.00		\$0.00
				Φ 0.00	\$0.00	\$0.00	\$44,450.00	\$1,450.00	\$43,000.00
	<u> </u>							n 1 , 47 n 1 1 1	
				41					istoria de la compa

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.

! 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 fully fully repositions.

Signature of Authorized Official	Date Signed	James Curtis Smith Prepared By	
	Date Signed	Flepated by	
Trey Baxter, President		601-214-5966	
Typed Name and Title of Authorized Official		Preparer's Telephone No.	

Mississippi Home Corporation Consolidated Support Sheet

Page 2

Program:

Homeowner Rebabilitation

Recipient

dison County Board Of Supervisors

Request for Cash Number:

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Contract Number:

1228-M16-SG-280-045

Total Amount Requested:

\$800.00

IDIS#	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Total Received to Date	Balance
NAME OF TAXABLE PARTY.									
Home #6	Paulette Wales								
1101110 110	T datette vvates			**************************************			\$44,450.00	\$1,450.00	\$43,000.00
							**************************************		40.00
									\$0.00 \$0.00
Home #6				\$0.00	\$0.00	\$0.00	\$44,450.00	\$1,450.00	\$43,000.00
Home #7	Margie Brooks		Company of the Compan				\$44,450.00	\$1,450.00	\$43,000.00
				***************************************			47.17.700.00	41,466.66	Ψ10,000.00
						· · · · · · · · · · · · · · · · · · ·	**************************************		\$0.00
									\$0.00
Home #7				\$0 .00	\$0.00	\$0.00	\$44,450.00	\$1,450.00	\$43,000.00
Home #8	Wallace Ross						\$44,450.00	\$1,450.00	\$43,000.00
ļ									
									\$0.00
Home #8			***						\$0.00
Home #9				\$0.00	\$0.00	\$0,00	\$44,450.00	\$1,450.00	\$43,000.00
Home #5									\$0.00
				***************************************					\$0.00
	· · · · · · · · · · · · · · · · · · ·		····				***************************************		\$0.00 \$0.00
			Marian Steel Control of the	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
						40.00	TOT REQ TO DTE	\$16,600.00	φυιου
								V 10,000.00	
		GRAND TOTAL		\$800.00	\$800,00	\$0.00	\$505.000.00	A47.400.00	0.407.000.00
	Services Rendered - Beginn			φουσ.σο	Thru	\$0.00	\$505,000.00	\$17,400.00	\$487,600.00
	a de la constantia dell				mu				
		\$17,400.00	Plus (+)		\$0.00	Equals (=)	\$17,400.00		
	Cumulative:	Program Expenditures		Matching Ex	penditures		Total Expenditures		
	and a ground it of grant, (c) the ar	this request have not been received fro mount requested herein does not exceed ces rendered have been delivered and/o	i the total funds	obligated by contract; and	(d) the funds are reques	sted for only immediate disbursem	ents.		
	Signature of A	uthorized Official				James Curtis Smith			
		uthorized Official		Date Signed		Prepa	red By		
1 0 0 C 1 6	Trey Baxter, President					601-214-5966			
	Typed Name and Title of Au	thorized Official				Preparer's T	elephone No.		

CHISHOLM ENGINEERING 2500 SAND HILL ROAD LEXINGTON, MS 39095 Ph. 662-299-7070

INVOICE

Date: February 05, 2019

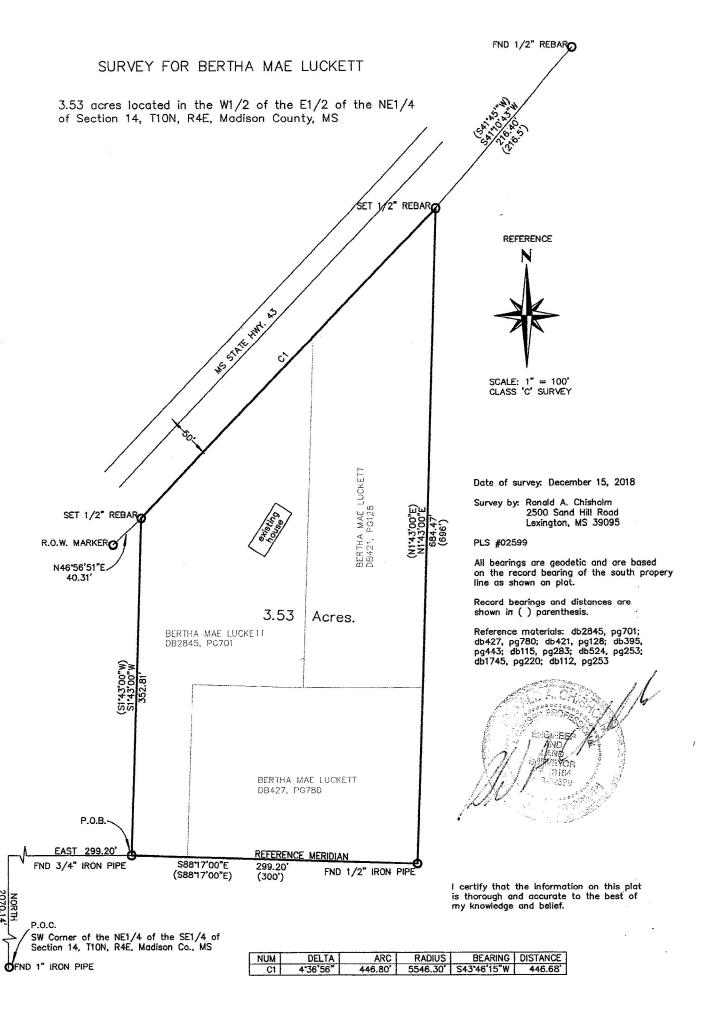
To: Madison County Board of Supervisors

Work completed: 3.53 acre survey located on MS State Hwy. 43 in Madison County for Bertha Mae Luckett

AMOUNT DUE: \$800.00

Sincerely, Chisholm Engineering

Ronnie Chisholm



March 4, 2 019

Ms Jackie Cobbins Housing Rehabilitation Officer Mississippi Home Corporation 735 Riverside Drive Jackson, Mississippi 39202

Dear Ms Cobbins:

This letter is to inform your office of the authorized signature for our HOME Grant Project Number 1228-M16-SG-280-045. <u>Trey Baxter</u> has the authority to sign cash request forms and other project related reports and documents related to this project. Thank you for your time and attention to this matter.

AUTHORIZED SIGNATURE

Trey Baxter, President
I certify that the above person is authorized as stated above and that the signature is the original signature of the person so stated.
Ronny Lott, Chancery Clerk