

# MADISON COUNTY BOARD OF SUPERVISORS

125 West North Street • Post Office Box 608 Canton, Mississippi 39046 601-855-5500 • Facsimile 601-855-5759 www.madison-co.com

March 18, 2019

FEDERAL SERVICE DESK ATTN: SAM.GOV REGISTRATION PROCESSING 460 INDUSTRIAL BLVD LONDON, KY 40741-7285

SUBJECT: Information Required to Activate SAM Entity Registration

### **Purpose of Letter**

The purpose of this letter is to formally appoint an Entity Administrator for the named Entity and to attest to the accuracy of the information contained in the entity registration.

### **Designation of Entity Administrator**

I, **Trey Baxter**, **President of the Board of Supervisors**, the below signed individual, hereby confirm that the appointed Entity Administrator is an authorized officer, agent, or representative of the Entity. This letter authorizes the appointed Entity Administrator to manage the Entity's registration record, its associated users, and their roles to the Entity, in the System for Award Management (SAM).

## **Entity Covered by this Letter**

**DUNS® Number:** 

884388737

Legal Business Name:

Madison County, Mississippi

**Physical Address:** 

125 West North St, Canton, MS 39046 or

2941 Hwy 51, Canton, MS 39046

## **Entity Administrator Contact Information**

**Full Name:** 

**Shelton Vance** 

**Phone Number:** 

601-855-5502

**Email Address:** 

shelton.vance@madison-co.com

#### Account Administration Preference (ONLY CHOOSE ONE)

You must choose **ONE** of the two following statements by checking the applicable box. Remember, there is no cost to register in SAM -- it is free. However, if you choose to have a third-party agent administer your SAM registration, with or without an associated fee, you must check the Third-Party Agent Designation box below.

#### **⊠Self-Administration Confirmation**

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do not authorize any third party to act on behalf of the Entity listed above. I have checked the Self-Administration Confirmation box to indicate that the designated Entity Administrator is not a third-party agent.

## ☐ Third-Party Agent Designation

For the purpose of registering with the United States Government through the online System for Award Management (SAM), I do hereby authorize [insert full name, phone number, address, and email address of the Third-Party Agent] (Designated Third-Party Agent) to act on behalf of the Entity listed above. This authorization permits the Designated Third-Party Agent to conduct all normal, common business functions within SAM while binding the signatory to all actions conducted and representations made as a result of authorization granted herein. I have checked the Third-Party Agent Designation box and completed the above information to indicate that the designated Entity Administrator is a third-party agent.

#### Attestation

I, the below-signed, attest to the following:

- All information contained in this letter is complete and accurate.
- The designated Entity Administrator listed above has an individual SAM User Account created with the email address provided in this letter.
- The banking information provided for Electronic Funds Transfer on the Financial Information Page in the SAM.gov registration for the Entity above is correct and accurate.

Respectfully,

Trey Baxter
President, Board of Supervisors
trey.baxter@madison-co.com
Madison County, Mississippi
125 West North St, Canton, MS 39046 or
2941 Hwy 51, Canton, MS 39046

## TO BE COMPLETED BY NOTARY

State of Mississippi	
County of Madison	
This instrument was acknowledged before r Baxter of Madison County, Mississippi.	me this 18 <sup>th</sup> day of March, 2019, by Trey
X Personally Known Produced Identification  Type of ID and Number on ID	
(Seal)	Signature of Notary
	Name of Notary  Notary Public State of Mississippi