

Mississippi Development Authority Community Services Division Economic Development Jobs Report

Grant Recipient	Madison County
Benefitting Business	Fastenal Company
Contract Number	DIP #393
Reporting Period (Month, Year)	July, 2019

Job Creation	Total
Number of Jobs Prior to DIP/RIF Award	0
Number of Commmitted New Jobs	50
Number of Jobs Needed to meet Total Employment Requirement	50
Number of Present Employees	3

Have construction of DIP/RIF activities been completed?
No
If yes, on what date was construction complete?

Have the job creation requirements been completed?
No
If job creation is complete and the project requires job maintenance, on what date will the maintenance requirement be satisfied?

I certify that the data in this report is accurate information collected by the company listed above and reflects the new and currently existing jobs to be reported over the effective term of the DIP/RIF contract.

Local Elected Official and Date

I certify that the above accurately portrays the number of current employees and jobs as created by my company from the beginning of this project through the end of last quarter. These employees are presently employed at the site.

Company / Human Resources Representative and Date

Jason Larry

601-981-1511

Prepared By

Phone #

Instructions:

- Jobs Reports are due as follows:
 - January 15th
 - July 15th
- Attach a recent payroll or employee roster
- Employment figures must represent full time employees. Full Time Equivalent should be excluded from figures above.
- Total number of Jobs Prior to DIP/RIF Award should reflect the Site Visit Acknowledgement Form.
- All areas in grey must be filled out.
- Document must be filled out electronically with the exception of signatures.

**Mississippi Development Authority
Consolidated Support Sheet**

Program: Development Infrastructure Program
 Recipient: Madison County
 Request for Cash Number: 1

Contract Number: DIP #393
 Total Amount Requested: \$ 49,662.46

IDIS #	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Amount Requested to Date	Balance
	General Administration								\$0.00
	Application Preparation (CDBG Only)								\$0.00
	Total Administration			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Engineering	Civil-Link	73563/73581	\$13,497.12	\$13,497.12		\$13,636.36	\$13,497.12	\$139.24
		Civil-Link	73670/73710						\$0.00
		Civil-Link	73785/73845						\$0.00
		Civil-Link	73883/73980						\$0.00
	Total Engineering / Architectural			\$13,497.12	\$13,497.12	\$0.00	\$13,636.36	\$13,497.12	\$139.24
	Contingencies								\$0.00
									\$0.00
	Total Contingencies			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Utility Relocation (24' Water Backfill)	Hemphill	1	\$33,321.70	\$33,321.70		\$90,400.00	\$33,321.70	\$57,078.30
	Erosion Control/Clean Up	Hemphill	1	\$1,500.00	\$1,500.00		\$1,500.00	\$1,500.00	\$0.00
	Overlay of Existing Road	Hemphill	1	\$1,343.64	\$1,343.64		\$1,343.64	\$1,343.64	\$0.00
							\$43,120.00		\$43,120.00
									\$0.00
	Total Construction			\$36,165.34	\$36,165.34	\$0.00	\$136,363.64	\$36,165.34	\$100,198.30
	GRAND TOTAL			\$49,662.46	\$49,662.46	\$0.00	\$150,000.00	\$49,662.46	\$100,337.54

Services Rendered - Beginning: August 1, 2018 Thru April 30, 2019

Cumulative: \$49,662.46 Program Expenditures Plus (+) Matching Expenditures Equals (=) \$49,662.46 Total Expenditures

I Herby 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 Herby 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, Board President Date Signed: _____ Prepared By: Jason Larry
 Typed Name and Title of Authorized Official: _____ Preparer's Telephone No.: 601-981-1511

**Mississippi Development Authority
Community Services Division
Request for Cash**

Program: Community Development Block Grant Program

Section A: General Information		Section B: Project Information		
Recipient	Madison County	Grant No.	Contract No.	Project No.
Mailing Address	P.O. Box 608	DIP #393		
Street Address	125 West North Street	Services Rendered		Request No.
City, State Zip	Canton, Mississippi 39046	From	To	1
Telephone No.	601-790-2590	August 1, 2018	Thru April 30, 2019	MDA Staff Inlets

Section C: Request Per Activity						
	Activity Description	Budget Amount	Total Prior Request to Date	This Request	Remaining Balance	Activity Numbers
1	<u>Engineering</u>	\$ <u>13,636.38</u>		\$ <u>13,497.12</u>	\$ <u>139.24</u>	
2	<u>Utility Relocation (24" Water Lin</u>	\$ <u>90,400.00</u>		\$ <u>33,321.70</u>	\$ <u>57,078.30</u>	
3	<u>Backfill</u>	\$ <u>1,500.00</u>		\$ <u>1,500.00</u>	\$ -	
4	<u>Erosion Control/Clean Up</u>	\$ <u>1,343.64</u>		\$ <u>1,343.64</u>	\$ -	
5	<u>Overlay of Existing Access Road</u>	\$ <u>43,120.00</u>			\$ <u>43,120.00</u>	
6					\$ -	
7					\$ -	
8					\$ -	
9					\$ -	
10					\$ -	
	Total:	\$ <u>150,000.00</u>	\$ -	\$ <u>49,662.46</u>	\$ <u>100,337.54</u>	

Required Accomplishment Narrative: (Please provide a brief update on this project.)

For engineering services and construction

I Herby Certify That (a) the services covered by this request have not been received from the Federal Government/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 Herby 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.

Is this your final request for cash on this contract? YES NO

Signature of Authorized Official: Trev Baxter, Board President
 Date Signed: _____
 Prepared By: Jason Larry
 Date Prepared: 7/11/2019
 Preparer's Telephone No.: 601-981-1511

To be completed by MDA Authorized Official

APPROVED BY: _____ DATE: _____
 Signature, Authorized MDA Representative

IDIS Voucher Number	Vendor Number	Fund Number	Cost Center	Activity Code	Org	County Code	Expense