Kesha Buckner

| From: | James Curtis Smith <jcurtsmith@aol.com></jcurtsmith@aol.com> |
|--------------|--|
| Sent: | Tuesday, March 24, 2020 12:22 PM |
| То: | Kesha Buckner |
| Subject: | Late Agenda Item Resigning of Cash Request 8 |
| Attachments: | MHCHomeownerRehabRFCForm8CORRECTED.xls |
| | |

CAUTION! External Content. Please use caution when opening attachments and links. Do not provide your username and password if requested.

Good Afternoon:

Cash Request 8 was approved at the last Board Meeting, however, when I turned it into the Mississippi Home Corporation they had me to make adjustments to some of the figures. I was just informed of this today. They want a new signed Request for Cash 8 before they will process the payment.

Thanks,

James Curtis Smith 601-214-5966

Mississippi Home Corporation Request for Cash

| Program: Section A: Genera | HOME Homeowner Rehabilatation Program eral Information Section B: Project Information | | | | | | | |
|---|---|--------------------------|------------------------|--------------|------------------------------------|--------------------|--|--|
| | | . . | Grant No. Contract No. | | | Project No. | | |
| Recipient | Madison County Board Of S | Supervisors | 1228-M16-SG-280-045 | | | | | |
| Mailing Address | Post Office Box 608 | | 1228-M16-SG-280-045 | | | Dec. with | | |
| Street Address | 125 West North Street | | Services Rendered | | Request No. | | | |
| City, State Zip | Canton, MS 39046 | | From | | То | 8 | | |
| Telephone No. | 601-855-5500 | | | Thru | | MHC Staff Initials | | |
| - | | | | | 6-Mar-20 | | | |
| Section C: Request Per Activity | | | | | | | | |
| | 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 | \$3,750.00 | \$0.00 | \$185,100.00 | | | |
| 3 | Mary Black | \$44,450.00 | \$21,425.00 | \$18,475.00 | \$4,550.00 | | | |
| 4 | Mary M. Austin | \$44,450.00 | \$2,250.00 | \$0.00 | \$42,200.00 | | | |
| 5 | Rose Zettera Williams | \$44,450.00 | \$20,537.50 | \$0.00 | \$23,912.50 | | | |
| 6 | Willie Ann Johnson | \$44,450.00 | \$2,250.00 | \$0.00 | \$42,200.00 | | | |
| 7 | Paulette Wales | \$44,450.00 | \$24,050.00 | \$0.00 | \$20,400.00 | | | |
| 8 | Margie Brooks | \$44,450.00 | \$2,950.00 | \$0.00 | \$41,500.00 | | | |
| 9 | Wallace Ross | \$44,450.00 | \$1,450.00 | | \$43,000.00 | | | |
| 10 | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | | |
| | Total: | \$505,000.00 | \$83,662.50 | \$18,475.00 | \$402,862.50 | | | |
| I Hereby 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 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. By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and | | | | | | | | |
| conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812). | | | | | | | | |
| Is this your final re | equest for cash on this contrac | t? | | YES | X | NO | | |
| | | | | | James Curtis Smith | 3/9/2020 | | |
| - | Signature of Authorized Offic | cial | Date Signed | | Prepared By | Date Prepared | | |
| | -Gerald Steen, President Typed Name and Title of Autho | | | | 601-214-5966 Preparer's Telepho | me No. | | |
| To be completed by MHC Authorized Official | | | | | | | | |
| | | | | | | | | |
| | APPROVED BY: | DATE: | | | | | | |
| | Signature, Authorized MHC Representative | | | | | | | |
| | AUTHORIZED BY: DATE: DATE: | | | | | | | |
| | | | | | | | | |
| | IDIS APPROVED BY: | | | D | DATE: | | | |
| | | Signature, Authorized MH | | | | | | |
| IDIS Voucher Number | Vendor Number | Issue/Series | Fund/Sub-Fund | Servicer | | | | |
| | | | | | | | | |