#### Mississippi Home Corporation Request for Cash

HOME Homeowner Rehabilatation Program Program: Section B: Project Information Section A: General Information Grant No. Project No Madison County Board Of Supervisors Recipient 1228-M16-SG-280-045 Mailing Address Post Office Box 608 Request No. 125 West North Street Street Address Services Rendered 10 City, State Zip Canton, MS 39046 From MHC Staff Initials 601-855-5500 Telephone No. Thru 13-Apr-20 24-Mar-20 Section C: Request Per Activity This Request Remaining Balance Activity Numbers Activity Description **Budget Amount** Total Received to Date 1 Application Fee \$5,000.00 \$5,000.00 \$0.00 \$0.00 \$41,100.00 \$102,900.00 Bertha Luckett Matlock \$188,850.00 \$44,850.00 \$0.00 \$4,550.00 3 Mary Black \$44,450.00 \$39,900.00 Mary M. Austin \$44,450.00 \$2,250.00 \$0.00 \$42,200.00 \$0.00 \$6,325.00 Rose Zettera Williams \$44,450.00 \$38,125.00 \$0.00 \$42,200.00 Willie Ann Johnson \$44,450.00 \$2,250.00 Paulette Wales \$44,450.00 \$44,450.00 \$0.00 \$0.00 \$0.00 \$41,500.00 Margie Brooks \$44,450.00 \$2,950.00 \$43,000.00 9 Wallace Ross \$44,450.00 \$1,450.00 10 \$0.00 \$0.00 \$0.00 \$0.00 \$282,675.00 Total: \$505,000.00 \$181,225.00 \$41,100.00 Required Accomplishement Narrative: (Please provide a brief update on this project. Bertha Matlock 66% complete Black-in 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 request for cash on this contract? YES NO 4/13/2020 James Curtis Smith Signature of Authorized Official Date Signed Prepared By Date Prepared Gerald Steen, President 601-214-5966 Preparer's Telephone No. Typed Name and Title of Authorized Official To be completed by MHC Authorized Official APPROVED BY: \_ DATE: \_\_\_ Signature, Authorized MHC Representative AUTHORIZED BY: \_ DATE: Signature, Authorized MHC Representative DATE: IDIS APPROVED BY: Signature, Authorized MHC Representative IDIS Voucher Number Vendor Number Issue/Series Fund/Sub-Fund Servicer

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#### Mississippi Home Corporation **Consolidated Support Sheet**

Program: Homeowner Rehabilitation Recipient

dison County Board Of Supervisors

Contract Number:

1228-M16-SG-280-045

Request for Cash Number:

Total Amount Requested: \$41,100.00

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				\$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	\$44,850.00	\$144,000.00
		Sunbelt R&D	1907	\$1,500.00	\$1,500.00				\$1,500.00
		KT Construction	3149	\$39,600.00	\$39,600.00				\$39,600.00
									***
Home #1				\$41,100.00	\$41,100.00	\$0.00	\$188,850.00	\$85,950.00	\$0.00 \$102,900.00
Home #2	Mary Black			\$41,100.00	\$41,100.00	\$0.00	\$44,450.00	\$39,900.00	\$4,550.00
nome #2	Iviary Black	Sunbelt R&D					\$44,450.00	\$39,900.00	\$4,550.00
		Sunbelt R&D Skyline Innovations LLC							
Home #2				\$0.00	\$0.00	\$0.00	\$44,450.00	\$39,900.00	\$4,550.00
Home #3	Mary M. Austin						\$44,450.00	\$2,250.00	\$42,200.00
									\$0.00
									\$0.00
Home #3				\$0.00	\$0.00	\$0.00	\$44,450.00	\$2,250.00	\$42,200.00
Home #4	Rose Zettera Williams						\$44,450.00	\$38,125.00	\$6,325.00
		Sunbelt R&D	1606						
		Sunbelt R&D							
		Skyline Innovations	2						
									\$0.00
Home #4				\$0.00	\$0.00	\$0.00	\$44,450.00	\$38,125.00	\$6,325.00
Home #5	Willie Ann Johnson						\$44,450.00	\$2,250.00	\$42,200.00
									\$0.00
		-							\$0.00
Home #5				\$0.00	\$0.00	\$0.00	\$44,450.00	\$2,250.00	\$42,200.00
					7.2.2		7.1,1	\$132,375.00	,

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.

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

		James Curtis Smith		
Signature of Authorized Official	Date Signed	Prepared By		
Gerald Steen, President		601-214-5966		
Typed Name and Title of Authorized Official		Prenarer's Telephone No		

## Page 2

## Mississippi Home Corporation **Consolidated Support Sheet**

Program: Homeowner Rebabilitation Recipient

dison County Board Of Supervisors

Contract Number:

1228-M16-SG-280-045

\$41,100.00

Request for Cash Number: 10 Total Amount Requested:

IDIS#	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Total Received to Date	Balance
Home #6	Paulette Wales						\$44,450.00	\$44,450.00	\$0.00
		Sunbelt R&D	1606						13.33
		Skyline Inovations	2						
									\$0.00
Home #6				\$0.00	\$0.00	\$0.00	\$44,450.00	\$44,450.00	\$0.00
Home #7	Margie Brooks						\$44,450.00	\$2,950.00	\$41,500.00
		Sunbelt R&D						1	
									\$0.00
Home #7				\$0.00	60.00	00.00	\$44,450.00	\$2,950.00	\$0.00
Home #7	Mallace Dece			\$0.00	\$0.00	\$0.00		WHEN PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE OWNE	
Home #8	Wallace Ross						\$44,450.00	\$1,450.00	\$43,000.00
									\$0.00
		<del> </del>							\$0.00
Home #8				\$0.00	\$0.00	\$0.00	\$44,450.00	\$1,450.00	\$43,000.00
Home #9							TO STATE WHEN THE PROPERTY OF THE PARTY OF T	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN 1	\$0.00
			V						\$0.00
									\$0.00
									\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
							TOT REQ TO DTE	\$181,225.00	
		GRAND TOTAL		\$41,100.00	\$41,100.00	\$0.00	\$505,000.00	\$222.325.00	\$282,675.00
	Services Rendered - Begin			,		April 13, 2020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	5.0		1			F1- ()	£000 005 00		
	Cumulative:	\$222,325.00 Program Expenditures	Plus (+)	Matching Ex	\$0.00 spenditures	Equals (=)	\$222,325.00 Total Expenditures	)	
terms of the co	ontract agreement or grant; (c) the	by this request have not been received fi amount requested herein does not exce- vices rendered have been delivered and	ed the total funds	s obligated by contract; and	d (d) the funds are reques	ted for only immediate disburseme	ents.		
	Signature of	Authorized Official	_	Date Signed		James Curtis Smith Prepa	red By	-	
	Gerald Steen, Preside		<b>-</b> 2			601-214-5966	alanhana Na	_	
	Typed Name and Title of A	Authorized Official				Preparer's Te	elepnone No.		

KT Constructio P.O. Box 407 Durant, MS. 39063 (662)227-8762

# Invoice

Number

3149

Date

4/12/2020

## Bill To

Madison County Board of Supervisors 4406 Highway 43 N Canton, MS, 39046

#### Ship To

Bertha Luckett-Matlock 4406 Highway 43 N Canton, MS, 39046

PO Number	Terms	Project
1228-m16-sg-280-045	66% completion payment	Bertha Luckett-Matlock home

Date	Description	Hours	Rate	Amount
4/2020	66% completion payment		\$0.00	\$39,600.00

Amount Paid	\$0.00
Amount Due	\$39,600.00

Discount	\$0.00
Shipping Cost	\$0.00
Sub Total	\$39,600.00

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$79,200.00	\$0.00	\$0.00	\$0.00	\$79,200.00

# **Sunbelt Research and Development**

Consortium, Inc. 717 Thomas Lane Madison, MS 39110 601-214-5966

Fax: 601-898-3761

**SERVICE FOR:** 

**Project Administration** 

**Submitted BY:** 

**INVOICE NUMBER** HOME 1607

**Source** | 1228-M16-SG-280-045

TAX NUMBER 64-0660259

JOB DESCRIPTION Project Administration.]

**DATE** [04/13/2020]

**BILL TO:** 

Madison County Board of Supervisors

Post Office Box 608 Canton, MS 39046

DATE	SERVICE DESCRIPTION	Amount	Rate	AMOUNT
01/27/2020	HOME Project Notice To Proceed Bertha Luckett Matlock Mary Black Mary M. Austin Rose Zettera Williams Willie Ann Johnson Paulette Wales Margie Brooks Wallace Ross  Construction Bertha Luckett Matlock 33% Complete Rose Zettera Williams 100% Complete Paulette Wales 100% Complete	1500 0 0	1.00 1.00 1.00	1500.00 0.00 0.00
				\$1,500.00
				TOTAL DUE

**MAKE CHECKS PAYABLE TO:** 

Sunbelt Research and Development Consortium,

Inc.