#### Mississippi Home Corporation Request for Cash

Program: HOME Homeowner Rehabilatation Program Section B: Project Information Section A: General Information Project No. Grant No. Madison County Board Of Supervisors 1228-M16-SG-280-045 Mailing Address Post Office Box 608 Request No. Street Address 125 West North Street Services Rendered 11 City, State Zip Canton, MS 39046 From MHC Staff Initials Telephone No. 601-855-5500 Thru 13-Apr-20 Section C: Request Per Activity **Activity Description Budget Amount** Total Received to Date This Request Remaining Balance **Activity Numbers** \$0.00 \$0.00 1 Application Fee \$5,000.00 \$5,000.00 Bertha Luckett Matlock \$130,000.00 \$85,950.00 \$0.00 \$44,050.00 \$0.00 \$4,550.00 Mary Black \$44,450.00 \$39,900.00 \$130,000,00 \$2,250.00 \$700.00 \$127,050.00 Mary M. Austin 5 Rose Zettera Williams \$44,450.00 \$38,125.00 \$0.00 \$6,325.00 Willie Ann Johnson \$62,200.00 \$2,250.00 \$700.00 \$59,250.00 \$0.00 \$0.00 Paulette Wales \$44,450.00 \$44,450.00 \$0.00 \$41,500.00 8 Margie Brooks \$44,450.00 \$2,950.00 Wallace Ross \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 10 \$0.00 \$0.00 \$1,400.00 \$282,725.00 \$505,000.00 \$220,875.00 Total: Required Accomplishement Narrative: (Please provide a brief update on this project. Notice To Proceed Austin and Johnson 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). NO Is this your final request for cash on this contract? YES 4/13/2020 James Curtis Smith Prepared By **Date Prepared** Signature of Authorized Official Date Signed 601-214-5966 -Gerald Steen, President Preparer's Telephone No. Typed Name and Title of Authorized Official To be completed by MHC Authorized Official APPROVED BY: \_\_ Signature, Authorized MHC Representative AUTHORIZED BY: \_\_\_ DATE: \_\_ Signature, Authorized MHC Representative IDIS APPROVED BY: DATE: Signature, Authorized MHC Representative IDIS Voucher Number Vendor Number Issue/Series Fund/Sub-Fund Servicer

### Page 1

Program:

Homeowner Rehabilitation

Recipient

dison County Board Of Supervisors

Request for Cash Number:

11

Contract Number:

1228-M16-SG-280-045

Total Amount Requested:

\$1,400.00

IDIS#	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Total Received to Date	Balance
# פוטו	Application Fee	Sunbelt R&D	HOME 1601	Total Invoice	Request	Watch	\$5,000.00	\$5,000.00	\$0.00
	Total Administration	Suideit Nad	TIONE 1001	\$0.00	\$0.00	\$0.00	\$5,000.00	\$5,000.00	\$0.00
Home #1	Bertha Luckett Matlock			ψ0.00	φ0.00	\$0.00	\$130,000.00	\$85,950.00	\$44,050.00
TOTTIC #1	Dertria Edokett Wattock	Sunbelt R&D					\$130,000.00	\$65,950.00	\$44,050.00
		KT Construction							
		IKT CONSTITUTION							
									\$0.00
Home #1				\$0.00	\$0.00	\$0.00	\$130,000.00	\$85,950.00	\$44,050.00
Home #2	Mary Black					<b>V</b> 0.00	\$44,450.00	\$39,900.00	\$4,550.00
101110 112	Mary Black	Sunbelt R&D					\$44,400.00	ψου,υσο.σο	\$4,000.00
		Sunbelt R&D							
		Skyline Innovations LLC							
		Chyline Illiovadene EEG							
Home #2				\$0.00	\$0.00	\$0.00	\$44,450.00	\$39,900.00	\$4,550.00
Home #3	Mary M. Austin						\$130,000.00	\$2,250.00	\$127,750.00
		Sunbelt R&D	1608	\$700.00	\$700.00				\$700.00
									\$0.00
									\$0.00
Home #3				\$700.00	\$700.00	\$0.00	\$130,000.00	\$2,950.00	\$127,050.00
Home #4	Rose Zettera Williams						\$44,450.00	\$38,125.00	\$6,325.00
		Sunbelt R&D							
		Sunbelt R&D							
		Skyline Innovations							
									\$0.00
Home #4				\$0.00	\$0.00	\$0.00	\$44,450.00	\$38,125.00	\$6,325.00
Home #5	Willie Ann Johnson						\$62,200.00	\$2,250.00	\$59,950.00
		Sunbelt R&D	1608	\$700.00	\$700.00				\$700.00
									\$0.00
									20.00
Home #5				\$700.00	\$700.00	\$0.00	\$62,200.00	\$2,950.00	\$0.00 \$59,250.00
				\$1.00:00	<b>47 50:00</b>	<b>\$6.66</b>	<b>402,200:00</b>	\$173,475.00	<b>400,200.00</b>
				National Science					

Mississippi Home Corporation

**Consolidated Support Sheet** 

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 of 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 of 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 of 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 of the services are serviced from the serviced	ount requested will be expended for allowable costs / expenditures unde
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 C	eruly that the goods sold and/or services rendered	have been delivered and/or performed in good order w	within the time listed above and are in compliance with all statut	ory requirements and regulations.	i certify that this request does not include an	y advances or funds for
uture obligat	ions.					

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

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

Program:

Homeowner Rebabilitation

Recipient

Request for Cash Number:

dison County Board Of Supervisors

Contract Number:

1228-M16-SG-280-045

Total Amount Requested:

\$1,400.00

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
ionic #o	T ddicke Wales	Sunbelt R&D	1606				ψ-1-1, 100:00	\$44,400.00	ψ0.00
		Skyline Inovations	2						
									\$0.00
lome #6				\$0.00	\$0.00	\$0.00	\$44,450.00	\$44,450.00	\$0.00
lome #7	Margie Brooks						\$44,450.00	\$2,950.00	\$41,500.00
		Sunbelt R&D							
									\$0.00
									\$0.00
lome #7				\$0.00	\$0.00	\$0.00	\$44,450.00	\$2,950.00	\$41,500.00
lome #8	Wallace Ross						\$0.00	\$0.00	\$0.00
									\$0.00
									\$0.00
lome #8				\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
lome #9									\$0.00
									\$0.0
									\$0.00
									\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
							TOT REQ TO DTE	\$220,875.00	
		GRAND TOTAL	+	\$1,400.00	\$1,400.00	\$0.00	\$505,000.00	\$222,275.00	\$282,725.00
	Services Rendered - Be		0	<b>4</b> 1,100.00		ril 13, 2020	, data, data	<b>VALUE</b> , 21 0.00	7232,123.00
	Cumulative:	\$222,275.00 Program Expenditures	Plus (+)	Matching Ex	\$0.00 penditures	Equals (=)	\$222,275.00 Total Expenditures		
erms of the co	rtify That (a) the services cover ontract agreement or grant; (c) t	ed by this request have not been received the amount requested herein does not exce services rendered have been delivered an	eed the total funds	State Government or expe obligated by contract; and	ended for such services undi	for only immediate disburseme	it or grant; (b) the amount reques		
	Signature	of Authorized Official		Date Signed	<u>Ja</u>	nmes Curtis Smith Prepar	red By	-	
	Gerald Steen, Presi	ident			60	1-214-5966			

# 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 1608 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	An	nount	Rate	AMOUNT
4/13/20	HOME Project Notice To Proceed Bertha Luckett Matlock				
1	Mary Black Mary M. Austin Rose Zettera Williams	:	700	1.00	700.00
	Willie Ann Johnson Paulette Wales		700	1.00	700.00
	Margie Brooks Wallace Ross	I	!	ĺ	ĺ
	Construction Bertha Luckett Matlock 33% Complete Rose Zettera Williams 100% Complete		1	:	Ţ
	Paulette Wales 100% Complete				
		9		i	1
(-	<del>-</del>			<u> </u>	\$1,400.00 FOTAL DUE

MAKE CHECKS PAYABLE TO:

Sunbelt Research and Development Consortium, Inc.