

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0004		PAGE 1	OF 1 PAGES
		1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL		2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED DRA		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY MS-10734 EC		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 1	
6. EMPLOYER IDENTIFICATION NUMBER 64-6000658	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST			
		FROM (month, day, year) 1/1/2013		TO (month, day, year) 7/31/2013	
9. RECIPIENT ORGANIZATION <i>Name:</i> Madison County <i>Number and Street:</i> 125 West North Street <i>City, State and ZIP Code:</i> Canton, MS 39046		10. PAYEE (Where check is to be sent if different than item 9) <i>Name:</i> <i>Number and Street:</i> <i>City, State and ZIP Code:</i>			

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) Request	(b)	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$ 30,000.00	\$	\$	\$ 30,000.00
b. Less: Cumulative program income	0.00			0.00
c. Net program outlays (Line a minus line b)	30,000.00	0.00	0.00	30,000.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	30,000.00	0.00	0.00	30,000.00
f. Non-Federal share of amount on line e	13,830.00			13,830.00
g. Federal share of amount on line e	16,170.00			16,170.00
h. Federal payments previously requested	0.00			0.00
i. Federal share now requested (Line g minus line h)	16,170.00	0.00	0.00	16,170.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$ 0.00
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	0.00
c. Amount requested (Line a minus line b)	\$ 0.00

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED August 1, 2013
	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>
2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.	activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.	11a Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.	11b Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.	11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.	13 Complete the certification before submitting this request.
Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.	
11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or	

ACH VENDOR/MISCELLANEOUS PAYMENT
ENROLLMENT FORM

OMB No. 1510-0056
Expiration Date 01/31/2000

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

AGENCY INFORMATION

FEDERAL PROGRAM AGENCY Delta Regional Authority		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT: <input type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP
ADDRESS: 236 Sharkey Ave, Suite 400 Clarksdale, MS 38614		
CONTACT PERSON NAME: Emanuel Edmond		TELEPHONE NUMBER: (662) 624-8600
ADDITIONAL INFORMATION:		

PAYEE/COMPANY INFORMATION

NAME Madison County	SSN NO. OR TAXPAYER ID NO.
ADDRESS P.O. Box 608 Canton, MS 39046	
CONTACT PERSON NAME: Shelton Vance	TELEPHONE NUMBER: (601) 855-5502

FINANCIAL INSTITUTION INFORMATION

NAME: Metropolitan Bank	
ADDRESS: 3500 Lakeland Dr, Suite 501 Flowood, MS 39232	
ACH COORDINATOR NAME: Meghan Martin	TELEPHONE NUMBER: (601) 939-9898
NINE-DIGIT ROUTING TRANSIT NUMBER: 0 6 5 3 0 2 6 3 3	
DEPOSITOR ACCOUNT TITLE: Madison County Operating	
DEPOSITOR ACCOUNT NUMBER: 3009214	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER: