Mississippi Home Corporation Request for Cash

HOME Homeowner Rehabilatation Program Program: Section B: Project Information Section A: General Information Project No. Grant No Madison County Board Of Supervisors Recipient 1228-M16-SG-280-045 Mailing Address Post Office Box 608 Request No. 125 West North Street Services Rendered Street Address 18 City, State Zip Canton, MS 39046 From MHC Staff Initials 601-855-5500 Thru Telephone No. 31-Jan-21 -Section C: Request Per Activity Total Received to Date This Request Remaining Balance **Activity Numbers Budget Amount** Activity Description \$0.00 \$0.00 \$5,000.00 1 Application Fee \$5,000.00 Bertha Luckett Matlock \$130,000.00 \$128,250.00 \$800.00 \$950.00 \$700.00 \$39,900.00 \$800.00 Mary Black \$41,400.00 \$800.00 \$950.00 Mary M. Austin \$130,000.00 \$128,250.00 \$38,125.00 \$800.00 \$700.00 Rose Zettera Williams \$39,625.00 \$0.00 \$59,250.00 \$2,950.00 Willie Ann Johnson \$62,200.00 \$1,550.00 Paulette Wales \$47,500.00 \$45,150.00 \$800.00 \$800.00 \$2,150.00 \$49,275.00 \$46,325.00 Margie Brooks \$0.00 9 Wallace Ross \$0.00 \$0.00 \$0.00 10 \$0.00 \$0.00 \$0.00 \$505,000.00 \$433,950.00 \$4,800.00 \$66,250.00 Required Accomplishement Narrative: (Please provide a brief update on this project. HOME Project Monitoring Review 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 2/1/2021 James Curtis Smith Prepared By Signature of Authorized Official Date Signed Date Prepared 601-214-5966 Karl Banks, 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 DATE: ___ AUTHORIZED BY: __ Signature, Authorized MHC Representative IDIS APPROVED BY: DATE: Signature, Authorized MHC Representative IDIS Voucher Numbe Fund/Sub-Fund Servicer Vendor Number Issue/Series

Mississippi Home Corporation Consolidated Support Sheet

Program: Homeowner Rehabilitation
Recipient dison County Board Of Supervisors

Request for Cash Number: 18

Contract Number:

1228-M16-SG-280-045

Total Amount Requested: \$4,800.00

| 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 | Total invoice | ricquest | maton | \$5,000.00 | \$5,000.00 | \$0.00 |
| | Total Administration | | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT | \$0.00 | \$0.00 | \$0.00 | \$5,000.00 | \$5,000.00 | \$0.00 |
| Home #1 | Bertha Luckett Matlock | | | | | | \$130,000.00 | \$128,250.00 | \$1,750.00 |
| | | Sunbelt R&D | HOME 1615 | \$800.00 | \$800.00 | | | | \$800.00 |
| | | KT Construction | | | | | | | \$0.00 |
| | | | | | | | | AUGHORIZATE ALBA JETHORI | |
| | | | | | | | | | \$0.00 |
| Home #1 | | | | \$800.00 | \$800.00 | \$0.00 | \$130,000.00 | \$129,050.00 | \$950.00 |
| Home #2 | Mary Black | | | | | | \$41,400.00 | \$39,900.00 | \$1,500.00 |
| | | Sunbelt R&D | HOME 1615 | \$800.00 | \$800.00 | | NEW CONTRACTOR | | \$800.00 |
| | | Sunbelt R&D | | | | | | (45) (45) (45) (45) (45) (45) | |
| | | Skyline Innovations LLC | | | | | | | |
| | | | | | | | | | |
| Home #2 | | | | \$800.00 | \$800.00 | \$0.00 | \$41,400.00 | \$40,700.00 | \$700.00 |
| Home #3 | Mary M. Austin | | | | | | \$130,000.00 | \$128,250.00 | \$1,750.00 |
| | | Sunbelt R&D | HOME 1615 | \$800.00 | \$800.00 | | | | \$800.00 |
| | | KT Construction | | | | | | | |
| | | Chisholm Engineering | | | | | | | |
| | | | | | | | | 建设设度的企业工程 。 | \$0.00 |
| Home #3 | | | | \$800.00 | \$800.00 | \$0.00 | \$130,000.00 | \$129,050.00 | \$950.00 |
| Home #4 | Rose Zettera Williams | | | | | | \$39,625.00 | \$38,125.00 | \$1,500.00 |
| | | Sunbelt R&D | HOME 1615 | \$800.00 | \$800.00 | | | | \$800.00 |
| | | Sunbelt R&D | | | | | | | |
| | | Skyline Innovations | | | | | | | |
| | | | | | | | | | \$0.00 |
| Home #4 | | | | \$800.00 | \$800.00 | \$0.00 | \$39,625.00 | \$38,925.00 | \$700.00 |
| Home #5 | Willie Ann Johnson | | | | | | \$62,200.00 | \$2,950.00 | \$59,250.00 |
| | | Sunbelt R&D | | | | | | | |
| | | | | | | | | | \$0.00 |
| | | | | | | | | | *** |
| Home #5 | | | | 60.00 | 00.00 | | 000,000,00 | 00.050.00 | \$0.00 |
| nome #5 | | | | \$0.00 | \$0.00 | \$0.00 | \$62,200.00 | \$2,950.00 | \$59,250.00 |
| | I and the second second | | | | | | | \$342,475,00 | |

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 Certif | y 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 |
|-------------------|---|--|
| uture obligations | 5. | |
| | | |

| | | James Curtis Smith |
|---|-------------|--------------------------|
| Signature of Authorized Official | Date Signed | Prepared By |
| W 15 1 5 1 1 1 | | |
| Karl Banks, President | | 601-214-5966 |
| Typed Name and Title of Authorized Official | | Preparer's Telephone No. |

Mississippi Home Corporation Consolidated Support Sheet

Program: Homeowner Rebabilitation
Recipient dison County Board Of Supervisors

Contract Number:

1228-M16-SG-280-045

Request for Cash Number: 18

Total Amount Requested:

\$4,800.00

| IDIS# | Line Items | Vendor | Invoice # | Total Invoice | Amount of This Request | Match | Amount Budgeted | Total Received to Date | Balance |
|------------------------------|-------------------------------------|--|------------------------|----------------------------|--|-----------------------------------|-----------------------------------|--|--|
| Home #6 | Paulette Wales | | | | A section design | | 647 500 00 | CAE 450.00 | \$2,250.00 |
| nome #6 | Paulette vvales | Sunbelt R&D | HOME 1615 | \$800.00 | \$800.00 | | \$47,500.00 | \$45,150.00 | \$2,350.00 \$800.00 |
| | | Skyline Inovations | HOME 1013 | \$600.00 | \$600.00 | | | | \$600.00 |
| | | OKYMIE MOVALIONS | | | | | | | \$0.00 |
| Home #6 | | | | \$800.00 | \$800.00 | \$0.00 | \$47,500.00 | \$45,950.00 | \$1,550.00 |
| Home #7 | Margie Brooks | Cara Entrancements | | | | | \$49,275.00 | \$46,325.00 | \$2,950.00 |
| | | Sunbelt R&D | HOME 1615 | \$800.00 | \$800.00 | | \$ 16,E1 0.00 | | \$800.00 |
| | | K&T Construction | | | | | | mar or expense telling in | |
| | | | | | | | | | \$0.00 |
| Home #7 | | | | \$800.00 | \$800.00 | \$0.00 | \$49,275.00 | \$47,125.00 | \$2,150.00 |
| Home #8 | Wallace Ross | | | | | | \$0.00 | \$0.00 | \$0.00 |
| | | | | | | | | STATE OF THE PARTY | |
| | | | | | | | | and available to the | \$0.00 |
| Ua #0 | | | | | | | | | \$0.00 |
| Home #8 | HENCE OF THE SECOND | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | | \$0.00 |
| lome #9 | | | | | | | ursacia di Cramona di Sancia | | \$0.00 |
| - | | | | | | | | | \$0.0 |
| | | - | _ | | | | | | \$0.00 \$0.00 |
| -0.00 | Manager State of Figure 1 | | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| | | El Bodeko Sileko errektarrekan 1984 | | \$0.00 | \$0.00 | \$0.00 | TOT REQ TO DTE | | φυ.υυ |
| • | | | | | SHADAN CONTROL OF THE | | TOTALQTODIL | 0400,000.00 | A RANGE TALL THE RESIDENCE OF THE PARTY OF T |
| | | GRAND TOTAL | | \$4,800.00 | \$4,800.00 | \$0.00 | \$505,000.00 | \$438,750.00 | \$66,250.00 |
| | Services Rendered - Begi | inr 1-Jan- | 21 | | Thru Jar | nuary 31, 2021 | | <u> </u> | ************************* |
| | | \$438,750.00 | am Expendi | | \$0.00 | Equals (=) | \$438,750.00 | Í | |
| | Cumulative: | Program Expenditures | am Expendi | Matching Ex | | Equals (-) | Total Expenditures | • | |
| | Cumulative. | r rogram Expenditures | | Watering Ex | penditures | | Total Expellultures | | |
| I Hereby Cer | rtify That (a) the services covered | by this request have not been received amount requested herein does not ex | d from the Federal / S | State Government or expe | ended for such services unde | er any other contract agreemen | t or grant; (b) the amount reques | sted will be expended for allowable co | sts / expenditures under the |
| | omas, agreement or grant, (o) and | amount roquosted florein does flot ex | occu inc total lands | obligated by contract, and | (d) the failes are requested | ior only infinediate disburseine | nto. | | |
| I Hereby Cer obligations. | rtify That the goods sold and/or se | ervices rendered have been delivered a | and/or performed in g | ood order within the time | listed above and are in comp | liance with all statutory require | ments and regulations. I certify | that this request does not include any | advances or funds for future |
| | | | | | la | mes Curtis Smith | | | |
| | Signature of Authorized Official | | | Date Signed | | | Prepared By | | |
| | Karl Banks, Presiden | t | | | 60 | 1-214-5966 | | | |
| | Typed Name and Title of | | | | | Preparer's Te | lephone No. | ≃ | |

TOTAL DUE

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:

BILL TO:

Madison County Board of Supervisors

Post Office Box 608 Canton, MS 39046 **INVOICE NUMBER** HOME 1615

Source 1228-M16-SG-280-045

TAX NUMBER 64-0660259

JOB DESCRIPTION Project Administration.]

DATE [1/31/2021]

| DATE | SERVICE DESCRIPTION | Amount | Rate | AMOUNT |
|---------|-------------------------|--------|------|------------|
| | | | | |
| 1/31/21 | HOME Project Monitoring | | | |
| | Bertha Luckett Matlock | 800 | 1.00 | 800.00 |
| | Mary Black | 800 | 1.00 | 800.00 |
| | Mary M. Austin | 800 | 1.00 | 800.00 |
| | Rose Zettera Williams | 800 | 1.00 | 800.00 |
| | | | 1.00 | |
| | Paulette Wales | 800 | 1.00 | 800.00 |
| | Margie Brooks | 800 | 1.00 | 800.00 |
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| | | | | |
| | | | | \$4,800.00 |

MAKE CHECKS PAYABLE TO:

Sunbelt Research and Development Consortium,

Inc.