REQUEST FOR PAYMENT
MISSISSIPPI DEVELOPMENT AUTHORITY
INDUSTRY INCENTIVE FINANCING REVOLVING FUND
(Madison County Board of Supervisors)

IIF-44

$8,367,613,000

REQUISITION NUMBER: 4

TOTAL AMOUNT OF REQUEST: 2,062.00

FINAL REQUEST FOR PAYMENT (check box if true)	☐
AMOUNT OF ANY DEOBLIGATED FUNDS: _____	

Pursuant to the Grant Agreement dated **July 8, 2020** the undersigned **Madison County Board of Supervisors** (Local Government) hereby requests payment by the Mississippi Development Authority ("MDA") for expenses incurred to pay the cost of the Project (as defined in the Grant Agreement) in the amounts listed in the attached **Exhibit "A", which contains a list of the amounts paid or due by the Entity and a description of work performed or products delivered together with the name of the persons of companies performing such work or delivering such service. Copies of any paid invoices for each such person or company are attached hereto as Exhibit "B".**

The Entity does hereby represent pursuant to this Requisition that all amounts set forth in Exhibits "A" and "B" are presently due and no default has occurred pursuant to Section 3 of the Grant Agreement.

The undersigned Authorized Representative of the Entity does hereby certify that he/she has reviewed the attached Exhibit "A" and Exhibit "B" and that each amount shown is presently due; each amount is for a product or service already delivered or performed; all statutory requirements as to each person or company performing such work or delivering such service and the work performed or service delivered by each such person or company have been met; and all work to date by each such person or company has been completed in a satisfactory manner unless noted otherwise. Accordingly, the amount requested is the just amount now due to the Entity.

The undersigned Authorized Representative does hereby certify that:

a. To the best of his/her knowledge, the representations and warranties of the Payee contained in the Grant Agreement are true and correct as of the date of this request for disbursement;

b. The Grant Agreement has been duly authorized, executed and delivered by the Payee and constitutes a legal, valid and binding obligation of the Payee enforceable in accordance with its terms, except as such enforceability may be limited by bankruptcy, reorganization, insolvency, moratorium or other laws affecting creditors' rights generally and except to the extent that the enforceability of the rights set forth herein may be limited by the availability of any particular remedies;

c. The Grant Agreement has not been amended or supplemented or modified since the date of its

execution and remains in full force and effect as of the date of this request for disbursement;

d. The authorization, execution and delivery of the Grant Agreement by the Payee, and compliance by the Payee with the provisions hereof, will not conflict with or constitute a breach or default of the Payee's duties hereunder or under any law, administrative regulation, court decree, resolution, charter, bylaw or other agreement to which the Payee is subject or by which it is bound; and

e. There is no action, suit, proceeding or investigation at law or in equity before or by any court or governmental agency or body pending or, to the best of his knowledge, after reasonable investigation and due inquiry, threatened against the Payee in any way contesting or affecting the validity of the Grant Agreement or contesting the powers of the Payee to enter into or perform its obligations under the Grant Agreement.

DATED: _____

_____
Authorized Representative

ADDRESS OF LOCAL GOVERNMENT: Madison County Board of Supervisors
P.O. Box 608
Canton, MS 39046

NAME AND PHONE NUMBER OF PERSON WHO PREPARED REQUEST: Na'Son S. White
601-855-5580

EXHIBIT A

Provide on a separate piece of paper, identified as Exhibit A, a list of the vendors and/or contractors, and amounts to be reimbursed to the Entity in accordance with the within Request for Payment. Tax Identification number and an executed W-9 Form for the Entity must be submitted to MDA in accordance with the within Request for Payment. The W-9 form may be faxed to MDA at (601) 359-3619, Attention: Sarah Wright. **Please verify that Entity's Grant Number (IIF-44) is reflected on the W-9 form.**

EXHIBIT B

Provide **invoices** to match the Exhibit A list of vendors and/or contractors and **proof of payment** of those invoices in accordance with the within Request for Payment.

Payment will be made to the Entity within fourteen working days of receipt if the Request for Payment is correct and all necessary information is provided.

If you have questions, contact Sarah Wright of the Financial Resources Division of MDA at (601) 359-2058 or by email at swright@mississippi.org.

Madison County Board of Supervisors
P.O. Box 608
Canton, MS 39046

Mr. Sam Scullark
601-859-8919

Exhibit A
Request for Payment
Mississippi Development Authority
Industry Incentive Financing Revolving Fund
Madison County Board of Supervisors

Requisition #: 4

Total Amount of Request: $ 2,062.00

Vendor	Date Paid	Amt Paid to Vendor
Central Pipe Supply, Inc	3/15/2021	$ 2,062.00

Total $ 2,062.00

Exhibit B

CENTRAL PIPE SUPPLY, INC.
PIPE / VALVES / FITTINGS

CENTRAL PIPE SUPPLY - JACKSON
101 WARE ROAD
PEARL, MS 39208
601-939-3322
Fax 601-932-8944

16322

RECEIVED
FEB 11 2021
BY: .....

Invoice

INVOICE DATE	INVOICE NUMBER
02/03/2021	S100243365.003

REMIT TO:
CENTRAL PIPE SUPPLY - JACKSON
PO BOX 6470
PEARL, MS 39288-6470

PAGE NO.
1 of 1

BILL TO:

MADISON CNTY BRD OF SUPERVISORSM
P O BOX 608
CANTON, MS 39046-0608

SHIP TO:

213361

MADISON CNTY BRD OF SUPERVISORS
P O BOX 608
CANTON, MS 39046-0608

CUSTOMER NUMBER	CUSTOMER PO NUMBER	JOB NAME / RELEASE NUMBER	SALESPERSON
13451	210164	-	CAMERON.DILMORE

WRITER	SHIP VIA	TERMS	SHIP DATE	ORDER DATE
CAMERON DILMORE	OT OUR TRUCK	NET 30 DAYS	02/03/2021	01/20/2021

ORDER QTY	SHIP QTY	DESCRIPTION	UNIT PRICE	EXT PRICE
2ea	2ea	S/B SS TAPPING SLEEVE 12" CI X 12" #662-13201200-200 (13.16"-13.56") Pn: 6099	1031.000/ea	2062.00

Signature 2-12-21 Date
Printed Name 8 Years

APPROVED
By timothy.bryan at 3:22 pm, Mar 11, 2021

Invoice is due by 03/05/2021

Past Due Invoices may be subject to 1.50% late charge.

Subtotal	2062.00
S&H Charges	0.00
Tax	0.00
Payments	0.00
Amount Due	2062.00

R

Printed By: LYNPAC on 2/8/2021 2:57:41 PM