

**Mississippi Home Corporation
Recipient's Closeout Checklist**

Recipient: Madison County Board of Supervisors Contract# 1228-M16-SG-280-045

In compliance with the requirements of the MHC Recipient Close-out procedure and the terms and conditions of the contract, the following close-out documents are enclosed: (Check the appropriate boxes concerning each of the closeout documents. Explain fully any items not submitted or any item to be sent separately. Use separate sheet, if necessary.)

Type of Document	Enclosed	Not Applicable	Sending Separately	Unable to Furnish
1. Certification of Completion	X			
2. Funding Sources Summary Report	X			
3. Recipient Performance Certification Report	X			
4. Agreement Relative to Closeout	X			
5. Outstanding Claimant's List		X		
6. Inventory and Program Income		X		
7. Final Request for Cash Consolidated Support Sheet	X			
8. Refund Check		X		
9. Other (Specify)				

Explanation/Comments:

Final Statement of Cost

Program Activity Categories	HOME Funds Only			To Be Completed by Recipient Other Funds Only			All Funds
	HOME Budgeted Funds Only	Actual HOME Expenditures Paid	Remaining HOME Funds	Total Other Funds Budgeted	Actual Total Other Funds Expenditures Paid	Remaining Other Funds	Total Approved Expenditures (HOME Funds + Other Funds)
Administration							
IDIS Activity Number							
Administration			\$ -			\$ -	\$ -
Application Preparation	\$ 5,000.00	\$ 5,000.00	\$ -			\$ -	\$ 5,000.00
Activity Total	\$ 5,000.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -	\$ 5,000.00
Rehabilitation							
IDIS Activity Number							
Home - Homeowner Rehabilitation	\$ 500,000.00	\$ 438,550.00	\$ 61,450.00			\$ -	\$ 438,550.00
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
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			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
Activity Total (Line 21 - 31)	\$ 500,000.00	\$ 438,550.00	\$ 61,450.00	\$ -	\$ -	\$ -	\$ 438,550.00
Select Activity Type							
IDIS Activity Number							
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
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			\$ -			\$ -	\$ -
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			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
			\$ -			\$ -	\$ -
Activity Total (Line 35 - 45)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Activities Grand Totals (Lines 18+32+46)	\$ 505,000.00	\$ 443,550.00	\$ 61,450.00	\$ -	\$ -	\$ -	\$ 443,550.00

Computation of Grant Balance	
Grant Agreement Amount	\$ 505,000.00
Amount for Unsettled Third Party Claims	\$ -
Grant Amount Received	\$ 443,550.00
Grant Amount De-obligated or released	\$ 61,450.00
Amount of Refunds (this amount shall be repaid to the State by check and must include the following)	\$ -
(a) Unexpended Funds Amount	\$ -
(b) Outstanding Claimant's Amount (as applicable)	\$ -
(c) Total Amount Refunded	\$ -

Check # _____

Grant Recipient Funding Sources

Recipient: Madison County Board of Supervisors

Contract #: 1228-M16-SG-280-045

Program : Home Investment Partnerships Program - (HOME) 14.239

Administration

1. HOME Funds				\$ 5,000.00
2. Section 108 Loan Guarantee				_____
3. Other Consolidated Plan Funds	HOME	_____		
	ESG	_____		
	HOPWA	_____	\$	-
4. Appalachian Regional Commission				_____
5. Other Federal Funds				_____
6. State/Locals Funds				_____
7. Private Funds				_____
8. Other				_____

Total \$ 5,000.00

Rehabilitation

1. HOME Funds				\$ 438,550.00
2. Section 108 Loan Guarantee				_____
3. Other Consolidated Plan Funds	HOME	_____		
	ESG	_____		
	HOPWA	_____	\$	-
4. Appalachian Regional Commission				_____
5. Other Federal Funds				_____
6. State/Locals Funds				_____
7. Private Funds				_____
8. Other				_____

Total \$ 438,550.00

Select Activity Type

1. HOME Funds				
2. Section 108 Loan Guarantee				_____
3. Other Consolidated Plan Funds	HOME	_____		
	ESG	_____		
	HOPWA	_____	\$	-
4. Appalachian Regional Commission				_____
5. Other Federal Funds				_____
6. State/Locals Funds				_____
7. Private Funds				_____
8. Other				_____

Total \$ -

Grand Totals by Funding Sources

1. HOME Funds				\$ 443,550.00
2. Section 108 Loan Guarantee				\$ -
3. Other Consolidated Plan Funds	HOME	\$ -		
	ESG	\$ -		
	HOPWA	\$ -	\$	-
4. Appalachian Regional Commission				\$ -
5. Other Federal Funds				\$ -
6. State/Locals Funds				\$ -
7. Private Funds				\$ -
8. Other				\$ -

Grand Total \$ 443,550.00

Agreement Relative to Closeout of HOME Grant Programs

RECIPIENT: Madison County Board of Supervisors **CONTRACT #:** 1228-M16-SG-280-045

This Agreement is between Madison County Board of Supervisors ("Recipient") and the Mississippi Home Corporation. ("Corporation")

Closeouts/Audits

The parties to this Agreement desire to closeout Recipient's HOME Grant contract number 1228-M16-SG-280-045 (the "Grant").

Because of regulatory and legislative changes, it is no longer required for a final audit of an individual grant at closeout. Rather than waiting for Recipient's next periodic audit, the parties desire to closeout the Grant subject to subsequent audit(s).

THEREFORE, in consideration of the mutual promises contained herein, the parties to this Agreement agree as follows:

1. The Corporation waives the requirement in 24 CFR Subsection 570.512 of the submission of any required audits and/or subsequent audit of the Grant prior to closeout.
2. Recipient will submit to the Corporation its required audits or subsequent audit which it shall comply with federal and state requirements and which shall cover all periods in which any grant costs have been incurred.
3. Recipient shall remit to the Corporation the amount of any ineligible costs that are disallowed by any required audits and/or subsequent audit(s) which disallowances are identified by the Federal and/or State Agency(ies).
4. The Agreement contained herein are in addition to any other agreements between the parties relative to the closeout of the grant. Recipient agrees to abide by all governing laws and regulations.

Certificate of Completion

I hereby certify that all activities undertaken by the Recipient with funds provided under the grant agreement, hereof, have, to the best of any knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Recipient for the payment of all unpaid costs and unsettled third-party claims identified, hereof; that the United States of America or the State of Mississippi is under no obligation to make any further payment to the Recipient under the grant agreement, hereof; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

Recipient Performance Certification Report

I hereby certify that all planned and actual beneficiaries, the ethic beneficiaries information, census information and the performance measures are correct as stated on the Recipient Performance Certification Report are to the best of my knowledge, true and correct as of this date.

CERTIFICATE OF RECIPIENT'S COMPLIANCE

Release

Pursuant to the terms of said contract and in consideration of the sum of \$ 61,450.00 (Total Amount Paid & Payable by MHC), upon payment of the said sum does remise, release, and discharge MHC, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except the following:

- a. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows:

NONE

(If none, so state)

Agreement Relative to Closeout of HOME Grant Programs

RECIPIENT: Madison County Board of Supervisors **CONTRACT #:** 1228-M16-SG-280-045

- b. Claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Contractor to third parties arising out of the performance of the said contract, which are not known to the Contractor on the date of execution of this release and of which the Contractor gives notice in writing to the MHC within the period specified in the said contract.
- c. Claims, after closeout, for costs which result from the liability to pay Unemployment Insurance costs under a reimbursement system or to settle Worker's Compensation claims.

Assignment of Refunds, Rebates and Credits

Pursuant to the terms of said contract and in consideration of the reimbursement of costs and payment of fees as provided in the said contract and any assignment thereunder, the Contractor hereby does the following:

- a. Assign, transfer, set over and release to MHC all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising or which may hereafter accrue thereunder.
- b. Agree to take whatever action may be necessary to effect prompt collection of all such refunds, rebates, credits or other amounts (including interest thereon due or which may become due, and to forward promptly to MHC for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the MHC as stated in the said contract and may be applied to reduce any amount otherwise payable to MHC under the terms hereof.
- c. Agree to cooperate fully with MHC as to any claim or suit in connection with such refunds, rebates, credits or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit MHC or the Federal Grant of Agency to represent it at any hearing, trial or other proceeding arising out of such claim or suit.

Inventory Certification (Select One)

- a. The Contractor hereby certifies that all items of materials and equipment purchased, furnished, or transferred for or to said Contractor were done so in accordance with the terms and conditions of said
NA
- b. The Contractor hereby certifies that no equipment was furnished or acquired under the terms and
NA conditions of said contract

General Statement of Compliance

I certify that all the Federal, State and Local requirements of the said contract have been complied with.

Outstanding Claimants List

I hereby certify that the information as stated in the Outstanding Claimants List page is to the best of my knowledge, true and correct.

Inventory and Program Income

I hereby certify that the information as stated in the Inventory and Program Income page is to the best of my knowledge, true and correct.

Final Request for Cash Consolidated Support Sheet

I hereby certify that the information as stated on the enclosed in the Final Request for Cash Consolidated Support Sheet is to the best of my knowledge, true and correct.

This Agreement is executed by the Parties on the date indicated by their respective signatures.

IN WITNESS THEREOF, THIS Agreement and Certification of Contract Compliance has been executed
this day of _____ April 5, 2021 .

Agreement Relative to Closeout of HOME Grant Programs

RECIPIENT: Madison County Board of Supervisors **CONTRACT #:** 1228-M16-SG-280-045

Madison County Board of Supervisors

WITNESSED BY:

BY SIGNATORY OFFICIAL

1. _____

Karl Banks, President

2. _____

TITLE

DATE

**MISSISSIPPI HOME CORPORATION
FEDERAL PROGRAMS**

BY SIGNATORY OFFICIAL

TITLE

DATE

**Mississippi Home Corporation
Community Services Division
Outstanding Claimant's List**

Recipient: Madison County E Contract Number: 1228-M16-SG-280-045

Claimant's Name, Address, S.S.# (Where Applicable)	Check #	Amount	Date	Pay Period Hours and Rate	Other Contact Name and Address
1 NA					
2					
3					
4					
5					
		\$0.00			

Inventory and Program Income

Real Estate: List the property which has been purchased with HOME funds and considered to be surplus property, the type of property, (i.e., lots, land, buildings), price paid for each property, the proposed use of the property, and the date the property is expected to be used.

Number or amount	Type of property	Purchase price	Proposed use of property	Date to be used
1 NA				
2				
3				

Equipment: List the equipment which has been purchased with HOME funds (i.e., fire truck, bulldozer, file cabinet, calculator, etc.), the price paid for each piece of equipment, and the use of the equipment.

Number or amount	Type of property	Purchase price	Use of Equipment
1 NA			
2			
3			

Program Income: List the amount of program income which has been collected to date, the type of activity generating program income (i.e., public facility, economic development, housing, etc.), the estimated amount of additional program income payments expected, and the proposed use of the program income.

Amount collected to date	Activity	Additional Payment	Proposed use of program income
NA			

