

**RESOLUTION OF MADISON COUNTY REQUESTING THE DEPARTMENT OF FINANCE AND ADMINISTRATION TO ADOPT A RESOLUTION TO DECLARE THE NECESSITY FOR ISSUANCE OF STATE GENERAL OBLIGATION BONDS**

**WHEREAS, Madison County** has undertaken a project as defined in **Section 64 of Senate Bill 2971, 2021 Regular Legislative Session**, to assist the Board of Supervisors of Madison County, Mississippi, in paying costs associated with making improvements to Bozeman Road, beginning at its intersection with Mississippi Highway 463 and proceeding north (hereinafter "the Project"), with an anticipated completion date of August 2024; and

**WHEREAS**, during the 2021 Regular Legislative Session, Senate Bill 2971 was approved by the Governor; and

**WHEREAS, Section 64 of Senate Bill 2971, 2021 Regular Legislative Session**, authorizes the issuance of State General Obligation Bonds, in an amount not to exceed **\$5,000,000.00** to provide funding to assist the **Board of Supervisors of Madison County** with the Project; and

**WHEREAS, Madison County** has now determined that there is a necessity to request that these bonds be issued and the proceeds thereof disbursed to **Madison County**.

**NOW, THEREFORE, BE IT RESOLVED BY MADISON COUNTY** that, pursuant **Section 64 of Senate Bill 2971, 2021 Regular Legislative Session**, the Department of Finance and Administration will adopt a resolution to be presented to the State Bond Commission declaring the necessity for the issuance of **\$5,000,000** in General Obligation Bonds to assist the **Board of Supervisors of Madison County** with the Project for the purpose as stated in paragraph one; and

**BE IT FURTHER RESOLVED** that the **Board President and/or Comptroller of Madison County** is hereby authorized to represent **Madison County** in all dealings with the Department of Finance and Administration and/or the State Bond Commission and to assist in the issuance of said bonds in any manner that is required.

**SO RESOLVED** this the \_\_\_\_\_ of \_\_\_\_\_, 2021.

**Madison County Board of Supervisors**

By: \_\_\_\_\_  
Karl Banks, Board President

ATTEST:

\_\_\_\_\_  
Name, Title



## MADISON COUNTY BOARD OF SUPERVISORS

125 West North Street • Post Office Box 608  
Canton, Mississippi 39046  
601-855-5500 • Facsimile 601-855-5759  
[www.madison-co.com](http://www.madison-co.com)

July 20, 2021

Gilda Reyes, Director  
Bond Advisory Division  
MS Department of Finance and Administration  
Post Office Box 267  
Jackson, Mississippi 39205-0267

Re: Declaration of necessity to issue bonds

Dear Mrs. Reyes:

**Section 64 of Senate Bill 2971, 2021 Regular Legislative Session**, (hereinafter "the Project"), authorizes the issuance of **\$5,000,000** in State General Obligation Bonds to provide funds to assist **Madison County** in paying the costs associated with the Project.

By this letter, we are declaring the necessity for the issuance of said bonds, and thus, request that you include the **\$5,000,000** in the Resolution of the Department of Finance and Administration ("DFA") for the bond sale. Additionally, enclosed is a resolution adopted by **Madison County** and a completed W-9 Form.

We understand that once the bonds are issued and the proceeds are available, we will execute a Funding Grant Agreement ("FGA") between us and the DFA detailing the specific requirements for expenditure as authorized by the legislation, in addition to submitting a letter requesting the transfer of proceeds, both of which documents will be provided to us by the DFA.

Should you need additional information, please contact Na'Son White at 601-855-5580 or via email at [nason.white@madison-co.com](mailto:nason.white@madison-co.com).

Sincerely,

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Karl Banks, Board President

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1 Name** (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Madison County Board of Supervisors**

**2 Business name/disregarded entity name**, if different from above

**3 Check appropriate box for federal tax classification of the person whose name is entered on line 1.** Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

**4 Exemptions** (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 3

Exemption from FATCA reporting code (if any) C

*(Applies to accounts maintained outside the U.S.)*

**5 Address** (number, street, and apt. or suite no.) See instructions.  
**PO Box 608**

**6 City, state, and ZIP code**  
**Canton, MS 39046**

**7 List account number(s) here** (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Social security number**

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OR

**Employer identification number**

6	4	-	6	0	0	0	6	5	8
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**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**    Signature of U.S. person ▶ *Justin Vance*    Date ▶ 5/29/2020

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



**STATE OF MISSISSIPPI**  
GOVERNOR TATE REEVES

**DEPARTMENT OF FINANCE AND ADMINISTRATION**  
LIZ WELCH  
EXECUTIVE DIRECTOR

**Please provide the following information as listed below and return this form, along with the requested information, to the Bond Advisory Division of the Department of Finance and Administration via email to [BondAdvisory@dfa.ms.gov](mailto:BondAdvisory@dfa.ms.gov) no later than July 26, 2021**

**Contact Information:**

Legal Name of Organization: Madison County Board of Supervisors

DBA Name of Organization (if applicable): \_\_\_\_\_

Form of Organization (ex. 501(c)(3), governmental, etc.): Governmental

Governing Authority (ex. board of supervisors): Board of Supervisors

**Primary Contact:**

Name: Shelton Vance

Job Title: County Administrator

Mailing Address: P O Box 608  
Canton, MS 39046

Phone Number: 601-859-5502

Email: shelton.vance@madison-co.com

**Secondary Contact:**

Name: Na'Son S. White

Job Title: Comptroller

Mailing Address: P O Box 608  
Canton, MS 39046

Phone Number: 601-855-5580

Email: nason.white@madison-co.com

**Project Information:**

Location of Project (i.e. Address and/or parcel #):  
Bozeman Road, Madison, MS

Legal Owner of Property: Madison County Board of Supervisors

Start Date of Project (actual or projected): 07/17/2017

Completion Date of Project (actual or projected): 08/31/2024

Estimated Useful Life of Completed Asset: 20 years

**Project Information (Continued):**

**Project Description: (Attach additional pages if necessary.)**

This project widens Bozeman Road from Highway 463 to Reunion Parkway to a four-lane boulevard. The intersection of Bozeman Road and Gluckstadt Road will also be improved. A multi-use path will be constructed from Highway 463 to Gluckstadt Road.

**Private Activity Use Test:**

Is the project being funded by State bond proceeds going to be used for public use?  Yes  No

Will any of the State bond proceeds be used for any private business use?  Yes  No

Will the payment of the principal of, or the interest on the State bond proceeds either directly or indirectly:

(A) be secured by an interest in:

(i) the property used or to be used for a private business use?  Yes  No

(ii) payments in respect of such property?  Yes  No

--OR--

(B) be derived from payments in respect of property, or borrowed money, used or to be used for a private business use?  Yes  No

Will the State bond proceeds be used (directly or indirectly) to make or finance loans to persons other than governmental units?  Yes  No

**NOTE:** For the purposes of this form, and the section titled "Private Activity Use Test", all terms will be construed to have the same meaning as defined in 26 U.S. Code § 141, et. seq. (Subpart A - Private Activity Bonds).



**Project Information (Continued)**

**Expense Reimbursement and Recurring Expenses:**

Will any project expenses be incurred prior to the receipt of these State bond proceeds?

Yes  No

If yes, will the State bond proceeds be used to pay for project expenses that were incurred prior to the receipt of the State bond proceeds?  Yes  No

If yes, have you previously obtained a Declaration of Intent to Issue the Bonds from the State Bond Commission?  Yes  No

If yes, provide the date of such Declaration of Intent \_\_\_\_\_.

Will any of the State bond proceeds be used to pay recurring operational expenses (ex. salaries)?  Yes  No

**NOTE: The information requested above is basic project information that will be compiled for further review by the State of Mississippi's Bond Commission members and their respective staffs. Commission members may request additional information at any time throughout the pre-issuance and post-issuance process. When such information is requested, your organization will be expected to provide the information in a manner that is timely and satisfactory to the Commission.**

**The submission of this project information should not be construed as approval of the State bond funds. The State Bond Commission must approve all funding before State bonds will become available. It is strongly advised that no reliance should be made on the receipt of State bonds until the Bond Commission has approved the bond funding during a public meeting.**

(Remainder of page left blank intentionally.)

**Under penalty of perjury, I, the undersigned authority, swear and affirm that the above information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

**Karl Banks**

\_\_\_\_\_  
Printed Name

**Madison County BoS President**

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of Mississippi

County of: \_\_\_\_\_

Notary Public \_\_\_\_\_

SEAL

My Commission Expires: \_\_\_\_\_





**MISSISSIPPI DEPARTMENT OF FINANCE AND  
ADMINISTRATION**

DATE: 07/14/2021



PROJECT NAME: Bozeman Road

MAILING ADDRESS: Madison County Board of Supervisors

P O Box 608 Canton, MS  
39046

**CONTACT UPDATE LIST**

**PROVIDE 3 FORMS OF CONTACT INCLUDING: EMAIL ADDRESS AND PHONE NUMBER  
FOR EACH PERSON**

**(BE SURE TO UPDATE THIS FORM EACH TIME YOU HAVE CHANGES IN PERSONNEL)**

Name	Phone Number	Email Address
Shelton Vance	(601) 855-5502	shelton.vance@madison-co.com
Na'Son S. White	(601) 855-5580	nason.white@madison-co.com
Tim Bryan	(601) 790-2525	tim.bryan@madison-co.com

\_\_\_\_\_  
AUTHORIZED PERSONNEL SIGNATURE

DFA USE ONLY  
COMPLIANCE OFFICER  
INITIAL: \_\_\_\_\_