



Recipient Profile	Expenditure Summary	Revenue Replacement	Certification
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MAINTAINANCE UPDATE: Please excuse any temporarily missing or incorrect information on this screen while we make scheduled updates for 8/13/2021

Interim Report



Step 1

Verify Recipient Profile



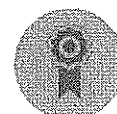
Step 2

Complete Expenditure Summary



Step 3

Complete Revenue Replacement



Step 4

Complete Certification

Recipient Profile

Instructions

Please verify that you are an authorized user of the prime recipient and confirm the accuracy of your organization's program profile.

Recipient Information	
Recipient DUNS	884388737
Recipient DUNS (+4)	<input type="text"/>
Recipient TIN	646000658
Recipient Legal Entity Name	
Recipient Type	
FAIN	
CFDA No./Assistance Listing	

Account Users	
Account Administrator	Na'Son White
Account Administrator Title	Comptroller
Account Administrator Email Address	nason.white@madison-co.com (mailto:nason.white@madison-co.com)
Account Administrator Phone	(601) 855-5580 (tel: 601) 855-5580)
Point of Contact for Reporting	Na'Son White

Recipient Address 1	146 West Center Street
Recipient Address 2	
Recipient Address 3	
Recipient City	Canton
Recipient State/Territory	MS
Recipient Zip5	39046
Recipient Zip+4	
Recipient Reporting Tier	

Point of Contact for Reporting Title	Comptroller
Point of Contact for Reporting Email Address	nason.white@madison-co.com (mailto:nason.white@madison-co.com)
Point of Contact for Reporting Phone	(601) 855-5580 (tel: (601) 855-5580)
Authorized Representative for Reporting	Shelton Vance
Authorized Representative for Reporting Title	County Administrator
Authorized Representative for Reporting Email Address	shelton.vance@madison-co.com (mailto:shelton.vance@madison-co.com)
Authorized Representative for Reporting Phone	(601) 855-5502 (tel: (601) 855-5502)

Please report discrepancies (if any) on the above information

Show Point of Contact List

Save

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- Recipient Profile
- Expenditure Summary**
- Revenue Replacement
- Certification

Interim Report



Step 1

Verify Recipient Profile



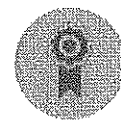
Step 2

Complete Expenditure Summary



Step 3

Complete Revenue Replacement



Step 4

Complete Certification

EXPENDITURE SUMMARY LEVEL INFORMATION

Instructions

States, U.S. Territories, Metropolitan cities, Counties, and Tribes are required to submit a one-time interim report with expenditures by category at the summary level from the date of award to July 31, 2021. The recipient will be required to enter obligations and expenditures for each expenditure category.

Category Funding Information

1. Expenditure Category: Public Health

Category	Cumulative Obligations to date	Cumulative Expenditures to date
1.1 COVID-19 Vaccination	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
1.2 COVID-19 Testing	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
1.3 COVID-19 Contact Tracing	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
1.4 Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

1.5 Personal Protective Equipment <small>Your changes have been saved.</small>	\$0.00 <input checked="" type="checkbox"/>	\$0.00
1.6 Medical Expenses (including Alternative Care Facilities)	\$0.00	\$0.00
1.7 Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency	\$0.00	\$0.00
1.8 Other COVID-19 Public Health Expenses (including Communications, Enforcement, Isolation/Quarantine)	\$0.00	\$0.00
1.9 Payroll Costs for Public Health, Safety, and Other Public Sector Staff Responding to COVID-19	\$0.00	\$0.00
1.10 Mental Health Services	\$0.00	\$0.00
1.11 Substance Use Services	\$0.00	\$0.00
1.12 Other Public Health Services	\$0.00	\$0.00

2. Expenditure Category: Negative Economic Impacts

Category	Cumulative Obligations to date	Cumulative Expenditures to date
2.1 Household Assistance: Food Programs	\$0.00	\$0.00
2.2 Household Assistance: Rent, Mortgage, and Utility Aid	\$0.00	\$0.00
2.3 Household Assistance: Cash Transfers	\$0.00	\$0.00
2.4 Household Assistance: Internet Access Programs	\$0.00	\$0.00
2.5 Household Assistance: Eviction Prevention	\$0.00	\$0.00
2.6 Unemployment Benefits or Cash Assistance to Unemployed Workers	\$0.00	\$0.00
2.7 Job Training Assistance (e.g., Sectoral job-training, Subsidized Employment, Employment Supports or Incentives)	\$0.00	\$0.00

2.8 Contributions to UI Trust Funds <small>Your changes have been saved.</small>	\$0.00	\$0.00
2.9 Small Business Economic Assistance (General)	\$0.00	\$0.00
2.10 Aid to nonprofit organizations	\$0.00	\$0.00
2.11 Aid to Tourism, Travel, or Hospitality	\$0.00	\$0.00
2.12 Aid to Other Impacted Industries	\$0.00	\$0.00
2.13 Other Economic Support	\$0.00	\$0.00
2.14 Rehiring Public Sector Staff	\$0.00	\$0.00

3. Expenditure Category: Services to Disproportionately Impacted Communities

Category	Cumulative Obligations to date	Cumulative Expenditures to date
3.1 Education Assistance: Early Learning	\$0.00	\$0.00
3.2 Education Assistance: Aid to High-Poverty Districts	\$0.00	\$0.00
3.3 Education Assistance: Academic Services	\$0.00	\$0.00
3.4 Education Assistance: Social, Emotional, and Mental Health Services	\$0.00	\$0.00
3.5 Education Assistance: Other	\$0.00	\$0.00
3.6 Healthy Childhood Environments: Child Care	\$0.00	\$0.00
3.7 Healthy Childhood Environments: Home Visiting	\$0.00	\$0.00
3.8 Healthy Childhood Environments: Services to Foster Youth or Families Involved in Child Welfare System	\$0.00	\$0.00
3.9 Healthy Childhood Environments: Other	\$0.00	\$0.00
3.10 Housing Support: Affordable Housing	\$0.00	\$0.00
3.11 Housing Support: Services for Unhoused persons	\$0.00	\$0.00

3.12 Housing Support: Other Housing Assistance <small>Your changes have been saved.</small>	\$0.00	\$0.00
3.13 Social Determinants of Health: Other	\$0.00	\$0.00
3.14 Social Determinants of Health: Community Health Workers or Benefits Navigators	\$0.00	\$0.00
3.15 Social Determinants of Health: Lead Remediation	\$0.00	\$0.00
3.16 Social Determinants of Health: Community Violence Interventions	\$0.00	\$0.00

4. Expenditure Category: Premium Pay

Category	Cumulative Obligations to date	Cumulative Expenditures to date
4.1 Public Sector Employees	\$0.00	\$0.00
4.2 Private Sector: Grants to other employers	\$0.00	\$0.00

5. Expenditure Category: Infrastructure

Category	Cumulative Obligations to date	Cumulative Expenditures to date
5.1 Clean Water: Centralized wastewater treatment	\$0.00	\$0.00
5.2 Clean Water: Centralized wastewater collection and conveyance	\$0.00	\$0.00
5.3 Clean Water: Decentralized wastewater	\$0.00	\$0.00
5.4 Clean Water: Combined sewer overflows	\$0.00	\$0.00
5.5 Clean Water: Other sewer infrastructure	\$0.00	\$0.00
5.6 Clean Water: Stormwater	\$0.00	\$0.00
5.7 Clean Water: Energy conservation	\$0.00	\$0.00
5.8 Clean Water: Water conservation	\$0.00	\$0.00

5.9 Clean Water: Nonpoint source <small>Your changes have been saved.</small>	\$0.00	\$0.00
5.10 Drinking water: Treatment	\$0.00	\$0.00
5.11 Drinking water: Transmission & distribution	\$0.00	\$0.00
5.12 Drinking water: Transmission & distribution: lead remediation	\$0.00	\$0.00
5.13 Drinking water: Source	\$0.00	\$0.00
5.14 Drinking water: Storage	\$0.00	\$0.00
5.15 Drinking water: Other water infrastructure	\$0.00	\$0.00
5.16 Broadband: "Last Mile" projects	\$0.00	\$0.00
5.17 Broadband: Other projects	\$0.00	\$0.00

6. Expenditure Category: Revenue Replacement

Category	Cumulative Obligations to date	Cumulative Expenditures to date
6.1 Provision of Government Services	\$0.00	\$0.00

7. Expenditure Category: Administrative and Other

Category	Cumulative Obligations to date	Cumulative Expenditures to date
7.1 Administrative Expenses	\$0.00	\$0.00
7.2 Evaluation and data analysis	\$0.00	\$0.00
7.3 Transfers to Other Units of Government	\$0.00	\$0.00

Clear Form

Cumulative Amounts to Date, excluding NEU and Non-UGLG transfers.

Saving...
Your changes have been saved.

Total Cumulative Obligations to Date	Total Cumulative Expenditures to Date
\$0.00	\$0.00

7. Expenditure Category: Recipient Allocation

Category	Cumulative Obligations to date	Cumulative Expenditures to date
7.5 Transfers to Non-UGLGs	\$0.00	\$0.00

Cumulative Amounts to Date, for NEU and Non-UGLG transfers only.

Total Cumulative Obligations to Date	Total Cumulative Expenditures to Date
\$0.00	\$0.00

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Interim Report



Step 1

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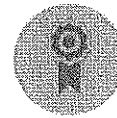
Step 2

Complete Expenditure Summary



Step 3

Complete Revenue Replacement



Step 4

Complete Certification

REVENUE REPLACEMENT

Instructions

Please provide identifying information for revenue replacement funding. Recipients must calculate the reduction in their general revenue using information as-of December 31, 2020 for loss due to the Covid-19 public health emergency. The formula for calculation is found in the Interim Final Rule as of May 17, 2021.

Revenue Replacement Key Inputs

* (required) Base Year Revenue

\$81,459,558.00

* (required) Fiscal Year End Date

Sep 30, 2020

* (required) Growth Adjustment Used

9.00%

* (required) Actual General Revenue as of 12 months ended December 31, 2020

\$76,028,968.00

* (required) Estimated Revenue Loss Due to Covid-19 Public Health Emergency as of December 31, 2020

\$10,321,045.00

* (required) Were Fiscal Recovery Funds used to make a deposit into a pension fund?

No

* (required) Please provide an explanation of how revenue replacement funds were allocated to government services

Explanation

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The Madison County Board of Supervisors of Mississippi has not yet allocated revenue replacement funds to government services

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Official Certification

I certify that the information provided is accurate and complete after reasonable inquiry of people, systems, and other information available to the SLFRF recipient. The undersigned acknowledges that any materially false, fictitious, fraudulent statement, or representation (or concealment or omission of a material fact) in this submission may be the subject of criminal prosecution under the False Statements Accountability Act of 1996, as amended, 18 USC 1001, and also may subject me and the SLFRF Recipient to civil penalties, damages, and administrative remedies for false claims or otherwise (including under 31 USC 3729 et seq.) The undersigned is an authorized representative of the SLFRF Recipient with authority to make the above certifications and representations on behalf of the SLFRF Recipient.

By signing this report, the Authorized Representative for Reporting acknowledges in accordance with 31 CFR 35.4(c) that recipients shall provide to the Secretary periodic reports providing detailed accounting of the uses of funds, as applicable, all modifications to a State's or Territory's tax revenue sources, and such other information as the Secretary may require for the administration of this program. In addition to regular reporting requirements, the Secretary may request other additional information as may be necessary or appropriate, including as may be necessary to prevent evasions of the requirements of this program. False statements or claims made to the Secretary may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participating in Federal awards or contracts, and/or any other remedy available by law.

Name and Title of Certifying Official

Name:
NASON WHITE

Telephone:

Title:

Email:

[✉ cherryscheppel@gmail.com](mailto:cherryscheppel@gmail.com)
(mailto:cherryscheppel@gmail.com)

Cumulative Amounts (Category Funding)

Total Cumulative Obligations to Date:
\$0.00

Total Cumulative Expenditures to Date:
\$0.00

Cumulative Amounts (Recipient Allocation)

Total Cumulative Obligations to Date:
\$0.00

Total Cumulative Expenditures to Date:
\$0.00

Total Amount of NEU Distributions (Bulk Upload)

Total NEU Eligible Recipients to Date:
0

Total NEU Ineligible Recipients to Date:
0

Total NEU Transactions to Date:
0

Total Amount of Non-UGLG Distributions (Bulk Upload)

Total Non-UGLG Recipients to Date:
0

Total Non-UGLG Transactions to Date:
0

Total Amount of NEU/Non-UGLG Distributions (Bulk Upload):

0

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[Certify and Submit](#)