

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

IIF-44

\$8,567,613,000

REQUISITION NUMBER: 19

TOTAL AMOUNT OF REQUEST: 5,225.00

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: _____

Nai San 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.

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

Requisition #: 19

Total Amount of Request: \$ 5,225.00

<u>Vendor</u>	<u>Date Paid</u>	<u>Amt Paid to Vendor</u>
Canton Municipal Utilities	5/16/2022	\$ 5,225.00

Total \$ 5,225.00

Exhibit B

Canton Municipal Utilities

P O Box 114
 Canton, MS 39046
 Phone 601-859-2921



INVOICE	INV2108
Type	
Date	4/29/2022
Page	1

223596

Bill to: 16371

Account # 327-676-953
 Amazon

Madison County Board of Supervisors
 P.O. Box 608
 Canton MS 39046-0608

APPROVED
 By Marta McKnight at 10:10 am, May 04, 2022

Purchase Order ID		Customer ID	Salesperson ID	Shipping Method		Payment Terms ID	
MCBOS-MEGA		MCBOS-MEGA				NET30	
Quantity	Item Number	Description	U Of M	Discount	Unit Price	Ext. Price	
1.00	ENGINEERING FEES-SOFT CO	Waggoner Invoice #39100	Each	\$0.00	\$2,420.00	\$2,420.00	
1.00	ENGINEERING FEES-SOFT CO	Waggoner Invoice #39253	Each	\$0.00	\$2,805.00	\$2,805.00	

APPROVED
 By timothy.bryan at 9:59 am, May 09, 2022

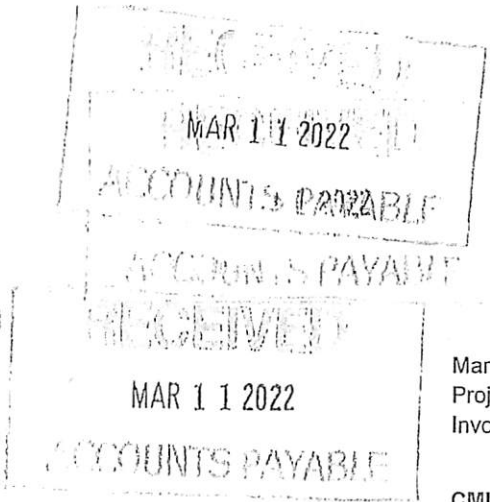
Subtotal	\$5,225.00
Misc	\$0.00
Tax	\$0.00
Freight	\$0.00
Trade Discount	\$0.00
Total	\$5,225.00

Make all checks payable to **Canton Municipal Utilities**.
 If you have any questions concerning this invoice, contact
 Marty Hopkins @ 601.855.5479, m.hopkins@cmu.com

Exhibit B



Canton Municipal Utilities
Accounts Payable
P. O. Box 114
Canton, MS 39046



P.O. Box 12227
Jackson, MS 39236-2227

601-355-9526 Voice
601-352-3945 Fax

March 10, 2022
Project No: 0020241.000
Invoice No: 39100

CMU WO No: 20-00072

MEGA SITE WATER SUPPLY WELL

Professional Services from February 1, 2022 to February 28, 2022

Phase	000003	Bidding, Contracting & Construction Phas	
Fee			
Total Fee		55,000.00	
Percent Complete		50.00	Total Earned 27,500.00
			Previous Fee Billing 25,080.00
			Current Fee Billing 2,420.00
			Total Fee 2,420.00
			Total this Phase \$2,420.00
			Total this Invoice \$2,420.00

Billings to Date

	Current	Prior	Total
Fee	2,420.00	107,080.00	109,500.00
Labor	0.00	9,947.92	9,947.92
Expense	0.00	52.08	52.08
Totals	2,420.00	117,080.00	119,500.00

Outstanding Invoices

Number	Date	Balance
39115	2/14/2022	2,475.00
Total		2,475.00

Canton Municipal Utilities
Sign and Return to Accounts Payable by 3/15/22
Indicate Cost Center 20-00072

MSR
3/14/22

Exhibit B

#216



RECEIVED
APR 19 2022
ACCOUNTS PAYABLE

P.O. Box 12227
Jackson, MS 39236-2227

601-355-9526 Voice
601-352-3945 Fax

Canton Municipal Utilities
Accounts Payable
P. O. Box 114
Canton, MS 39046

April 14, 2022
Project No: 0020241.000
Invoice No: 39253

CMU WO No: 20-00072

MEGA SITE WATER SUPPLY WELL

Professional Services from March 1, 2022 to March 31, 2022

40,991.0700

Phase 000003 Bidding, Contracting & Construction Phas
Fee

Total Fee	55,000.00		
Percent Complete	55.10	Total Earned	30,305.00
		Previous Fee Billing	27,500.00
		Current Fee Billing	2,805.00
		Total Fee	2,805.00
		Total this Phase	\$2,805.00
		Total this Invoice	\$2,805.00

Billings to Date

	Current	Prior	Total
Fee	2,805.00	109,500.00	112,305.00
Labor	0.00	9,947.92	9,947.92
Expense	0.00	52.08	52.08
Totals	2,805.00	119,500.00	122,305.00

Outstanding Invoices

Number	Date	Balance
39115	2/14/2022	2,475.00
Total		2,475.00

Canton Municipal Utilities

Sign and Return to Accounts Payable by 4/21/22

Indicate Cost Center _____

[Signature]

WS 4/21/22