



## 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)

May 16, 2022

Mrs. Gilda Reyes, Bond Advisory Director  
Department of Finance and Administration  
501 North State Street, Suite 1301  
Jackson, Mississippi 39201

RE: Request for Project Funding for Madison County Board of Supervisors

Dear Mrs. Reyes:

We are requesting that you transfer to Madison County Board of Supervisors, \$750,000 of State Funds authorized by Section 29(III), Senate Bill 2948, 2021 Regular Legislative Session, and as amended by Section 1(III), Senate Bill 2781, 2022 Regular Legislative Session, for Madison County, Mississippi.

Our electronic payment information is as follows:

Bank Name: **Trustmark National Bank**  
Account#: **4700025171**

Routing #: **065300279**

MAGIC Vendor#: **3100023040**

We appreciate your assistance.

Paul Griffin, Board President

## MEMORANDUM OF UNDERSTANDING

This Memorandum of Understanding (hereinafter the "MOU") is entered into between the Department of Finance and Administration (hereinafter the "DFA") and Madison County Board of Supervisors for the purpose of establishing the agreed upon conditions under which the DFA may disburse funds to assist Madison County Board of Supervisors in paying costs associated with the local project (hereinafter the "Project") specified in Section 29(III) of Senate Bill 2948, 2021 Regular Legislative Session, Laws of 2021, as amended in Section 1(III) of Senate Bill 2781, 2022 Regular Legislative Session, Laws of 2022 (hereinafter the "Act"). This MOU is entered into pursuant to, and subject to the terms of the Act, which authorizes an amount not to exceed \$750,000.00 (hereinafter the "Project Funds"), for the Project. **(PLEASE NOTE THAT IT YOUR RESPONSIBILITY TO SPEND THE FUNDS RECEIVED FROM THE STATE IN ACCORDANCE WITH THE ACT.)**

### RECITALS

**WHEREAS**, Section 29 of Senate Bill 2948, 2021 Regular Legislative Session authorized expenditures from the Capital Expense Fund, as created in Section 27-103-303, Mississippi Code of 1972, and amended in Section 1 of Senate Bill 2781, 2022 Regular Legislative Session, as amended, for certain projects; and

**WHEREAS**, pursuant to Section 29(III) of the Senate Bill 2948, 2021 Regular Legislative Session, Laws of 2021, and amended in Section 1(III) of the Senate Bill 2781, 2022 Legislative Session, the Legislature has appropriated funds to Madison County Board of Supervisors to pay the costs of the Project; and

**WHEREAS**, Madison County Board of Supervisors shall maintain the Project Funds in a separate bank account; and

**WHEREAS**, the Act authorizes the DFA, within its discretion, to disburse monies in the Capital Expense Fund to pay the costs of the Project; and

**WHEREAS**, the DFA has requested Madison County Board of Supervisors to maintain on file the documentation listed in "Exhibit A" attached hereto and incorporated herein by reference, to the extent required by the State's bidding laws; and

**WHEREAS**, Madison County Board of Supervisors agrees to make every effort to expend the funds within thirty-six (36) months from the date of receipt from the State; and

**WHEREAS, Madison County Board of Supervisors** agrees that if any proceeds from the Project Funds are remaining at the completion of the Project, said funds shall be returned to the DFA to be returned to the Capital Expense Fund; and

**WHEREAS, Madison County Board of Supervisors** agrees to provide quarterly notarized reports to the DFA that summarized the expenditure of the Project Funds and also provides an update on the status of the Project. The quarterly reports must be provided on a form prescribed by the DFA and must include all invoices and bank statements associated with the reported expenditures. The quarterly reports shall be provided within thirty (30) days of each calendar quarter end. Madison County Board of Supervisors shall also provide to the DFA a final report no more than thirty (30) days after final expenditure of funds, summarizing the expenditures and use of the Project Funds upon completion of the Project. All invoices that have not previously been submitted, shall be submitted upon completion of the Project; and

**WHEREAS,** the DFA finds, consistent with the Act, that it is in the best interest of the DFA and Madison County Board of Supervisors that the funds on deposit in the Capital Expense Fund for Madison County Board of Supervisors should be disbursed to Madison County Board of Supervisors and that Madison County Board of Supervisors shall directly administer the expenditure of such funds for the Project.

**NOW THEREFORE, IT IS MUTALLY AGREED BY THE DEPARTMENT OF FINANCE AND ADMINISTRATION AND MADISON COUNTY BOARD OF SUPERVISORS AS FOLLOWS:**

**Section 1.** Each and all of the facts and finding set forth in the preamble clauses of this Memorandum are hereby found and determined to be true and accurate and are incorporated herein by this reference thereto as though set forth again in words and figures.

**Section 2.** The DFA, pursuant to the Act, shall disburse the Project Funds from the Capital Expense Fund upon written request of Madison County Board of Supervisors to pay the costs associated with the Project.

**Section 3.** Madison County Board of Supervisors certifies and agrees to make every effort to use all funds received from the Capital Expense Fund within the recommended thirty-six (36) month time period from the date of receipt and **solely** for the costs of the Project as set forth in the Act and upon the terms and provisions of this MOU. Failure of Madison County Board of Supervisors to adhere to any provision within this MOU may result in immediate action by the State to recover any unexpended funds.

**Section 4.** Madison County Board of Supervisors agrees to properly and competitively execute such procurements in accordance with State law. Failure to adhere may cause the DFA to withhold all sums for the Project and seek recovery of the same. Further, Madison County Board of Supervisors agrees to maintain on file the

documentation listed in "Exhibit A" attached hereto and incorporated herein, in accordance with the law and the recitals of this MOU.

**Section 5.** Madison County Board of Supervisors agrees to provide the DFA quarterly notarized reports as set forth hereinabove, in a format prescribed by the DFA. The quarterly reports shall be provided within thirty (30) days of each calendar quarter end. Madison County Board of Supervisors shall also provide the DFA with a final report summarizing the expenditures and use of the State Fund proceeds no more than thirty (30) days after final expenditure of the Project Funds.

**Section 6.** Madison County Board of Supervisors agrees to maintain copies of all invoices, bank statements, and similar documentation for each expenditure of all funds received from the Capital Expense Fund sufficient to satisfy and confirm, to DFA's satisfaction, that such funds have been expended **solely** for the costs of the project as authorized and provided by the Act.

**Section 7.** Madison County Board of Supervisors agrees to administer the Project with respect to construction to be completed in accordance with the State procurement laws.

**Section 8.** Madison County Board of Supervisors agrees that if any proceeds from the Project Fund are remaining at the completion of the Project, said funds shall be returned to the DFA to be returned to the Capital Expense Fund.

**Section 9.** All notices or information pursuant to this MOU shall be provided as follows:

Paul Griffin, Board President  
Post Office Box 608  
Canton, Mississippi 39046  
Telephone: 601-855-5580  
Email: [nason.white@madison-co.com](mailto:nason.white@madison-co.com)

Department of Finance and Administration  
Attention: Gilda Reyes, Bond Advisory Director  
(For submission of reports and questions regarding funding)  
501 North West Street, Suite 1301  
Jackson, Mississippi 39201  
Telephone: 601-359-5516  
Facsimile: 601-359-3402  
Email: [Gilda.Reyes@dfa.ms.gov](mailto:Gilda.Reyes@dfa.ms.gov)

**Section 10.** This MOU shall be effective from and after the final signature date.

**IN WITNESS WHEREOF**, the parties have affixed their signatures on the dates indicated below.

**MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Liz Welch, Executive Director

**MADISON COUNTY BOARD OF SUPERVISORS**

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Paul Griffin, Board President

## **EXHIBIT A**

Madison County Board of Supervisors shall maintain on file, the following items in relation to the Project:

1. Proof of Advertisement (i.e. copy of the advertisement, MPTAP and/or procurement portal posting, etc.) for any Request for Qualification (RFQ), Request for Proposals (RFP), or Invitation for Bid (IFB).
2. A copy of the Program of Work for Project.
3. A copy of the Construction Documents and Invitation for Bid Documents and any other IFB, RFQ, RFP Documents including resultant Contracts for which funds will be expended.
4. A list of bidders/respondents, including the Bid Tabulation Form/Register of Proposals. For construction awards, include recommendation of the Professional for the award of contract. For items procured by RFQ or RFP, include evaluation committee tally sheets/overall scoring in support of award decision.
5. A copy of Contract award for construction of the Project.
6. A copy of all contractor pay requests and professional pay requests and approval of payment for said services.
7. All invoices.
8. All bank statements.



STATE OF MISSISSIPPI  
GOVERNOR TATE REEVES

DEPARTMENT OF FINANCE AND ADMINISTRATION  
LIZ WELCH  
EXECUTIVE DIRECTOR

Please provide the following information in the space provided and return this form along with the requested information to the Bond Advisory Division of the Department of Finance and Administration

**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): \_\_\_\_\_

**Primary Contact:**

Name: Shelton Vance

Job Title: Administrator

Mailing Address: P O Box 608  
Canton, MS 39046

Phone Number: 601-855-5502

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

Start Date of Project (actual or projected): September 1, 2021

Completion Date of Project (actual or projected): September 30, 2021

## 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.

Print or type. See specific instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <b>Madison County Board of Supervisors</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> 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.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC     <input type="checkbox"/> C Corporation     <input type="checkbox"/> S Corporation     <input type="checkbox"/> Partnership     <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> 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.</p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ _____</p> <p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):                  Exempt payee code (if any) <u>3</u>                  Exemption from FATCA reporting code (if any) <u>C</u>  <small>(Applies to accounts maintained outside the U.S.)</small></p> <p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.  <b>PO Box 608</b>  <b>6</b> City, state, and ZIP code  <b>Canton, MS 39046</b></p> <p><b>7</b> List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>
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**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.

**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.

<b>Social security number</b>					
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OR

<b>Employer identification number</b>									
6	4	-	6	0	0	0	6	5	8

**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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>5/29/2020</u>
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**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-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.*