

May 16, 2023

Mrs. Lisa Maxwell
Community Services Division
Mississippi Development Authority
Post Office Box 849
Jackson, Mississippi 39205

Dear Mrs. Maxwell:

On behalf of Madison County, I am pleased to transmit a CDBG Public Facilities application for your review and approval. The application is seeking \$000,000 in CDBG funds to make much-needed sewer repairs to the Kearny Park neighborhood. These repairs would not be accomplished without the assistance of a CDBG Public Facilities grant. To show our strong support for this project, the County will provide \$00,000 as a match.

Thank you for your consideration of this much needed project. Should you have any questions, please contact Amy Smith of Central Mississippi Planning and Development District at 601-981-1511.

Sincerely,

Gerald Steen
Madison County Board President

Attachments

RESOLUTION

WHEREAS, Madison County, Mississippi, has previously stated its intention to file a Community Development Block Grant application to the State of Mississippi for funds; and

WHEREAS, Madison County, Mississippi, understands the need to maximize limited Community Development Block Grant funds available to the State; and

WHEREAS, Madison County, Mississippi, feels that this project is vital to the continued development of its area; and

NOW, THEREFORE, BE IT RESOLVED, BY MADISON COUNTY, MISSISSIPPI, THAT A MATCH OF ~~dollars and cents (\$0000.00)~~ IN CASH FUNDS WILL BE USED IN CONJUNCTION WITH THE STATE'S COMMUNITY DEVELOPMENT BLOCK GRANT PROJECT.

NOW THEREFORE, BE IT FURTHER RESOLVED BY MADISON COUNTY, MISSISSIPPI, THAT ANY ADDITIONAL COSTS OF THIS PROJECT WILL BE COVERED BY MADISON COUNTY UTILIZING CASH FUNDS.

PASSED AND ADOPTED this the _____ day of _____, 2023, by the Board of Supervisors of Madison County, Mississippi, assembled in regular session.

Madison County, Mississippi

By: _____

ATTEST:

By: _____

MEMORANDUM OF AGREEMENT

This agreement made and entered into by and between the Board of Supervisors of Madison County, Mississippi, hereinafter referred to as "County" and the West Madison Utility District, hereinafter referred to as "District" is as follows:

WHEREAS, the County is applying for a Community Development Block Grant (CDBG) for and on behalf of the District for water system infrastructure; and

WHEREAS, the County and District are required to enter into a written agreement specifying the terms and conditions of the relationship of the County and District;

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which are acknowledged, the County and District agrees as follows:

1. The County's responsibilities shall be the following:
 - a) The County agrees to abide by all rules, regulations, terms, and conditions of the CDBG Program.
 - b) The County agrees to prepare and submit an application for CDBG funds on behalf of the District.
 - c) The County will maintain files and adequate bookkeeping records related to the project.
2. The District's responsibilities shall be the following:
 - a) The District agrees to abide by all rules, regulations, terms, and conditions of the CDBG Program.
 - b) The District will maintain files and adequate bookkeeping records related to the project.
 - c) Following the completion of the project activities, the District agrees to operate and maintain the water system infrastructure associated with the project.
3. If for any reason whatsoever, the District does not adhere to the commitments as contemplated in this agreement, the County's sole remedy, and the limit of the County's liability under this agreement, will be for the District to reimburse the County the amount contemplated by this agreement.
4. Terms of this agreement shall be effective and binding upon approval and award of a grant to the County by the Mississippi Development Authority of the State of Mississippi.

IN WITNESS THEREOF, the Recipient and the Company have executed this District this the _____ day of _____, 2023.

AGREED:

West Madison Utility District

By: _____

ATTEST:

Madison County, Mississippi Board of Supervisors

By: _____

ATTEST:

**SECTION D: BENEFICIARY INFORMATION
(CONTINUED)**

5. Complete the following table regarding the number of persons who will directly benefit from this project. This information should match the number of total beneficiaries stated on the previous page. **Any discrepancies between the total number of beneficiaries and the Data Reporting Information will result in the application being removed from funding consideration. PLEASE ATTACH SUPPORTING DOCUMENTATION FOR THIS DATA.**

DATA REPORTING INFORMATION:

	Total	Hispanic		Total	Hispanic
White	_____	_____	Other Multi-Racial	_____	_____
Black/African American	_____	_____	Female heads of Household	_____	_____
Asian	_____	_____	Number of Minorities	_____	_____
American Indian/Alaskan Native	_____	_____	Number of Elderly (+62)	_____	_____
Native Hawaiian/Pacific Islander	_____	_____	Number of Handicapped	_____	_____
American Indian/Alaskan Native and White	_____	_____	Number of Children 18 or Younger	_____	_____
Asian and White	_____	_____			
Black/African/American and White	_____	_____			
American Indian/Alaskan Native and Black/African American	_____	_____			

I hereby certify that, to the best of my knowledge, the above information, as well as information found in all Unserved Household Forms pertaining thereto, are correct and has been gathered in an appropriate and ethical manner. I also understand that the intentional falsification of any information associated with this grant application shall immediately result in the disqualification of the applicant's immediate eligibility and possible future eligibility as determined appropriate by the Mississippi Development Authority.

Additionally, I understand that any person intentionally falsifying information in connection with this or any other grant application shall be subject to the denial of participation in the CDBG Program and/or fined and/or imprisoned in accordance with state and federal statutes and regulations.

Additionally, I understand that at the time of closeout, I will be required to document the service connection made to at least 90% of the number claimed above by providing a service roster or other similar documentation.

I hereby acknowledge that I have read and understand the above paragraphs:

Chief Elected Official Name: _____
(Please Print)

Signature: _____
Date

CERTIFICATIONS

Chief Executive Officer's Certification

To the best of my knowledge and belief, the applicant has no outstanding serious audit or monitoring findings on previously funded CDBG projects, and all data contained in this application is true and correct. Its submission has been duly authorized by the governing body. I certify that all requirements of the state's citizen participation plan are being followed and ensure to the greatest extent feasible, that training and employment opportunities generated by this project be given to low-income residents of the Section 3 project area and that contracts for work in connection with this project be awarded to qualified Section 3 Business Concerns. I also certify that no work on this project has been accomplished and that no work will be undertaken until environmental clearance has been obtained and a contract with MDA has been executed.

Further, I certify that this local unit of government is eligible to receive Federal funds and that no real property purchased or improved with CDBG funds has been sold within the last five (5) years following the close-out of the grant per 24 CFR section 570.489(e)(2)(v).

Signature, Chief Elected Official

Title (typed)

Name (typed)

Date

Office Telephone Number

Alternate Telephone Number

Application Preparer's Certification

I certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in the Community Development Block Grant Program, and I also affirm that all data contained in this application is true and correct.

Signature, Application Preparer

Title (typed)

Name (typed)

Date

Office Telephone Number

Alternate Telephone Number