

**MISSISSIPPI DEVELOPMENT AUTHORITY
DIP GRANT PROGRAM CLOSE-OUT REPORT**

Grantee: Madison County Project Number: DIP #393

Grantee's Address: 125 West North Street Canton, MS 39046

Person Completing this Report: Lindsay Sellers, CMPDD

Document	Enclosed	Not Applicable
Matching Funds Report	X	
Job Creation Report	X	
Certificate of Completion	X	
Pictures of final project		X
Company Investment Letter	X	

The grantee's chief elected official (i.e., mayor, board president) certifies that the data in this report is true and correct as of the date noted below.

Gerald Steen

Typed Name of Chief Elected Official

Madison County Board President

Typed Title of Chief Elected Official

Signature of Chief Elected Official

Date

Certified by City Clerk/Chancery Clerk

Date

CERTIFICATE OF COMPLETION

Grantee's Name: Madison County

Project/Grant Number: DIP #393

Address (City, State, Zip): 125 West North Street Canton, MS 39046

FINAL STATEMENT OF GRANT FUNDS:

TO BE COMPLETED BY GRANTEE				FOR STATE ONLY
Program Activities (taken from approved Budget) (A)	Budgeted Grant Funds (B)	Grant Amount Received (C)	De-obligation Amount (D)	Approved Cost (E)
Engineering	\$13,636.36	\$13,497.12	\$139.24	
Utility Relocation	\$90,400	\$66,950.30	\$23,449.70	
Backfill	\$1,500	\$1,500	\$0	
Erosion Control/Clean Up	\$1,343.64	\$1,343.64	\$0	
Overlay of Existing Road	\$43,120	\$29,125	\$13,995.00	
Total Program Cost	\$150,000	\$112,416.06	\$37,583.94	

COMPUTATION OF GRANT BALANCE

Description	TO BE COMPLETED BY RECIPIENT	TO BE COMPLETED BY STATE
1. Grant Agreement Amount	\$150,000	
2. Amount for Unsettled 3 rd Party Claims		
3. Grant Amount Received	\$112,416.06	
4. Grant Amount De-obligated/Returned	\$37,583.94	
5. Amount Retained by State	\$37,583.94	

Certification of Grantee:
 It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement in the heading above, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that the proper provision has been made by the Grantee for the payment of all unpaid costs and unsettled third-party claims identified above; that the State of Mississippi is under no obligation to make any further payment to the Grantee under the grant agreement in excess of the amount identified on line 3 hereof, and that every statement and amount set forth in this document is, to the best of my knowledge, true and correct as of this date.

Signature and Title of Chief Elected Official _____ Date _____

CERTIFICATE OF COMPLETION

Grantee's Name: Madison County
Project/Grant Number: DIP #393
Address (City, State, Zip): 125 West North Street Canton, MS 39046

TO BE COMPLETED BY GRANTEE				FOR STATE ONLY
Program Activities (taken from approved Budget) (A)	Budgeted Grant Funds (B)	Grant Amount Received (C)	De-obligation Amount (D)	Approved Cost (E)
Engineering	\$13,636.36	\$13,497.12	\$139.24	
Utility Relocation	\$90,400	\$66,950.30	\$23,449.70	
Backfill	\$1,500	\$1,500	\$0	
Erosion Control/Clean Up	\$1,343.64	\$1,343.64	\$0	
Overlay of Existing Road	\$43,120	\$29,125	\$13,995.00	
Total Program Cost	\$150,000	\$112,416.06	\$37,583.94	

COMPUTATION OF GRANT BALANCE		
Description	TO BE COMPLETED BY RECIPIENT	TO BE COMPLETED BY STATE
1. Grant Agreement Amount	\$150,000	
2. Amount for Unsettled 3 rd Party Claims		
3. Grant Amount Received	\$112,416.06	
4. Grant Amount De-obligated/Returned	\$37,583.94	
5. Amount Retained by State	\$37,583.94	

Certification of Grantee:

It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement in the heading above, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that the proper provision has been made by the Grantee for the payment of all unpaid costs and unsettled third-party claims identified above; that the State of Mississippi is under no obligation to make any further payment to the Grantee under the grant agreement in excess of the amount identified on line 3 hereof, and that every statement and amount set forth in this document is, to the best of my knowledge, true and correct as of this date.

Signature and Title of Chief Elected Official _____	Date _____
--	---------------

CERTIFICATE OF COMPLETION

Grantee's Name: Madison County

Project/Grant Number: DIP #393

Address (City, State, Zip): 125 West North Street Canton, MS 39046

FINAL STATEMENT OF GRANT FUNDS:

TO BE COMPLETED BY GRANTEE				FOR STATE ONLY
Program Activities (taken from approved Budget) (A)	Budgeted Grant Funds (B)	Grant Amount Received (C)	De-obligation Amount (D)	Approved Cost (E)
Engineering	\$13,636.36	\$13,497.12	\$139.24	
Utility Relocation	\$90,400	\$66,950.30	\$23,449.70	
Backfill	\$1,500	\$1,500	\$0	
Erosion Control/Clean Up	\$1,343.64	\$1,343.64	\$0	
Overlay of Existing Road	\$43,120	\$29,125	\$13,995.00	
Total Program Cost	\$150,000	\$112,416.06	\$37,583.94	

COMPUTATION OF GRANT BALANCE

Description	TO BE COMPLETED BY RECIPIENT	TO BE COMPLETED BY STATE
1. Grant Agreement Amount	\$150,000	
2. Amount for Unsettled 3 rd Party Claims		
3. Grant Amount Received	\$112,416.06	
4. Grant Amount De-obligated/Returned	\$37,583.94	
5. Amount Retained by State	\$37,583.94	

Certification of Grantee:

It is hereby certified that all activities undertaken by the Grantee with funds provided under the grant agreement in the heading above, have, to the best of my knowledge, been carried out in accordance with the grant agreement; that the proper provision has been made by the Grantee for the payment of all unpaid costs and unsettled third-party claims identified above; that the State of Mississippi is under no obligation to make any further payment to the Grantee under the grant agreement in excess of the amount identified on line 3 hereof, and that every statement and amount set forth in this document is, to the best of my knowledge, true and correct as of this date.

Signature and Title of Chief Elected Official _____	Date _____
--	-------------------



359 Old Jackson Rd
Madison, MS 39110
Mschrade@fastenal.com

July 27, 2023

To whom it may concern,

This letter is to confirm that Fastenal Company had agreed on the Dip Grant to invest \$10,889,361.00 for the construction the Fastenal Company distribution center. The final dollar amount invested by Fastenal Company equaled \$29,573,058.97 broken down as shown below:

	COST
Building and Land	26,040,144.62
*Land	2,042,982.00
Communication	85,046.38
Forklifts	278,902.82
Furniture	17,764.46
Large and Small Sorter Equipments	363,650.84
Racking and Conveyor	2,787,549.85
	29,573,058.97

Thank you,

Michael Schrader

FASTENAL COMPANY | MS100 Regional Operations Manager
359 Old Jackson Rd. Madison, Ms 39110
Mobile : 706-844-3936

This email may contain confidential information and is intended solely for the use of the individual or entity to which it is addressed. If you are not the intended recipient or the person responsible for delivering the message to the intended recipient, be advised that you have received this email in error and that any use, dissemination, forwarding, printing, displaying, or copying of this information is strictly prohibited. If you have received this email in error, please notify the sender and delete and destroy all copies. Thank you.