

2023 PUBLIC FACILITIES SITE VISIT CHECKLIST

Applicant: Madison County

Applicant Type: Regular Small

Date of Visit: 11/8/2023

Project Description: Water Sewer ADA
Drainage Road Building Other

In-person Virtual

Desk Review

A) Citizen Participation/Public Hearing Documentation

1) Verify required documents are included in application:

Proof of publication Minutes Attendance roster

2) Date of Publication: 3/23/2023

3) Date of Hearing: 4/11/2023

4) Number of days between publication and hearing: 19

B) Administration Procurement Documentation

1) Date of advertisement: NA, Click or tap to enter a date.

2) MPTAP notification: Click or tap to enter a date.

3) MBE/WBE vendors contacted:

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

4) Proposals Received: (*selected firm)

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

C) Engineering Procurement Documentation

1) Date of advertisement: 12/22/2023, 12/29/2023

2) MPTAP notification: 12/28/2023

3) MBE/WBE vendors contacted:

Myriad Engineering Solutions

Solar Gems LLC3

Van Lissick Enterprise LLC

Advanced Environmental Consultants, Inc.

Cornerstone Engineering, LLC

M3A Architecture, PLLC

4) Proposals Received: (*selected firm)

W.L. Burle Engineers

Waggoner Engineering

Tice Engineering

Cornerstone Engineering

(BEFORE BEGINNING THE SITE VISIT QUESTIONS BELOW PLEASE READ THE FOLLOWING STATEMENTS:)

“During this site visit I will ask a series of questions to verify information we have already obtained in the submitted application in order to assure that all information received is correct. Please answer all questions even if the information has already been provided in the submitted application – the answer “it is in the application” is not an acceptable response as the purpose of these questions is to verify that the information within the application is indeed correct.

Please remember, this site visit is **not** a guarantee of a CDBG grant award. This site visit is only the next step in the review process and final scoring will occur after all site visits have been conducted, any pending questions have been answered and all required site visit documentation has been received by the deadline.

If funds are awarded, the elected official will be the responsible party for the grant funds and must ensure that all federal, state and MDA requirements are met throughout the course of the project.”

1. Please tell me the name of the elected official that will take responsibility for the grant should it be awarded: Gerald Steen (**Ensure proper spelling of name!**)
2. What is the correct physical and mailing addresses for this unit of government, including zip code? Name of the Local Unit of Government: Madison County
Physical Address: 125 West North Street
City: Canton
Zip: 39046
Mailing Address: P.O. Box 608
City: Canton
Zip: 39046
3. What is the preferred address to receive tracking verified grant documentation should it be awarded? P.O. Box 608 Canton MS 39046

Site Visit Checklist

ASK THE FOLLOWING QUESTION OF THE ELECTED OFFICIAL: *Do you understand that you will be responsible for the progress of the project if awarded, all state and federal requirements and all required time tables of the grant?* Yes No

A) Does it appear that the elected official understands their responsibility regarding the project? Yes No

B) Does the applicant have Paymode set-up through DFA? Yes No
Paymode Address provided to DFA:
Click or tap here to enter text.

DFA VENDOR NUMBER: 3100023040

C) Review official minutes authorizing application submittal.

Minute Book: 2022 Or Date: Click or tap here to enter text.

Page #: 1692

D) Financial Information

1) CDBG Funds Requested: \$618,750

Local Matching Funds: \$206,250 Source: Local Funds

Other Matching Funds: \$Click or tap here to enter text. Source: Click or tap here to enter text.

2) Are matching funds verified for availability? Yes No N/A

a) IF there are required match funds for this project, ASK THE ELECTED OFFICIAL: “Do you understand that if this project is funded, the approved budgeted match funds must be used proportionally with the requested grant funds and must be documented in full as per the approved budget or grant funds may have to be repaid?”

Yes No N/A

3) Review minutes and resolution authorizing matching funds. N/A (if no match required)

Minute Book: 2022 Or Date: Click or tap here to enter text.

Page #: 1692

4) Does it appear that the applicant understands their financial responsibility (if matching funds are required)? (Matching funds must be paid proportionately with requests for grant funds or requests for cash will be returned.) Yes No N/A

E) Citizen participation/Public Hearing

1) Verify applicant has a copy of original proof of publication. Yes No

2) Is the public hearing recorded in the minute book? Yes No

Minute Book : 2023 Or Date : Click or tap here to enter text.

Page # : 0741

F) Beneficiaries: Low- and Moderate-Income Benefit

1) Total beneficiaries: 111

Total low/mod: 102 % Low/mod: 91.9%

- 1) Based on: HUD LMISD Survey
- 2) Do beneficiaries appear to be a single/contiguous group? Yes No
- 3) Were the surveys completed within 12 months of the application due date? Yes No N/A
- 4) Does it appear that the surveyed households were randomly selected? Yes No N/A
- 5) Are surveys numbered in correspondence with the survey map? Yes No N/A

- B) Does the local municipality own the property to be used for the project? Yes No N/A
1. Are easements or property acquisition required? Yes No
2. If required are they already in the process of acquiring? Yes No

- C) Is an interlocal agreement necessary for this project (if there is more than one entity involved such as another local unit of government or water/sewer/gas association etc.)? Yes No

- D) If water/sewer/gas project, is the project in an approved PSC certificated area? Yes No N/A

- E) Have all required permits for the proposed project been obtained? Yes No N/A

If no, provide explanation and timeline: [Click or tap here to enter text.](#)

SIGNATURE OF ELECTED OFFICIAL:



DATE: 12/7/23

PRINT NAME: Gerald Steen

Applicant/Recipient Disclosure/Update Report

U.S. Department of Housing
and Urban Development

OMB Number: 2501-0017
Expiration Date: 1/31/2026

Public Reporting Burden Statement: This collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed HUD-2880 forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

Applicant/Recipient Information * UEI Number: GDB7JUWP3SB3 * Report Type: INITIAL

1. Applicant/Recipient Name, Address, and Phone (include area code)
 - * Applicant Name: Madison County
 - * Street 1: 125 West North St.
 - Street 2:
 - City: Canton State Abbreviation: MS * Zip Code: 39046
 - County: Madison
 - * Country: USA
 - * Phone: 601-790-2590
2. Employer ID Number (do not include individual social security numbers):
3. HUD Program Name: CDBG
4. Amount of HUD Assistance Requested/Received: \$ 618,750
5. State the name and location (street address, City and State) of the project or activity
 - Project Name: Madison County Sewer Repair
 - * Street 1: 199 Compress St.
 - Street 2:
 - City: Flora State Abbreviation: MS * Zip Code: 39071
 - County: Madison
 - * Country: USA: UNITED STATES

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity?
These terms do not include formula grants, such as public housing operating subsidy or CDBG block grants. For further information see 24 CFR Sec. §4.3.
 Yes No
2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1-Sep. 30)? For further information, see 24 CFR §4.9.
 Yes No

If you answered "No" to either question 1 or 2, **Stop!** You do not need to complete the remainder of this form. However, you must sign the certification at the end of the report.

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds. Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/State/Local Agency Name

* Government Agency Name:
 Government Agency Address:
 * Street 1:
 Street 2:
 City: State Abbreviation: * Zip Code:
 County:
 Country:
 * Type of Assistance:
 * Amount Requested/Provided: \$
 * Expected Uses of the Funds:

Department/State/Local Agency Name

* Government Agency Name:
 Government Agency Address:
 * Street 1:
 Street 2:
 City: State Abbreviation: * Zip Code:
 County:
 Country:
 * Type of Assistance:
 * Amount Requested/Provided: \$
 * Expected Uses of the Funds:

Note: For Part 1, use additional pages if necessary. Add Attachment:

Part III Interested Parties. You must disclose:

1. All developers, contractors, or consultants involved in the application for assistance or in the planning, development, or implementation of the project or activity.

* Alphabetical list of all persons with a reportable financial interest in the project or activity (for individuals, give the last name first)	* Unique Entity ID	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)		
			\$		%
			\$		%
			\$		%
			\$		%

2. Any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

* Alphabetical list of all persons with a reportable financial interest in the project or activity (for individuals, give the last name first)	* City of Residence	* Type of Participation in Project/Activity	* Financial Interest in Project/Activity (\$ and %)		
			\$		%
			\$		%
			\$		%
			\$		%

Note: For Part 2, use additional pages if necessary. Add Attachment:

Certification:

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct.

Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

* Signature:  * Date: (mm/dd/yyyy): 11/6/2023



STATE OF MISSISSIPPI
TATE REEVES, GOVERNOR
MISSISSIPPI DEVELOPMENT AUTHORITY

SITE INSPECTION ACKNOWLEDGEMENT

THIS ACKNOWLEDGES THAT I UNDERSTAND THAT A SITE INSPECTION FOR COMMUNITY DEVELOPMENT BLOCK GRANTS (CDBG) FUNDING CONDUCTED BY THE STAFF OF THE COMMUNITY INCENTIVES DIVISION, MISSISSIPPI DEVELOPMENT AUTHORITY IS A CONTINUATION OF THE APPLICATION REVIEW PROCESS. ADDITIONALLY, I UNDERSTAND THAT A SITE INSPECTION DOES NOT GUARANTEE FUNDING THROUGH THIS PROGRAM.

Signature of Chief Elected Official Required

Gerald Steen

Name (printed)

Gerald Steen

Name (signed) and Date



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

December 7, 2023

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

Dear Ms. Maxwell:

RE: Americans with Disabilities Act (Section 504)

Madison County recognizes the need of having facilities, programs and activities accessible to persons who are disabled. County offices have been constructed and/or renovated to comply with requirements under the Americans with Disabilities Act of 1990 and Section 504.

Further, the County has regulations prohibiting the discrimination of disabled persons pertaining to pre-employment and employment. Complaints related to the discrimination of disabled persons are handled by a complaint processing procedure.

Should you have any questions, please feel free to contact me.

Sincerely,

Gerald Steen
Board President

**ATTACHMENT A
CDBG PROGRAM SECTION 3 PLAN**

Madison County agrees to develop local procedures designed to implement the following steps to increase opportunities for training and employment for Section 3 eligible lower income residents of the County, and increase the utilization of Section 3 eligible business concerns within the Town.

- A. To identify projected employment, training and contracting opportunities as the recipient of federal funds and to facilitate the training and employment of Section 3 residents and contracting with Section 3 businesses.
- B. To recruit Section 3 residents for available opportunities through: local advertising media; posted signs; community organizations and public and private institutions operating within or serving the project area.
- C. To identify eligible business concerns for federal funded contracts through: the Chamber of Commerce, business associations, and local advertising media including newspapers; public signage; citizen advisory boards; and all other appropriate referral sources.
- D. To maintain a list of eligible business concerns for utilization in federally funded procurements, to notify appropriate project area business concerns of pending contractual opportunities, and to make available this list for procurement needs.
- E. To require all bidders on contracts to submit a written Section 3 Hiring and Business Utilization Plan or require a written Section 3 Plan from the Contractor prior to the signing of the contract. Require the contractor to submit reports to document actual accomplishments.
- F. To include Section 3 information in procurement solicitations, incorporate Section 3 clauses in contractual documents, review Section 3 information at the preconstruction conference, and monitor contractor compliance.
- G. To maintain records, including copies of correspondence, memoranda, reports, contracts, etc. which document that the above action steps have been taken and any barriers encountered. To submit reports on accomplishments as required.
- H. To designate a local government official to coordinate implementation of this Section 3 Plan. To the extent feasible, additional affirmative steps will be taken to encourage and utilize Section 3 residents and businesses and to reach employment, training and contracting goals.

The Section 3 Plan documents include the following: EXHIBIT A - CDBG Program Section 3 Action Plan

As the chief elected official, I have read and fully agree to this Section 3 Plan and agree to actively pursue full implementation of this program.



Board President, Madison County

12/7/23

Date

**COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
SECTION 3 PLAN**

WHEREAS, the Madison County has applied for Community Development Block Grant (CDBG) Program funds from the Mississippi Development Authority; and

WHEREAS, should the County be granted funding through the CDBG Program, the County shall be required by Section 3 of the Housing and Urban Development Act of 1968 to adopt a Section 3 Plan; and

WHEREAS, the Section 3 Plan is intended to ensure, to the greatest extent feasible, that training and employment opportunities generated by CDBG projects 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; and

WHEREAS, it is the intention of Madison County to implement its CDBG project in accordance with all program regulations including the said Section 3 requirements.

NOW, THEREFORE, BE IT RESOLVED that Madison County adopts the CDBG Program Section 3 Plan, which is attached hereto as ATTACHMENT A and made a part hereof.

ADOPTED this the 7 day of December, 2023

MADISON COUNTY, MISSISSIPPI

ATTEST:



County Administrator

BY: 

Board President

