

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted USDA-NRCS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) NR234423XXXXC019	Page 1	of 1
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pages

3. Recipient Organization (Name and complete address including Zip code)
Madison County Board of Supervisors, P. O. Box 608, Canton, MS 39046

4a. DUNS Number GDB7JUWP3SB3	4b. EIN 64-6000658	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 03/24/2023	To: (Month, Day, Year) 04/24/2024	9. Reporting Period End Date (Month, Day, Year) 04/24/2024
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10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	0.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	179,635.50
e. Federal share of expenditures	116,392.36
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	116,392.36
h. Unobligated balance of Federal funds (line d minus g)	63,243.14
Recipient Share:	
i. Total recipient share required	56,458.20
j. Recipient share of expenditures	56,458.20
k. Remaining recipient share to be provided (line i minus j)	0.00
Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	0.00

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Gerald Steen (President - Madison County Board of Supervisors)	c. Telephone (Area code, number and extension) 601-855-5502
b. Signature of Authorized Certifying Official	d. Email address greg.higginbotham@madison-co.com
	e. Date Report Submitted (Month, Day, Year)

14. Agency use only:

Standard Form 425
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0004		PAGE 1 OF 2 PAGES
		1. TYPE OF PAYMENT REQUESTED <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED USDA - Natural Resources Conservation Service		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY NR234423XXXXC019		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 1 and Final
6. EMPLOYER IDENTIFICATION NUMBER 64-6000658	7. RECIPIENTS ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST		
		FROM (month, day, year) 3/24/23	TO (month, day, year) 4/24/24	
9. RECIPIENT ORGANIZATION Name: Madison County Board of Supervisors Number P. O. Box 608 and Street: City, State, Canton, MS 39046 and ZIP Code:		10. PAYEE (Where check is to be sent if different than item 9) Name: Number and Street: City, State, and ZIP Code:		

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) Construction (FA)	(b) Engineering (TA)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$ 141,081.65	\$ 31,768.91	\$	\$ 172,850.56
b. Less: Cumulative program income				0.00
c. Net program outlays <i>(Line a minus line b)</i>	141,081.65	31,768.91	0.00	172,850.56
d. Estimated net cash outlays for advance period				
e. Total <i>(Sum of lines c & d)</i>	141,081.65	31,768.91	0.00	172,850.56
f. Non-Federal share of amount on line e	35,270.41	21,187.79		56,458.20
g. Federal share of amount on line e	105,811.24	10,581.12		116,392.36
h. Federal payments previously requested				0.00
i. Federal share now requested <i>(Line g minus line h)</i>	105,811.24	10,581.12	0.00	116,392.36
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested <i>(Line a minus line b)</i>	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION (Continued on Reverse) STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

(If reimbursement is being requested, sign following certification.)
I certify that to the best of my knowledge, this bill has not been previously submitted and that program accomplishments will meet planned activities under this agreement. I have examined and certify that the payment is correct for payment.
Date: _____

(If advance of funds is being requested, sign following certification.)
I certify that, to the best of my knowledge, this advance is necessary to meet planned activities under this agreement. I have examined and certify that this request is correct for payment.
Date: _____

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.	SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED
	TYPED OR PRINTED NAME AND TITLE Gerald Steen, President, Madison County Board of Supervisors	TELEPHONE (AREA CODE, NUMBER, EXTENSION)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory, specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
2. Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.			activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.
4. Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.		11a. Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.	
6. Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.		11b. Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.	
7. This space is reserved for an account number or other identifying number that may be assigned by the recipient.		11d. Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.	
8. Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.		13. Complete the certification before submitting this request.	
Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.			
11. The purpose of the vertical columns (a), (b) and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or			



MADISON COUNTY BOARD OF SUPERVISORS

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601-855-5500 • Facsimile 601-855-5759
www.madison-co.com

May 20, 2024

NRCS Pearl Area Office
311 Airport Road
Pearl, MS 39208

Dear Ms. McCarty:

Madison County's Board of Supervisors, in conjunction with the Madison County Watershed Committee, elected to remove two sites, Cisne Avenue and Jackson Street, from the scope of work to be completed under agreement NR234423XXXXC019. The work on Cisne Avenue and Jackson Street is going to be funded as part of a larger watershed project sponsored by the City of Canton. To avoid duplicative work, the Board elected to remove Cisne Avenue and Jackson Street from the request.

Respectfully submitted,

Gerald Steen, Board President
Madison County Board of Supervisors