

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. **0348-0004** PAGE **1** OF **1** PAGES

1. TYPE OF PAYMENT REQUESTED
 a. "X" one or both boxes
 ADVANCE REIMBURSEMENT
 b. "X" the applicable box
 FINAL PARTIAL

2. BASIS OF REQUEST
 CASH
 ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED
DRA

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
MS-10734 EC

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
5

6. EMPLOYER IDENTIFICATION NUMBER
64-6000658

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST
 FROM (month, day, year) **10/26/2013** TO (month, day, year) **12/31/2013**

9. RECIPIENT ORGANIZATION
 Name: **Madison County**
 Number and Street: **125 West North Street**
 City, State and ZIP Code: **Canton, MS 39046**

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) Request	(b)	(c)	TOTAL
a. Total program outlays to date (As of date)	\$ 199,739.94	\$	\$	\$ 199,739.94
b. Less: Cumulative program income	0.00			0.00
c. Net program outlays (Line a minus line b)	199,739.94	0.00	0.00	199,739.94
d. Estimated net cash outlays for advance period	0.00			0.00
e. Total (Sum of lines c & d)	199,739.94	0.00	0.00	199,739.94
f. Non-Federal share of amount on line e	89,227.39			89,227.39
g. Federal share of amount on line e	110,461.55			110,461.55
h. Federal payments previously requested	60,256.74			60,256.74
i. Federal share now requested (Line g minus line h)	50,204.81	0.00	0.00	110,461.55
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	\$ 0.00
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	0.00
c. Amount requested (Line a minus line b)	\$ 0.00

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 OR AUTHORIZED CERTIFYING OFFICIAL 	DATE REQUEST SUBMITTED February 28, 2014
	TYPED OR PRINTED NAME AND TITLE Karl Banks, President	TELEPHONE (AREA CODE, NUMBER, EXTENSION) 601-855-5500

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>
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	

West Madison Sanitary Sewer Rehabilitation
Flora, Mississippi

CDBG Project No. 1129-12-045-PF-01

Suncoast Infrastructure, Inc.
P.O. Box 397
Florence, MS 39073

Estimate No. 4 for October 26, 2013 to December 31, 2013

Item No.	Description of Item	Units	Cost per Unit	Original Contract Quantity	Original Contract Amount	Quantity Adjustment By C.O.	Current Contract Quantity	Current Contract Amount	Previous Quantity	Quantity This Period	Amount This Period	Quantity to Date	Amount to Date	Cost of Uncompleted Work	% Complete
BASE BID															
1.0	Mobilization	LS	\$18,762.80	1	\$18,762.80	0	1	\$18,762.80	0.75	0.25	\$4,690.70	1.00	\$18,762.80	\$0.00	100.00%
2.0	Manhole Inspection	EA	\$45.00	53	\$2,385.00	0	53	\$2,385.00	31.00	0.00	\$0.00	31.00	\$1,395.00	\$990.00	58.49%
3.0	Normal Sewer Line Cleaning	LF	\$3.00	14,195	\$42,585.00	0	14,195	\$42,585.00	10,317.00	0.00	\$0.00	10,317.00	\$30,951.00	\$11,634.00	72.68%
4.0	Heavy Sewer Line Cleaning	LF	\$0.50	1,420	\$710.00	0	1,420	\$710.00	0.00	0.00	\$0.00	0.00	\$0.00	\$710.00	0.00%
5.0	Extra Heavy Sewer Line Cleaning	LF	\$0.01	1,420	\$14.20	0	1,420	\$14.20	0.00	0.00	\$0.00	0.00	\$0.00	\$14.20	0.00%
6.0	Root Removal	LF	\$5.00	350	\$1,750.00	0	350	\$1,750.00	350.00	0.00	\$0.00	350.00	\$1,750.00	\$0.00	100.00%
7.0	Removal of Protruding Taps	EA	\$150.00	15	\$2,250.00	0	15	\$2,250.00	15.00	0.00	\$0.00	15.00	\$2,250.00	\$0.00	100.00%
8.0	Television Inspection	LF	\$0.75	14,195	\$10,646.25	0	14,195	\$10,646.25	10,109.00	0.00	\$0.00	10,109.00	\$7,581.75	\$3,064.50	71.22%
9.0	Re-setup of TV	EA	\$0.75	5	\$3.75	0	5	\$3.75	5.00	0.00	\$0.00	5.00	\$3.75	\$0.00	100.00%
10.0	Sewer Line Point Repair	EA	\$4,400.00	5	\$22,000.00	0	5	\$22,000.00	0.00	5.00	\$22,000.00	5.00	\$22,000.00	\$0.00	100.00%
11.0	Locate Manholes	EA	\$20.00	5	\$100.00	0	5	\$100.00	5.00	0.00	\$0.00	5.00	\$100.00	\$0.00	100.00%
12.0	Slip Lining of Sewer Lines	LF	\$31.00	5,000	\$155,000.00	0	5,000	\$155,000.00	0.00	1,876.00	\$58,156.00	1,876.00	\$58,156.00	\$96,844.00	37.52%
13.0	Sewer Line Joint Testing	EA	\$35.00	500	\$17,500.00	0	500	\$17,500.00	0.00	0.00	\$0.00	0.00	\$0.00	\$17,500.00	0.00%
14.0	Sewer Line Joint Sealing	EA	\$20.00	500	\$10,000.00	0	500	\$10,000.00	0.00	0.00	\$0.00	0.00	\$0.00	\$10,000.00	0.00%
15.0	Manhole Rehabilitation	VF	\$175.00	100	\$17,500.00	0	100	\$17,500.00	0.00	0.00	\$0.00	0.00	\$0.00	\$17,500.00	0.00%
Total Base Bid					\$301,207.00			\$301,207.00			\$84,846.70		\$142,950.30	\$158,256.70	
ALTERNATE BID ITEMS															
1.0A	Alternate Item No. 1.0A	EA	\$0.00	0	\$0.00	0	0	\$0.00	0.0	0.0	\$0.00	0.0	\$0.00	\$0.00	-
2.0A	Alternate Item No. 2.0A	EA	\$0.00	0	\$0.00	0	0	\$0.00	0.0	0.0	\$0.00	0.0	\$0.00	\$0.00	-
Total Alternate Bid					\$0.00			\$0.00			\$0.00		\$0.00	\$0.00	
Total Base & Alternates					\$301,207.00			\$301,207.00			\$84,846.70		\$142,950.30	\$158,256.70	47.46%

West Madison Sanitary Sewer Rehabilitation
Flora, Mississippi

CDBG Project No. 1129-12-045-PF-01

Suncoast Infrastructure, Inc.
P.O. Box 397
Florence, MS 39073

Estimate No. 4 for October 26, 2013 to December 31, 2013

Item No.	Description of Item	Units	Cost per Unit	Original Contract Quantity	Original Contract Amount	Quantity Adjustment By C.O.	Current Contract Quantity	Current Contract Amount	Previous Quantity	Quantity This Period	Amount This Period	Quantity to Date	Amount to Date	Cost of Uncompleted Work	% Complete
CHANGE ORDER SUMMARY															
CHANGE ORDER NO. 1															
C1.06	Root Removal	LF	\$5.00	0	\$0.00	1,150	1,500	\$5,750.00	1,150	0	\$0.00	1,150.00	\$5,750.00	\$0.00	100.00%
C1.09	Re-Setup of TV	EA	\$0.75	0	\$0.00	15	20	\$11.25	9	0	\$0.00	9.00	\$6.75	\$4.50	60.00%
CHANGE ORDER NO. 2															
C2.02	Manhole Inspection	EA	\$45.00	0	\$0.00	(22)	31	-\$990.00	0	0	\$0.00	0.00	\$0.00	(\$990.00)	0.00%
C2.03	Normal Sewer Line Cleaning	LF	\$3.00	0	\$0.00	(3,878)	10,317	-\$11,634.00	0	0	\$0.00	0.00	\$0.00	(\$11,634.00)	0.00%
C2.04	Heavy Sewer Line Cleaning	LF	\$0.50	0	\$0.00	(1,420)	0	-\$710.00	0	0	\$0.00	0.00	\$0.00	(\$710.00)	0.00%
C2.05	Extra Heavy Sewer Line Cleaning	LF	\$0.01	0	\$0.00	(1,420)	0	-\$14.20	0	0	\$0.00	0.00	\$0.00	(\$14.20)	0.00%
C2.06	Root Removal	LF	\$5.00	0	\$0.00	499	1,999	\$2,495.00	499	0	\$0.00	499.00	\$2,495.00	\$0.00	100.00%
C2.08	Television Inspection	LF	\$0.75	0	\$0.00	(4,086)	10,109	-\$3,064.50	0	0	\$0.00	0.00	\$0.00	(\$3,064.50)	0.00%
C2.09	Re-setup of TV	EA	\$0.75	0	\$0.00	(6)	14	-\$4.50	0	0	\$0.00	0.00	\$0.00	(\$4.50)	0.00%
C2.10	Sewer Line Point Repair	EA	\$4,400.00	0	\$0.00	3	8	\$13,200.00	0	3	\$13,200.00	3.00	\$13,200.00	\$0.00	100.00%
C2.11	Locate Manholes	EA	\$20.00	0	\$0.00	3	8	\$60.00	3	0	\$0.00	3.00	\$60.00	\$0.00	100.00%
C2.12	Slip Lining of Sewer Lines	LF	\$31.00	0	\$0.00	740	5,740	\$22,940.00	0	0	\$0.00	0.00	\$0.00	\$22,940.00	0.00%
C2.13	Sewer Line Joint Testing	EA	\$35.00	0	\$0.00	(500)	0	-\$17,500.00	0	0	\$0.00	0.00	\$0.00	(\$17,500.00)	0.00%
C2.14	Sewer Line Joint Sealing	EA	\$20.00	0	\$0.00	(500)	0	-\$10,000.00	0	0	\$0.00	0.00	\$0.00	(\$10,000.00)	0.00%
C2.15	Manhole Rehabilitation	VF	\$175.00	0	\$0.00	30	130	\$5,250.00	0	0	\$0.00	0.00	\$0.00	\$5,250.00	0.00%
Total Change Orders					\$0.00			\$5,789.05			\$13,200.00		\$21,511.75	-\$15,722.70	
Grand Total, Base Bid plus Change Orders					\$301,207.00			\$306,996.05			\$98,046.70		\$164,462.05	\$142,534.00	53.67%

PERIODIC ESTIMATE FOR PARTIAL PAYMENT		Project No. 13074	Contract No. CDBG No. 1129-12-045-PF-01
Name of Project Sanitary Sewer Rehabilitation Project Madison County, MS		Periodic Estimate Number 4	
Location of Project Flora, Mississippi		Estimate Period From : 10/26/2013 To: 12/31/2013	
Name & Address of Owner Madison County Board of Supervisors c/o Warnock and Associates, LLC 158 West Center Street Canton, MS 39046		Name and Address of Contractor Suncoast Infrastructure, Inc. P.O. Box 397 Florence, Ms 39073	

SCHEDULE OF CONTRACT CHANGE ORDERS

(List every change order issued to date of this request even if no work has been done under one or more such orders)

Contract Change Order		Description (3)	Additions To Contract Price As Shown on Change Order (4)	Deductions From Contract Price As Shown On Change Order (5)
NO. (1)	Date (2)			
1	10/21/13	Additional Root Removal, Re-Setups	\$5,761.25	
2	11/18/13	Quantity Adjustments	\$27.80	
Totals			\$5,789.05	\$0.00

ANALYSIS OF ADJUSTED CONTRACT AMOUNT TO DATE

(a)	ORINGINAL CONTRACT AMOUNT.....	\$301,207.00
(b)	PLUS: ADDITIONS SCHEDULED IN COLUMN 4 ABOVE.....	\$5,789.05
(c)	LESS: DEDUCTIONS SCHEDULED IN COLUMN 5 ABOVE.....	\$0.00
(d)	ADJUSTED CONTRACT AMOUNT TO DATE.....	\$306,996.05

ANALYSIS OF WORK PERFORMED TO DATE

(a)	COST OF ORIGINAL CONTRACT WORK PERFORMED TO DATE.....	\$158,673.00
(b)	EXTRA WORK PERFORMED TO DATE BY CHANGE ORDER.....	\$5,789.05
(c)	TOTAL COST OF WORK PERFORMED TO DATE.....	\$164,462.05
(d)	ADD: MATERIALS STORED AT CLOSE OF PERIOD.....	\$0.00
(e)	SUBTOTAL OF (c) and (d).....	\$164,462.05
(f)	LESS: RETAINAGE (5%**).....	(\$8,223.11) **
(g)	SUBTOTAL OF (e) and (f).....	\$156,238.94
(h)	LESS: AMOUNT OF PREVIOUS ESTIMATES.....	\$63,094.58
(i)	AMOUNT DUE THIS ESTIMATE.....	\$93,144.36
(j)		

<p style="text-align: center;">CERTIFICATE OF CONTRACTOR</p> <p>According to the best of my knowledge and belief, I certify that all items and amounts shown in this Periodic Estimate for Partial Payment are correct; that all work has been performed and /or duly authorized deviations, substitutions, alterations and/or additions; that the foregoing is a true and correct statement of the Contract account up to and including the last day of the period covered by the Periodic Estimate; and that no part of the "Amount Due This Estimate" has been received.</p> <p style="text-align: center;"><u>Suncoast Infrastructure, Inc.</u> (Contractor)</p> <p>By: <u>[Signature]</u> Title: <u>Project Manager</u> Date: <u>2-27-14</u></p>	<p style="text-align: center;">RECOMMENDATION OF ENGINEER</p> <p>This Periodic Estimate for Partial Payment covers all pay item work performed by the contractor through the estimate period stated hereon. The undersigned recommends payment of the amount on line (i) above subject to the provisions of the Contract Documents covering the repair or replacement of all defective work, if any, that may be discovered prior to final payment or expiration of the general guaranty period.</p> <p>By: <u>[Signature]</u> Title: <u>ENGINEER</u> Date: <u>02-28-14</u></p>
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