

MADISON COUNTY MS-10374 EC
QUARTERLY REPORT #5
January 2014 – March 2014

DELTA REGIONAL AUTHORITY
QUARTERLY PROJECT PERFORMANCE ACTIVITY
REPORT
&
FINANCIAL STATUS REPORT

Form SF-425, "Financial Status Report," and a Project Performance Activity Report will be required of all grantees on a quarterly basis (due 15 working days after end of quarter). A final Project Performance Report will be required with the last SF-425. A final report may serve as the last quarterly report. Grantee shall constantly monitor performance to ensure that time schedules are being met, projected work by time periods is being accomplished, and other performance objectives are being achieved.

THESE REPORTS ARE REQUIRED QUARTERLY UNTIL THE PROJECT IS COMPLETED, EVEN IF DELTA REGIONAL AUTHORITY FUNDS HAVE BEEN FULLY DISBURSED TO GRANTEE.

The project performance reports shall include, but not limited to, the following:

1. A comparison of actual accomplishments to the objectives established for that period;
2. Reasons why established objectives were not met;
3. Problems, delays, or adverse conditions which will affect attainment of overall project objectives, prevent meeting time schedules or objectives, or preclude the attainment of particular project work elements during established time periods. This disclosure shall be accompanied by a statement of the action taken or planned to resolve the situation; and
4. Objectives and timetables established for the next reporting period.

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1. Comparison of Actual Accomplishments to the Objectives Established

- a. Complete Exploration of Pipes - Completed
- b. Complete Construction
- c. Closeout Project

2. Reasons Why Established Objectives Were Not Met

Due to the extensive decaying nature of the pipes, construction is taking significantly longer than expected. A change order to extend the contract by 30 days, to 120 calendar days total, was approved in November. It is anticipated that work should be complete by

3. Problems, delays, or adverse conditions which will affect attainment of overall project objectives. Statement of Action.

There are no none problems or delays at the current time that will affect attainment of the overall project objectives. No impact is anticipated. The project will be completed as original proposed with all original outcomes; however, it will take slightly longer than anticipated.

4. Objectives and timetables established for the next reporting period

- a. Complete Construction
- b. Closeout Project

**PERFORMANCE PROGRESS REPORT
SF-PPR**

		Page 1	of Pages 1
1. Federal Agency and Organization Element to Which Report is Submitted DRA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency MS10374 EC	
		3a. DUNS Number 060845179	
		3b. EIN 64-6000658	
4. Recipient Organization (Name and complete address including zip code) Madison County, Mississippi 125 W. North Street Canton, MS 39046		5. Recipient Identifying Number or Account Number	
6. Project/Grant Period Start Date: (Month, Day, Year) November 12, 2012		7. Reporting Period End Date (Month, Day, Year) November 12, 2014 March 31, 2014	8. Final Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		9. Report Frequency <input type="checkbox"/> annual <input type="checkbox"/> semi-annual <input checked="" type="checkbox"/> quarterly <input type="checkbox"/> other (If other, describe: _____)	
10. Performance Narrative (attach performance narrative as instructed by the awarding Federal Agency)			
In brief summary, the County has awarded a construction contract for the work and construction has begun. Please see attached Quarterly Report Narrative for additional information.			
11. Other Attachments (attach other documents as needed or as instructed by the awarding Federal Agency)			
12. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.			
12a. Typed or Printed Name and Title of Authorized Certifying Official Karl Banks, President Madison County Board of Supervisors		12c. Telephone (area code, number and extension) 601-855-5535	
		12d. Email Address	
12b. Signature of Authorized Certifying Official		12e. Date Report Submitted (Month, Day, Year) 4/10/2014	
		13. Agency use only	

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DRA	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) MS-10734 EC	Page 1	of 1	pages
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3. Recipient Organization (Name and complete address including Zip code)
 Madison County, Mississippi 125 W. North Street, Canton, MS 39046

4a. DUNS Number 060845179	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 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) November 12, 2012	To: (Month, Day, Year) November 12, 2014	9. Reporting Period End Date (Month, Day, Year) 12/31/2013
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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	\$35,661.72
b. Cash Disbursements	\$35,661.72
c. Cash on Hand (line a minus b)	\$0

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	\$200,000
e. Federal share of expenditures	\$60,256.74
f. Federal share of unliquidated obligations	\$139,743.26
g. Total Federal share (sum of lines e and f)	\$200,000
h. Unobligated balance of Federal funds (line d minus g)	0
Recipient Share:	
i. Total recipient share required	\$165,990.00
j. Recipient share of expenditures	\$46,337.84
k. Remaining recipient share to be provided (line i minus j)	\$119,652.16

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)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	\$0						
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 Karl Banks, President Madison County Board of Supervisors	c. Telephone (Area code, number and extension) 601-855-5535 d. Email address
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year) 1/10/2014

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.