



STATE OF MISSISSIPPI
PHIL BRYANT, GOVERNOR
MISSISSIPPI DEVELOPMENT AUTHORITY
BRENT CHRISTENSEN
EXECUTIVE DIRECTOR

May 23, 2014

Honorable Karl Banks
President
Madison County Board of Supervisors
Post Office Box 404
Canton, Mississippi 39046

SUBJECT: Closeout – Madison County
CDBG Project #1129-12-288-PF-01

Dear Mr. Banks:

The Community Services Division (CSD) is hereby transmitting for your records a copy of the Certificate of Completion for the above referenced CDBG project. Also enclosed is an executed Agreement Relative to Closeout of your CDBG project. This agreement designates that Madison County remains responsible for any subsequent audits or results of audits of project activities, which may result in having to be repaid to CSD, MDA by Madison County. You must retain these documents in your CDBG records in order to be in compliance with record regulations.

Thank you for your interest in the Community Development Block Grant program. We are proud to have been a partner in assisting you in meeting your community's needs and hope that we will continue our working relationship in an effort to improve the State of Mississippi.

Sincerely,

A handwritten signature in blue ink that reads "Tracey Giles".

Tracey Giles
Bureau Manager
Community Services Division

TG:pjt

cc: Woody Sample

Enclosure

**Mississippi Development Authority
Community Services Division
Recipient's Closeout Checklist**

Recipient: MADISON COUNTY

Contract# 1129-12-045-PF-01

In compliance with the requirements of the MDA, CSD Recipient Close-out procedure and the terms and conditions of the contract, the following close-out documents are enclosed: (Check the appropriate boxes concerning each of the closeout documents. Explain fully any items not submitted or any item to be sent separately. Use separate sheet, if necessary.)

Type of Document	Enclosed	Not Applicable	Sending Separately	Unable to Furnish
1. Certification of Completion	X			
2. Funding Sources Summary Report	X			
3. Recipient Performance Certification Report	X			
4. Agreement Relative to Closeout	X			
5. Outstanding Claimant's List	X			
6. Inventory and Program Income	X			
7. Final Request for Cash Consolidated Support Sheet	X			
8. Refund Check		X		
9. Other (Specify)		X		

Explanation/Comments:

RECEIVED

APR 30 2014

MDA
COMMUNITY SERVICES DIV.



**Mississippi Development Authority
Community Services Division
Recipient Performance Certification Report**

Recipient: MADISON COUNTY
Contract # 1129-12-045-PF-01
National Policy Objective(s) Addressed Low and moderate income

Activity Type(s)	Public Facilities		Select Activity Type		Totals	
	Planned	Actual	Planned	Actual	Planned	Actual
Very Low Income					-	-
Low/Moderate Income	526	526			526	526
Total Low/Mod Income	526	526	0	0	526	526
% of Low/Mod Income	85%	85%	#DIV/0!	#DIV/0!	85%	85%
Non - Low/Moderate Income	96	96			96	96
Total Beneficiaries	622	622	0	0	622	622
Ethnic Background	Total	Hispanic	Total	Hispanic	Total	Hispanic
1 White	0				-	-
2 Black	618				618	-
3 Asian	1				1	-
4 American Indian/Alaskan Native					-	-
5 Native Hawaiian/Other Pacific Island					-	-
6 American Indian/Alaskan Native & White					-	-
7 Asian and White					-	-
8 Black/African American & White	3				3	-
9 Amer Indian/Alaskan/Black African Amer					-	-
10 Other Multi-Racial					-	-
Totals	622	0	0	0	622	0

Objective (Please select one)

- 1 Create suitable living environments _____
- 2 Provide decent affordable housing _____
- 3 Create economic opportunities _____

Census or Survey CENSUS

Outcome (Please select one)

- 1 Availability/Accessibility _____
- 2 Affordability _____
- 3 Sustainability _____

County Code	Census Tract	Block Groups
89	0303.02	1

Total Served

Number of Households Served 211
 Number of Female Head of Household Served 48
 Number of Elderly Beneficiaries (+62) 70
 Number of Handicapped Beneficiaries 16

Total Served (Please complete only one line)

Now have new access to this type of public facility or infrastructure improvement: 622
 Now have improved access to this type of public facility or infrastructure improvement: _____
 That are served by public facility or infrastructure that is to longer substandard: _____

Project Physical Address:

Street: 443 Livingston Vernon Rd
 City: Flora, MS
 Zip: 39071

Prepared By Sample, Hicks & Associates
 Phone # 601-932-9050

Accomplishment Narrative:

The project has been a great success, rehabilitating the wastewater system within the area



Grant Recipient Funding Sources

Recipient: MADISON COUNTY

Contract #: 1129-12-045-PF-01

Program : Community Development Block Grant Program (CDBG) 14.228

Administration

1. MDA Funds (CDBG, HOME, ESG)			\$ 21,550.00
2. Section 108 Loan Guarantee			
3. Other Consolidated Plan Funds	HOME		
	ESG		
	HOPWA		\$ -
4. Appalachian Regional Commission			
5. Other Federal Funds			
6. State/Locals Funds			\$ 6,000.00
7. Private Funds			
8. Other			
Total			\$ 27,550.00

Public Facilities

1. MDA Funds (CDBG, HOME, ESG)			\$ 174,213.23
2. Section 108 Loan Guarantee			
3. Other Consolidated Plan Funds	HOME		
	ESG		
	HOPWA		\$ -
4. Appalachian Regional Commission			
5. Other Federal Funds			
6. State/Locals Funds			\$ 183,614.15
7. Private Funds			
8. Other			
Total			\$ 357,827.38

Select Activity Type

1. MDA Funds (CDBG, HOME, ESG)			
2. Section 108 Loan Guarantee			
3. Other Consolidated Plan Funds	HOME		
	ESG		
	HOPWA		\$ -
4. Appalachian Regional Commission			
5. Other Federal Funds			
6. State/Locals Funds			
7. Private Funds			
8. Other			
Total			\$ -

Grand Totals by Funding Sources

1. MDA Funds (CDBG, HOME, ESG)			\$ 195,763.23
2. Section 108 Loan Guarantee			\$ -
3. Other Consolidated Plan Funds	HOME	\$ -	
	ESG	\$ -	
	HOPWA	\$ -	\$ -
4. Appalachian Regional Commission			\$ -
5. Other Federal Funds			\$ -
6. State/Locals Funds			\$ 189,614.15
7. Private Funds			\$ -
8. Other			\$ -
Grand Total			\$ 385,377.38



Agreement Relative to Closeout of Community Services Division Grant Programs

RECIPIENT: MADISON COUNTY

CONTRACT #: 1129-12-045-PF-01

This Agreement is between MADISON COUNTY ("Recipient") and the Mississippi Development Authority, Community Services Division ("Division").

Closeouts/Audits

The parties to this Agreement desire to closeout Recipient's CSD Grant (i.e. CDBG, HOME, ESG), contract number 1129-12-045-PF-01 (the "Grant").

Because of regulatory and legislative changes, the Division no longer requires a final audit of an individual grant at closeout. Rather than waiting for Recipient's next periodic audit, the parties desire to closeout the Grant subject to subsequent audit(s).

THEREFORE, in consideration of the mutual promises contained herein, the parties to this Agreement agree as follows:

1. The Division waives the requirement in 24 CFR Subsection 570.512 of the submission of any required audits and/or subsequent audit of the Grant prior to closeout.
2. Recipient will submit to the Division its required audits or subsequent audit which it shall comply with federal and state requirements and which shall cover all periods in which any grant costs have been incurred.
3. Recipient shall remit to the Division the amount of any ineligible costs that are disallowed by any required audits and/or subsequent audit(s) which disallowances are identified by the Federal and/or State Agency(ies).
4. The Agreement contained herein are in addition to any other agreements between the parties relative to the closeout of the grant. Recipient agrees to abide by all governing laws and regulations.

Certificate of Completion

I hereby certify that all activities undertaken by the Recipient with funds provided under the grant agreement, hereof, have, to the best of any knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Recipient for the payment of all unpaid costs and unsettled third-party claims identified, hereof; that the United States of America or the State of Mississippi is under no obligation to make any further payment to the Recipient under the grant agreement, hereof; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

Recipient Performance Certification Report

I hereby certify that all planned and actual beneficiaries, the ethic beneficiaries information, census information and the performance measures are correct as stated on the Recipient Performance Certification Report are to the best of my knowledge, true and correct as of this date.

CERTIFICATE OF RECIPIENT'S COMPLIANCE

Release

Pursuant to the terms of said contract and in consideration of the sum of \$ 195,763.23 (Total Amount Paid & Payable by MDA, CSD), upon payment of the said sum does remise, release, and discharge MDA, CSD, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except the following:



Agreement Relative to Closeout of Community Services Division Grant Programs

RECIPIENT: MADISON COUNTY CONTRACT #: 1129-12-045-PF-01

- a. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows:

NONE

(If none, so state)

- b. Claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Contractor to third parties arising out of the performance of the said contract, which are not known to the Contractor on the date of execution of this release and of which the Contractor gives notice in writing to the MDA, CSD within the period specified in the said contract.
- c. Claims, after closeout, for costs which result from the liability to pay Unemployment Insurance costs under a reimbursement system or to settle Worker's Compensation claims.

Assignment of Refunds, Rebates and Credits

Pursuant to the terms of said contract and in consideration of the reimbursement of costs and payment of fees as provided in the said contract and any assignment thereunder, the Contractor hereby does the following:

- a. Assign, transfer, set over and release to MDA, CSD all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising or which may hereafter accrue thereunder.
- b. Agree to take whatever action may be necessary to effect prompt collection of all such refunds, rebates, credits or other amounts (including interest thereon due or which may become due, and to forward promptly to MDA, CSD) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the MDA, CSD as stated in the said contract and may be applied to reduce any amount otherwise payable to MDA, CSD under the terms hereof.
- c. Agree to cooperate fully with MDA, CSD as to any claim or suit in connection with such refunds, rebates, credits or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit MDA, CSD or the Federal Grant of Agency to represent it at any hearing, trial or other proceeding arising out of such claim or suit.

Inventory Certification (Select One)

- a. _____ The Contractor hereby certifies that all items of materials and equipment purchased, furnished, or transferred for or to said Contractor were done so in accordance with the terms and conditions of said contract.
- b. X _____ The Contractor hereby certifies that no equipment was furnished or acquired under the terms and conditions of said contract

General Statement of Compliance

I certify that all the Federal, State and Local requirements of the said contract have been complied with.



Agreement Relative to Closeout of Community Services Division Grant Programs

RECIPIENT: MADISON COUNTY

CONTRACT #: 1129-12-045-PF-01

Outstanding Claimants List

I hereby certify that the information as stated in the Outstanding Claimants List page is to the best of my knowledge, true and correct.

Inventory and Program Income

I hereby certify that the information as stated in the Inventory and Program Income page is to the best of my knowledge, true and correct.

Final Request for Cash Consolidated Support Sheet

I hereby certify that the information as stated on the enclosed in the Final Request for Cash Consolidated Support Sheet is to the best of my knowledge, true and correct.

This Agreement is executed by the Parties on the date indicated by their respective signatures.

IN WITNESS THEREOF, THIS Agreement and Certification of Contract Compliance has been executed this day of _____ April 21, 2014 .

MADISON COUNTY

WITNESSED BY:



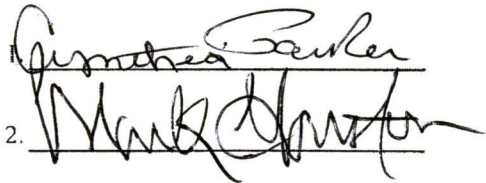
BY SIGNATORY OFFICIAL

Board President

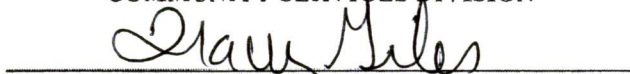
TITLE

21-Apr-14

DATE



MISSISSIPPI DEVELOPMENT AUTHORITY
COMMUNITY SERVICES DIVISION



BY SIGNATORY OFFICIAL

Bureau Manager

TITLE

5/23/14

DATE



**Mississippi Development Authority
Community Services Division
Outstanding Claimant's List**

Recipient: MADISON COUN' Contract Number: 1129-12-045-PF-01

Claimant's Name, Address, S.S.# (Where Applicable)	Check #	Amount	Date	Pay Period Hours and Rate	Other Contact Name and Address
1 NONE					
2					
3					
4					
5					
		\$0.00			

Inventory and Program Income

Real Estate: List the property which has been purchased with MDA grant funds and considered to be surplus property, the type of property, (i.e., lots, land, buildings), price paid for each property, the proposed use of the property, and the date the property is expected to be used.

Number or amount	Type of property	Purchase price	Proposed use of property	Date to be used
1 N/A				
2				
3				

Equipment: List the equipment which has been purchased with MDA grant funds (i.e., fire truck, bulldozer, file cabinet, calculator, etc.), the price paid for each piece of equipment, and the use of the equipment.

Number or amount	Type of property	Purchase price	Use of Equipment
1 N/A			
2			
3			

Program Income: List the amount of program income which has been collected to date, the type of activity generating program income (i.e., public facility, economic development, housing, etc.), the estimated amount of additional program income payments expected, and the proposed use of the program income.

Amount collected to date	Activity	Additional Payment	Proposed use of program income
N/A			



**Mississippi Development Authority
Consolidated Support Sheet**

Program: Community Development Block Grant Program
 Recipient: MADISON COUNTY
 Request for Cash Number: 6

Contract Number: 1129-12-045-PF-01
 Total Amount Requested: \$96,872.11


IDIS #	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Amount Requested to Date	Balance
	General Administration	Sample, Hicks & Associates	0414-03	\$7,400.00	\$7,400.00		\$16,599.00	\$16,550.00	\$49.00
	Application Preparation (CDBG C)	Madison Co (reimb for admin charge)		\$2,124.00	\$2,124.00		\$5,000.00	\$5,000.00	\$0.00
	Total Administration			\$9,524.00	\$9,524.00	\$0.00	\$21,599.00	\$21,550.00	\$49.00
	Engineering / Architectural	Warnock & Asso. LLC	41014	\$3,914.00	\$2,130.00	\$1,784.00	\$24,000.00	\$24,000.00	\$0.00
	Total Engineering / Architectural			\$3,914.00	\$2,130.00	\$1,784.00	\$24,000.00	\$24,000.00	\$0.00
	Contingencies								\$0.00
	Total Contingencies			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Sewer Lines	Suncoast Infrastructure	5	\$157,175.11	\$85,218.11	\$71,957.00	\$160,391.00	\$150,213.23	\$10,177.77
	Total Construction			\$157,175.11	\$85,218.11	\$71,957.00	\$160,391.00	\$150,213.23	\$10,177.77
	GRAND TOTAL			\$170,613.11	\$96,872.11	\$73,741.00	\$205,990.00	\$195,763.23	\$10,226.77

Services Rendered - Beginning: _____ Thru: _____ April 10, 2014

Cumulative: \$195,763.23 Plus (+) \$189,614.15 Equals (=) \$385,377.38
 Program Expenditures Matching Expenditures Total Expenditures

I Herby Certify That (a) the services covered by this request have not been received from the Federal / State Government or expended for such services under any other contract agreement or grant, (b) the amount requested will be expended for allowable costs / expenditures under the terms of the contract agreement or grant, (c) the amount requested herein does not exceed the total funds obligated by contract, and (d) the funds are requested for only immediate disbursements

I Herby Certify That the goods sold and/or services rendered have been delivered and/or performed in good order within the time listed above and are in compliance with all statutory requirements and regulations. I certify that this request does not include any advances or funds for future obligations


 Signature of Authorized Official

4/21/2014
 Date Signed

Sample, Hicks & Associates, Inc.
 Prepared By

KARL M. BANKS, BOARD PRESIDENT
 Typed Name and Title of Authorized Official

601-932-9050
 Preparer's Telephone No.





STATE OF MISSISSIPPI
PHIL BRYANT
GOVERNOR
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
TRUDY D. FISHER, EXECUTIVE DIRECTOR

July 9, 2013

Mr. Shelton Vance, Comptroller/Administrator
Madison County Board of Supervisors
125 West North St.
Canton, MS 39046

Dear Mr. Vance:

Re: West Madison Sanitary Sewer
Rehabilitation Project
Madison County
Project No. 64152-PLA20130001

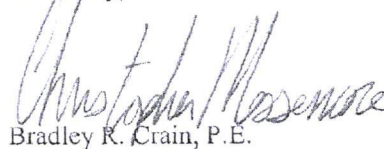
We are in receipt of the plans and specifications for the referenced project. Because the plans do not propose additions to the wastewater collection system but are only for rehabilitation of the existing wastewater collection system, our regulations do not require our review or approval of the plans and specifications for this project.

Please note that, if the scope of the project changes to add new sewer lines to the current collection system, you will need to submit additional plans and specifications for our review and approval.

Please be reminded that it is the full responsibility of the owner to ensure all needed approvals, permits, clearances, easements, agreements, etc., which may be required prior to or during construction of the project have been or will be obtained.

Should you have any questions, please contact me at (601) 961-5171.

Sincerely,



Bradley R. Crain, P.E.

For
Chief, Municipal and Private Facilities Branch
Environmental Permits Division

cc: Rudy M. Warnocik, Jr., P.E.

64152 PLA20130001