

**STATE OF MISSISSIPPI**  
**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES**  
**SUBGRANT SIGNATURE SHEET**  
P.O. BOX 352  
JACKSON, MISSISSIPPI 39205-0352

MDHS DIVISION: YOUTH SERVICES

DUNS#: 884388737

<p><b>1. SUBGRANTEE'S NAME, ADDRESS &amp; PHONE NO.</b></p> <p><u>MADISON COUNTY BOARD OF SUPERVISORS</u> <u>125 W. NORTH STREET (P.O. BOX 608)</u> <u>CANTON, MS 39046</u> <u>(601) 855-5500</u></p> <p><b>SUBGRANTEE'S FISCAL YEAR END DATE:</b> <u>September 30, 2015</u></p> <p><b>NAME/TITLE OF OFFICERS: (SUBGRANT ENTITY)</b></p> <p>a. <u>KARL M. BANKS, SR., MADISON COUNTY BOARD PRESIDENT</u></p> <p>b. <u>MARK HOUSTON, MADISON COUNTY ADMINISTRATOR</u></p> <p>c. <u>THOMAS M. BOX, DIRECTOR, MADISON COUNTY AOP</u></p> <p><b>CONTACT PERSON:</b> <u>MIKE BOX</u></p> <p>PHONE NUMBER: <u>(601) 503-3943</u></p> <p>FAX: <u>(601) 855-5759</u></p>	<p><b>2. EFFECTIVE DATE:</b>  <u>1-Oct-14</u></p> <p><b>3. SUBGRANT NUMBER:</b>  </p> <p><b>4a. GRANT IDENTIFIER (funding source and year):</b> <u>TANF FFY 15</u></p> <p><b>b. CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA)#</b> <u>93.558</u></p> <p><b>5. BEGINNING/ENDING DATE</b> <u>October 1, 2014 through September 30, 2015</u></p> <p><b>6. SUBGRANT PAYMENT METHOD:</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><u>          </u></td> <td>CURRENT NEEDS/CASH ADVANCE</td> </tr> <tr> <td style="width: 50%;"><u>XX</u></td> <td>COST REIMBURSEMENT</td> </tr> <tr> <td><u>          </u></td> <td>OTHER</td> </tr> </table> <p><b>7. PAGE 1 OF <u>4</u></b></p>	<u>          </u>	CURRENT NEEDS/CASH ADVANCE	<u>XX</u>	COST REIMBURSEMENT	<u>          </u>	OTHER
<u>          </u>	CURRENT NEEDS/CASH ADVANCE						
<u>XX</u>	COST REIMBURSEMENT						
<u>          </u>	OTHER						

**8. THE FOLLOWING FUNDS ARE OBLIGATED AS FOLLOWS:**

FEDERAL	\$	185,454.00		ADMINISTRATION	\$	51,606.00
STATE	\$	-		SERVICES	\$	133,848.00
OTHER	\$	-		OTHER	\$	-
TOTAL	\$	185,454.00		TOTAL	\$	185,454.00

**9. THE SUBGRANTEE AGREES TO ADMINISTER THIS SUBGRANT IN ACCORDANCE WITH ALL FEDERAL AND/OR STATE PROVISIONS THAT ARE APPLICABLE TO SAID SUBGRANT. THE FOLLOWING DOCUMENTS ARE INCORPORATED HEREIN:**

- |   |   |
|---|---|
| <p>a. SUBGRANT SIGNATURE SHEET</p> <p>b. BUDGET SUMMARY</p> <p>c. COST SUMMARY SUPPORT SHEET</p> <p>d. BUDGET NARRATIVE</p> <p>e. SUBGRANT AGREEMENT</p> <p>1) SCOPE OF SERVICES</p> <p>2) GENERAL TERMS AND PROVISIONS</p> | <p>3) STANDARD ASSURANCES POLICY</p> <p>4) DEBARMENT/SUSPENSION POLICY</p> <p>5) DRUG FREE WORKPLACE POLICY</p> <p>6) SUBGRANTEE MANUAL ACCEPTANCE</p> <p>f. VERIFICATION OF 25% FIDELITY BOND</p> <p>g. COPY OF BOARD RESOLUTION (If Applicable)</p> <p>h. COST ALLOCATION &amp; INDIRECT COST RATES (N/A)</p> |
|---|---|

**10. IDENTIFICATION OF OTHER FUNDING (List all other funds requested, anticipated or held over from prior years dedicated to this or similar programs ) including Federal, State, Local or Private funds. If additional space is needed, please attach typed pages).**

SOURCE	PURPOSE	CONTRACT #	PERIOD (dates)	AMOUNT
N/A				\$ -
				\$ -
				\$ -
				\$ -

**11. APPROVED FOR MDHS:**

BY \_\_\_\_\_ DATE \_\_\_\_\_  
MDHS Executive Director/Designee

**12. APPROVED FOR SUBGRANTEE:**

BY \_\_\_\_\_ DATE 8/19/2014  
TITLE \_Director\_

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
BUDGET SUMMARY

1. Applicant Agency		Madison County Board of Supervisors					
2. Subgrant Number		3. Grant ID		4. Beginning		5. Ending	
		TANF FFY 15		10/01/14		9/30/2015	
6. Submitted as Part of (check one):							
A. Funding Request ( <input checked="" type="checkbox"/> )		B. Modification ( )		Modification Effective Date:			
7. For MDHS Use Only	8. Budget Activity	Funding Sources					
		Federal	State	Local	Program	In-Kind	Total
	Administration	\$ 51,606.00					\$ 51,606.00
	Counseling Services	\$ 133,848.00					\$ 133,848.00
	TOTALS	\$ 185,454.00	\$ -	\$ -	\$ -	\$ -	\$ 185,454.00

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
 COST SUMMARY SUPPORT SHEET

1. Applicant Agency		MADISON COUNTY BOARD OF SUPERVISORS					
2. Subgrant Number		3. Grant ID	4. Beginning	5. Ending			
		TANF FFY 15	10/01/14	09/30/15			
6. Budget Activity		Administration					
7. For Only	8. Budget Category	9. Budget					
		FEDERAL	State	Local	Program	In-Kind	Total
	Salaries	\$ 36,000.00					\$ 36,000.00
	Fringes	\$ 14,606.00					\$ 14,606.00
	Commodities	\$ 1,000.00					\$ 1,000.00
		\$ -					\$ -
		\$ -					\$ -
	TOTAL	\$ 51,606.00	\$ -	\$ -	\$ -	\$ -	\$ 51,606.00

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
COST SUMMARY SUPPORT SHEET

1. Applicant Agency		Madison County Board of Supervisors					
2. Subgrant Number		3. Grant ID		4. Beginning		5. Ending	
		TANF FFY 15		10/01/14		09/30/15	
6. Budget Activity							
Counseling Services							
7. For Only	8. Budget Category	9. Budget					
		FEDERAL	State	Local	Program	In-Kind	Total
	Salaries	\$ 71,000.00					\$ 71,000.00
	Fringes	\$ 35,643.00					\$ 35,643.00
	Commodities	\$ 17,617.00					\$ 17,617.00
	Contractual Services		9,588				9,588
		\$ -					\$ -
	TOTAL	\$ 133,848.00	\$ -	\$ -	\$ -	\$ -	\$ 133,848.00

Madison County Board of Supervisors  
Adolescent Opportunity Program (AOP)  
12 MONTH BUDGET ALLOCATION

**ADMINISTRATIVE COST**

**Salaries**

Program Coordinator (\$36,000/12 = \$3000 x 12 months) \$ 36,000

**Total Salaries:**

**Fringe Benefits**

Health Insurance (\$486.82 x 12 months) \$ 5,842

Vision Insurance (\$6.94 x 12 months) \$ 83

Dental Insurance (\$15.58 x 12 months) \$ 187

Life Insurance (\$5.82 x 12 months) \$ 70

SSA (6.2% x \$36,000) \$ 2,232

Medicare (1.45% x \$36,000) \$ 522

PERS (15.75% x \$36,000) \$ 5,670

**Total Fringe Benefits** \$ 14,606

**Commodities**

Office supplies - paper, pens, paper, etc. \$ 1,000

**Total Commodities:** \$ 1,000

**Total Admin:** \$ 51,606

**COUNSELING COST**

**Salaries**

Program Coordinator/Counselor (\$9000/12= \$750 x 12 months) \$ 9,000

Counselor (\$35,000/12 = \$2916 x 12 months = \$35,000) \$ 35,000

Case Manager (\$27,000/12= \$2,250 x 12 months = \$27,000) \$ 27,000

**Total Salaries:** \$ 71,000

**Fringe Benefits**

Health Insurance (\$608.53 x 2 employees + Health Insurance (\$608.53 x 2 employees + 121.70 x 1 employee x 12 month) \$ 16,065

Vision Insurance (\$8.67 x 2 employees + \$1.73 x 1 employee x 12 months) \$ 229

Dental Insurance (\$19.52 x 2 employees + \$3.90 x 1 employee x 12 months) \$ 515

Life Insurance (\$4.28 x 2 employees + \$0.86 x 1 employee x 12 months) \$ 113

SSA (6.2% x \$71,000) + (6.2% x 9000) \$ 4,960

Medicare (1.45% x \$71,000) + (1.45% x 9000) \$ 1,161

PERS (15.75% x \$71,000) + (15.75 x 9000) \$ 12,601

**Total Fringe:** \$ 35,643

**Commodities**

Food- to include daily snacks for youth, youth graduation ceremonies, meals for field trips, life skills events such as picnics, restaurants, movies, cultural events, etc. \$ 3,500

Program Supplies- to include pens, papers, educational activity materials, art supplies, and incentives for program youth \$ 3,617

Program Testing, testing supplies, reading test, drug testing \$ 1,000

Equipment Repair parts, supplies, and accessories to include the purchase of fuel, tires, batteries, \$ 6,500

Field Trips-admission fees for cultural, recreational, educational events \$ 3,000

**Total Commodities:** \$ 17,617

**Contractual Services**

Employee Background (\$27.00 x 4 employees)	\$ 108
Licensed Clinical Supervisor (\$500 per month x 12 months)	\$ 6,000
CPI Training/Professional Development	\$ 1,188
Maintenance and Repair to Motor Vehicles:	

This includes but not limited to: oil change, fluid/filter change, cooling system flush and fill, freon replacement, belts/hoses, wiper blades \$ 2,292  
Headlights, tires rotated/balanced, alignment, batteries, brakes

**Total Contractual:** \$ 9,588  
**Total Counseling:** \$ 133,848

**Total Admin:** 51,606  
**Total Counseling:** \$ 133,848  
**Total Award:** \$ 185,454

**TOTAL BUDGET COST**

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SUBGRANT AGREEMENT  
BETWEEN  
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
AND  
MADISON COUNTY BOARD OF SUPERVISORS

**MENTAL HEALTH INTENSIVE  
ADOLESCENT OPPORTUNITY PROGRAM (AOP)**

**Subgrant Number:** \_\_\_\_\_

**THIS AGREEMENT** is made and entered into by and between the **Mississippi Department of Human Services, Division of Youth Services**, hereinafter referred to as "MDHS," and **MADISON COUNTY BOARD OF SUPERVISORS, (MADISON COUNTY)** hereinafter referred to as "Subgrantee," by the signatures affixed herein, do hereby make and enter into this Agreement.

WHEREAS, pursuant to Section 43-1-2 of the 1972 Mississippi Code Annotated, as amended and 42 U.S.C. §604a, MDHS is authorized to enter into agreements with public and private agencies for the purpose of purchasing certain services for the benefit of eligible individuals under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, hereinafter the "Act"; and

WHEREAS, the Subgrantee is eligible for entering into agreements with MDHS for the purpose of providing services for the benefit of certain eligible individuals under the Act; and

WHEREAS, the services being contracted for in this Agreement are not otherwise available on a non-reimbursable basis; and

WHEREAS, MDHS wishes to purchase such services from Subgrantee;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, MDHS and Subgrantee agree as follows:

**SECTION I  
PURPOSE**

The purpose of this Agreement is to engage the services of the Subgrantee to perform certain services under the Act.

**SECTION II  
RESPONSIBILITY OF SUBGRANTEE**

The Subgrantee shall provide, perform, and complete in a satisfactory manner as determined by MDHS, the services described in the "Scope of Services" attached hereto as Exhibit "A" and incorporated herein by reference and the "General Terms and Provisions" of this Agreement attached hereto as Exhibit "B" and incorporated herein by reference. Subgrantee shall establish

and maintain effective controls and accountability over all funds, property and other assets covered by this Agreement.

### **SECTION III TERM OF AGREEMENT**

The Subgrantee shall undertake and complete services to be rendered under this Agreement beginning **October 1, 2014, and ending no later than September 30, 2015**. Should funds continue to be made available to the Mississippi Department of Human Services through **Temporary Assistance for Needy Families (TANF)** or other grant award for the operation of the Mental Health Intensive, Adolescent Opportunity Program the Mississippi Department of Human Services shall have the option to renew the Subgrant Agreement up to four (4) years on an annual basis at the same terms and conditions. Renewal of the Subgrantee Agreement shall be at the sole discretion of the Mississippi Department of Human Services.

### **SECTION IV SUBGRANT AMOUNT AND PAYMENT**

#### **A. SUBGRANT AMOUNT**

The total amount of this Subgrant to be provided by MDHS is **One Hundred Eighty Five Thousand Dollars, Four Hundred Fifty Four Dollars and Zero Cents (\$185,454.00)**

#### **B. METHOD OF PAYMENT**

Payment method is by cost reimbursement as referenced on the Subgrant/Contract Signature Sheet, Item 6. Eligible expenses are outlined in the Budget Summary and Cost Summary Support Sheet(s), attached hereto and made a part hereof. For any request for funds to be processed, MDHS must receive required monthly program and fiscal reports as outlined in Section XV of this Agreement and attached hereto as Exhibit "B" and incorporated herein by reference. Any increase, decrease or change in the funding under this Agreement that is authorized by the parties, in compliance with applicable laws and policies, shall require a modification of the amounts listed in the Budget Summary and Cost Summary Support Sheets pursuant to Section XX attached hereto as Exhibit "B" of this Agreement.

#### **C. MAXIMUM LIABILITY**

Irrespective of any other provisions of this Agreement, its attachments, laws and regulations, or the obligation of the Subgrantee, the liability of payment by MDHS to Subgrantee of federal funds shall be limited to an amount not to exceed the sum of **One Hundred Eighty Five Thousand Dollars, Four Hundred Fifty Four Dollars and Zero Cents (\$185,454.00)** in consideration of all of the activities and services provided pursuant to this Agreement unless specifically increased in accordance with Section XIX attached hereto as Exhibit "B" of the Agreement.



**SECTION V  
NOTICE**

Notice as required by the terms of this Agreement shall be by certified United States mail return receipt requested, postage prepaid, to the Parties addressed to their respective usual business addresses; or notice may be hand delivered to the respective Party whose signature appears on this Agreement as MDHS or Subgrantee. The Parties agree to notify each other of any change of address within five (5) days of such change.

The parties hereto agree to be bound herewith as of the day and year first above written.

**MISSISSIPPI DEPARTMENT OF HUMAN  
SERVICES**

ATTEST: \_\_\_\_\_ BY: \_\_\_\_\_  
**Richard A. Berry, Executive Director**

\_\_\_\_\_  
Date

**MADISON COUNTY BOARD OF  
SUPERVISORS**

ATTEST: \_\_\_\_\_ BY: \_\_\_\_\_  
ITS: \_\_\_\_\_

\_\_\_\_\_  
Date