

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

MDHS DIVISION: YOUTH SERVICES

DUNS#: 884388737

<p>1. SUBGRANTEE'S NAME, ADDRESS & PHONE NO.</p> <p><u>MADISON COUNTY BOARD OF SUPERVISORS</u> <u>125 W. NORTH STREET (P.O. BOX 608)</u></p> <p><u>CANTON, MS 39046</u></p> <p><u>(601) 855-5500</u></p> <p>CONTACT PERSON <u>Mike Box</u></p> <p>PHONE NUMBER: <u>(601) 503-3943</u></p> <p>PHONE NUMBER: _____</p> <p>EMAIL: <u>mike.box@madison-co.com</u></p>	<p>2. EFFECTIVE DATE: <u>April 1, 2015</u></p> <p>3. SUBGRANT NUMBER: _____</p> <p>4. MODIFICATION NUMBER: <u>1</u> <u>TANF FFY 15</u></p> <p>5. BEGINNING/ENDING DATES: <u>October 1, 2014 through September 30, 2015</u></p> <p>6. SUBGRANT PAYMENT METHOD:</p> <p>_____ CURRENT NEEDS/CASH ADVANCE</p> <p><u>X</u> COST REIMBURSEMENT</p> <p>_____ OTHER</p> <p>_____ OTHER</p>
7. PAGE 1 OF 4	

8. AS A RESULT OF THIS MODIFICATION, FUNDS OBLIGATED ARE CHANGED AS FOLLOWS:

	<u>FROM</u>	<u>TO:</u>		<u>FROM</u>	<u>TO:</u>
FEDERAL	\$ 185,454	\$ 185,454	ADMINISTRATION	\$ 51,606	\$ 56,155
STATE	\$ -	\$ -	SERVICES	\$ 133,848	\$ 129,299
OTHER	\$ -	\$ -	OTHER	\$ -	\$ -
TOTAL	\$ 185,454	\$ 185,454	TOTAL	\$ 185,454	\$ 185,454

9. THE ABOVE SUBGRANT IS HEREBY MODIFIED AS FOLLOWS:

<u>FROM:</u>	<u>(Activity/Category)</u>	<u>TO:</u>	<u>(Activity/Category)</u>	<u>DIFFERENCE (+ / -)</u>
Administration				
	Salaries	\$ 36,000	\$ 38,500	\$ 2,500
	Fringes	\$ 14,606	\$ 17,119	\$ 2,513
	Commodities	\$ 1,000	\$ 536	\$ (464)
	Sub-Total	\$ 51,606	\$ 56,155	\$ 4,549
Counseling Services				
	Salaries	\$ 71,000	\$ 73,500	\$ 2,500
	Fringes	\$ 35,643	\$ 34,594	\$ (1,049)
	Contractual	\$ 9,588	\$ 3,588	\$ (6,000)
	Sub-Total	\$ 116,231	\$ 111,682	\$ (4,549)
	Total	\$ 167,837	\$ 167,837	\$ -

REASON (S) FOR MODIFICATION [If additional space is needed, please attach typed page (s)]:
The requested changes provide for the formation of a new position and restructuring of a current position.

****IF ADDITIONAL FUNDS ARE REQUESTED ATTACH A COPY OF THE ORIGINAL BUDGET**

<p>10. APPROVED FOR MDHS:</p> <p>BY _____ DATE _____</p> <p style="text-align: center;">MDHS Executive Director/Designee</p>	<p>11. APPROVED FOR SUBGRANTEE:</p> <p>BY _____ DATE _____</p> <p>TITLE _____</p>
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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):		B. Modification (X) Modification Effective Date: 1-Apr-15					
A. Funding Request ()							
7. For MDHS Use Only	8. Budget Activity	Federal	State	Local	Program	In-Kind	Total
	Administration	\$ 56,155					\$ 56,155
	Counseling Services	\$ 129,299					\$ 129,299
	TOTALS	\$ 185,454	\$ -	\$ -	\$ -	\$ -	\$ 185,454

**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
	Salaries	\$ 38,500				\$ 38,500
	Fringes	\$ 17,119				\$ 17,119
	Commodities	\$ 536				\$ 536
	TOTAL	\$ 56,155	\$ -	\$ -	\$ -	\$ 56,155

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				Total
		FEDERAL	State	Local	In-Kind	
	Salaries	\$ 73,500				\$ 73,500
	Fringes	\$ 34,594				\$ 34,594
	Commodities	\$ 17,617				\$ 17,617
	Contractual Services	\$ 3,588				\$ 3,588
	TOTAL	\$ 129,299	\$ -	\$ -	\$ -	\$ 129,299

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

ADMINISTRATIVE COST	ORIGINAL	DIFFERENCE	REVISED FEE
Salaries			
Director Madison County Youth Programs: oversees fiscal and clinical aspects of program (Modified to create new position) (\$1208 per month x 12 months: 25% of total time)	0 \$	14,500 \$	14,500
Program Coordinator (\$36000/12=\$3000 x 12 months)	36000 \$	(12,000) \$	24,000
Program Coordinator (\$500 per month x 12 months) (Reduced to modify position)			
Total Salaries:	36000 \$	2,500 \$	38,500
Fringe Benefits			
Health Insurance (\$486.82 x 12 months) Health Insurance (\$154.80 per month for Director) + (\$486.82 per month for Coordinator) x 12 months (Increased to Create Position)	5842 \$	1,858 \$	7,700
Vision Insurance (\$6.94 x 12 months) Vision Insurance (\$2.21 per month for Director) + (\$6.94 per month for Coordinator) x 12 months (Increased to Create Position)	83 \$	27 \$	110
Dental Insurance (\$15.58 x 12 months) Dental Insurance (\$4.98 per month for Director) + (\$15.66 per month for Coordinator) x 12 months (Increased to Create Position)	187 \$	60 \$	247
Life Insurance (\$5.82 x 12 months) Life Insurance (\$1.09 per month for Director) + (\$3.42 per month for Coordinator) x 12 months (Increased to Create Position)	70 \$	(16) \$	54
SSA (6.2% x \$36000) SSA (6.2% x \$38,500) (Increased to Create Position)	2232 \$	155 \$	2,387
Medicare (1.45% x \$36000) Medicare (1.45% x \$38,500) (Increased to Create Position)	522 \$	36 \$	558
PERS (15.75% x \$36000) PERS (15.75% x \$38,500) (Increased to Create Position)	5670 \$	394 \$	6,064
Total Fringe Benefits:	14606 \$	2,513 \$	17,119
Commodities			
Office supplies - paper, pens, paper, etc. (Decreased to Modify Position)	1000 \$	(464) \$	536
Total Commodities:	1000 \$	- \$	1,000
Contractual Services			
		\$	-
Total Contractual:	0 \$	- \$	-
Total Admin:	51606 \$	4,549 \$	56,155

CONSENSING COST	ORIGINAL	DIFFERENCE	REVISED FEE
Salaries			
Director Madison County Youth Programs: provides substance abuse counseling (Increased to create position) (\$291 per month x 12 months: 6% of total time)	0 \$	3,500 \$	3,500
Program Coordinator/Counselor (\$9000/12=\$750 x 12 months)	9000 \$	(3,000) \$	6,000
Program Coordinator/Case Manager (\$500 per month x 12 months) (Decreased to Modify Position)			
Counselor (\$35,000/12 = \$2916 x 12 months = \$35,000) Counselor (\$3000 per month) x 12 months (Increased to provide cost of living increase)	35000 \$	1,000 \$	36,000
Case Manager (\$27,000/12= \$2,250 x 12 months = \$27,000) Case Manager (\$2333.33 per month)x 12 months (Increased to provide cost of living increase)	27000 \$	1,000 \$	28,000
Total Salaries:	71000 \$	2,500 \$	73,500
Fringe Benefits			
Health Insurance (\$608.53 x 2 employees) + (\$121.70 x 1 employee) = \$1338.76 x 12 months Health Insurance (\$608.53 per month for Counselor and Case Manager) + (\$121.70 per month for Coordinator) + (\$37.41 per month for Director) = \$1376.17 x 12 months (Increased to create position)	16065 \$	449 \$	16,514
Vision Insurance (\$8.67 x 2 employees) + (\$1.73 x 1 employee) = \$19.07 x 12 months Vision Insurance (\$8.87 for Counselor and Case Manager per month) + (\$1.74 per month for Coordinator) + (\$0.53 per month for Director) x 12 months (Increased to create position)	229 \$	8 \$	235
Dental Insurance (\$19.52 x 2 employees) + (\$3.90 x 1 employee) = \$42.94 x 12 months Dental Insurance (\$19.52 for Counselor and Case Manager per month) + (\$3.90 per month for Coordinator)+(\$1.20 per month for Director) x 12 months (Increased to create position)	515 \$	15 \$	530
Life Insurance (\$4.28 x 2 employees) + (\$0.86 x 1 employee) = \$9.42 x 12 months Life Insurance (\$4.28 per month for Counselor and Case Manager) + (\$0.86 per month for Coordinator)+(\$0.26 per month for Director) x 12 months (Increased to create position)	113 \$	3 \$	116
SSA (6.2% x \$71000) + (1.45% x \$9000) SSA (6.2% x \$73500) (Decreased to Correct Error)	4960 \$	(403) \$	4,557
Medicare (1.45% x \$71000) + (1.45% x \$9000) Medicare (1.45% x \$73500) (Decreased to Correct Error)	1161 \$	(95) \$	1,066
PERS (15.75% x \$71000) + (15.75% x \$9000) PERS (15.75% x \$73500) (Decreased to Correct Error)	12500 \$	(1,024) \$	11,576
Total Fringe:	35643 \$	(1,049) \$	34,594

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

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.	3500 \$	-	\$ 3,500
Program Supplies- to include pens, papers, educational activity materials, art supplies, and incentives for program youth	3617 \$	-	\$ 3,617
Program Testing, testing supplies, reading test, drug testing	1000 \$	-	\$ 1,000
Transportation to include the purchase of fuel, tires, batteries,	6500 \$	-	\$ 6,500
Field Trips-admission fees for cultural, recreational, educational events	3000 \$	-	\$ 3,000
Total Commodities:	17617 \$	-	\$ 17,617

Contractual Services

Employee Background (\$27.00 x 4 employees)	108 \$	-	\$ 108
Licensed Clinical Supervisor (\$500 per month x 12 months) (Contract eliminated)	6000 \$	(6,000)	\$ -
CPI Training/Professional Development	1188 \$	-	\$ 1,188
Maintenance and Repair to Motor Vehicles:	2292 \$	-	\$ 2,292

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

Total Contractual:	\$ 9,588	\$ (6,000)	\$ 3,588
Total Counseling:	\$ 133,848	\$ (4,549)	\$ 129,299
Total Admin:	\$ 51,606	\$ 4,549	\$ 56,155
Total Counseling:	\$ 133,848	\$ (4,549)	\$ 129,299
Total Award:	\$ 185,454	\$ 0	\$ 185,454

TOTAL BUDGET COST



MADISON COUNTY BOARD OF SUPERVISORS

125 West North Street • Post Office Box 608
Canton, Mississippi 39046
601-855-5500 • Facsimile 601-855-5759
www.madison-co.com

April 7, 2015

RE: Fringe Benefit Coverage for Employees of the Madison Adolescent Opportunity Program

Due to the high cost of medical insurance and the mandatory participation in the Mississippi state retirement system (PERS) for Madison County Board of Supervisors' employees, the fringe benefits listed in the budget of the proposed Adolescent Opportunity Program exceeds the percentages allotted for the Program. These costs are set countywide.

Please allow this letter to serve as justification for the percentage overages.

If you have any questions, or require any further information, please do not hesitate to contact:
Mike Box, 317 N. Union Street, Canton, MS 39046. Telephone: 601-503-3943. Fax: 601-859-0320.
Electronic mail: mike.box@madison-co.com.

Sincerely,

Michael Box
Director
Madison County Youth Programs

John Bell Crosby, *District One*
John Howland, *District Two*

Gerald Steen, *District Three*
Karl M. Banks, Sr., *District Four*

Paul Griffin, *District Five*
Ronny Lott, *Chancery Clerk*

MODIFICATION OF SUBGRANT
BETWEEN
THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
AND
MADISON COUNTY BOARD OF SUPERVISORS.

The MODIFICATION is made a part of the subgrant entered into on October 1, 2014, by and between the Mississippi Department of Human Services (MDHS) Division of Youth Services (DYS) and Madison County Board of Supervisors, (Madison County) and designated as **Subgrant #'s 6004466 and 6004468 Modification # 1**. In consideration of the agreement of the Parties hereto modify the initial Subgrant between them, the Mississippi Department of Human Services/ Division of Youth Services and Madison County Board of Supervisors, do hereby agree that effective April 1, 2015 said Subgrant is modified and amended as set out below:

- I. Section IV, Subgrant amount and Payment – B. Method of Payment: The amendments are being referenced on the Modified Subgrant/Contract Signature Sheet, Budget Summary, Cost Summary Support Sheet(s) and Budget Narratives which are attached hereto as Exhibit “C” and incorporated by reference into this Modification #1.

All other terms, conditions, and provisions set out in the initial subgrant, and the Modification thereof, which are not in conflict with this Modification, shall remain in full force and effect for the duration of the subgrant.

IN WITNESS WHEREOF, the parties have executed this subgrant Modification Number 1, on the date appearing with their respective signature below:

APPROVED FOR MDHS:	APPROVED FOR SUBGRANTEE:
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;">SignatureDate</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between;">SignatureDate</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="border-top: 1px solid black; padding-top: 5px;">Typed Name of Executive Director/Designee</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="border-top: 1px solid black; padding-top: 5px;"><u>Thomas M. Box, Executive Director</u> Typed Name and Title</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="border-top: 1px solid black; padding-top: 5px;">Witness</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="border-top: 1px solid black; padding-top: 5px;">Witness</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="border-top: 1px solid black; padding-top: 5px;">Witness</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="border-top: 1px solid black; padding-top: 5px;">Witness</div>

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

SUBGRANT RETURN
2015 APR 15 AM 10:40

MDHS DIVISION: YOUTH SERVICES DUNS#: 884388737

<p>1. SUBGRANTEE'S NAME, ADDRESS & PHONE NO.</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>SUBGRANTEE'S FISCAL YEAR END DATE: <u>September 30, 2015</u></p> <p>NAME/TITLE OF OFFICERS: (SUBGRANT ENTITY)</p> <p>a. <u>KARL M. BANKS, SR., MADISON COUNTY BOARD PRESIDENT</u> b. <u>MARK HOUSTON, MADISON COUNTY ADMINISTRATOR</u> <u>THOMAS M. BOX, EXECUTIVE DIRECTOR, MADISON COUNTY</u> c. <u>YOUTH PROGRAMS</u></p> <p>CONTACT PERSON: <u>MICHAEL BOX</u> PHONE NUMBER: <u>(601) 503-3943</u> FAX: <u>(601) 855-5759</u></p>	<p>2. EFFECTIVE DATE:</p> <p style="text-align: center;"><u>1-Apr-15</u></p> <p>3. SUBGRANT NUMBER:</p> <p>4a. GRANT IDENTIFIER (funding source and year): <u>SSBG FY15</u></p> <p>b. CATALOG OF FEDERAL DOMESTIC ASSISTANCE (CFDA)# <u>93.667</u></p> <p>5. BEGINNING/ENDING DATE <u>April 1, 2015 through September 30, 2015</u></p> <p>6. SUBGRANT PAYMENT METHOD:</p> <p style="text-align: center;"><u>XX</u> CURRENT NEEDS/CASH ADVANCE COST REIMBURSEMENT OTHER</p> <p>7. PAGE 1 OF 4</p>
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8. THE FOLLOWING FUNDS ARE OBLIGATED AS FOLLOWS:

FEDERAL	\$	250,000.00	ADMINISTRATION	\$	38,914.00
STATE	\$	-	SERVICES	\$	211,086.00
OTHER	\$	-	OTHER	\$	-
TOTAL	\$	250,000.00	TOTAL	\$	250,000.00

- 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 & 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
<u>N/A</u>				\$ -
				\$ -
				\$ -
				\$ -

<p>11. APPROVED FOR MDHS:</p> <p>BY _____ DATE _____</p> <p style="text-align: center;">MDHS Executive Director/Designee</p>	<p>12. APPROVED FOR SUBGRANTEE:</p> <p>BY _____ DATE _____</p> <p>TITLE <u>EXECUTIVE DIRECTOR, MADISON COUNTY YOUTH PROGRAMS</u></p>
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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	
		SSBG FY15		04/01/15		9/30/2015	
6. Submitted as Part of (check one):							
A. Funding Request (x)				B. Modification ()			
				Modification Effective Date:			
7. For MDHS Use Only		Funding Sources					
8. Budget Activity		Federal	State	Local	Program	In-Kind	Total
Administration		\$ 38,914.00					\$ 38,914.00
Counseling Services		\$ 211,086.00					\$ 211,086.00
TOTALS		\$ 250,000.00	\$ -	\$ -	\$ -	\$ -	\$ 250,000.00

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			
		SSBG FY 15	04/01/15	09/30/15			
6. Budget Activity							
AERC Administration							
7. For MDHS Use Only	8. Budget Category	9. Budget					
		FEDERAL	State	Local	Program	In-Kind	Total
	Salaries	\$ 22,500.00					\$ 22,500.00
	Fringes	\$ 10,625.00					\$ 10,625.00
	Commodities	\$ 2,259.00					\$ 2,259.00
	Capital Outlays	\$ 3,300.00					\$ 3,300.00
	Contractual Services	\$ 230.00					\$ 230.00
	TOTAL	\$ 38,914.00					\$ 38,914.00

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			
		SSBG FY15	04/01/15	09/30/15			
6. Budget Activity							
AERC Counseling Services							
7. For Only	8. Budget Category	9. Budget					
		FEDERAL	State	Local	Program	In-Kind	Total
	Salaries	\$ 59,740.00					\$ 59,740.00
	Fringes	\$ 17,278.00					\$ 17,278.00
	Capitol Outlays	\$ 62,150.00					\$ 62,150.00
	Commodities	\$ 26,652.00					\$ 26,652.00
	Travel	\$ 3,889.00					\$ 3,889.00
	Contractual Services	\$ 41,377.00					\$ 41,377.00
	TOTAL	\$ 211,086.00	\$ -	\$ -	\$ -	\$ -	\$ 211,086.00

**Madison County Board of Supervisors
Adolescent Evening Reporting Center (AERC)
6 MONTH BUDGET ALLOCATION**

ADMINISTRATIVE COST

Salaries	
Director Madison County Youth Programs: oversees fiscal and clinical aspects of program (26% of total time)	\$ 7,500
Program Coordinator (\$2500 x 6 months)	\$ 15,000
	Total Salaries: \$ 22,500
Fringe Benefits	
Health Insurance (\$160.14 per month for Director) + (608.53 per month for Coordinator) x 6 months	\$ 4,612
Vision Insurance (\$2.28 per month for Director) + (\$8.67 per month for Coordinator) x 6 months	\$ 65
Dental Insurance (\$5.14 per month for Director) + (\$19.52 for Coordinator) x 6 months	\$ 148
Life Insurance (\$1.13 per month for Director) + (\$4.28 per month for Coordinator) x 6 months	\$ 45
SSA (6.2% x \$22500)	\$ 1,395
Medicare (1.45% x \$22500)	\$ 326
PERS (15.75% x \$22500)	\$ 3,544
Unemployment Insurance (\$8.75 per month for Director) + (\$35 per month for Coordinator) x 6 months	\$ 265
Workmen's Compensation Insurance (\$22500 x 1%)	\$ 225
	Total Salaries: \$ 10,625
Commodities	
Office supplies - paper, pens, case folders, paper, etc.	\$ 2,259
	Total Commodities: \$ 2,259
Capital Outlays	
Office Computers--program management, record keeping (\$1000 per machine x 2 machines)	\$ 2,000
Desk-top Scanner--for scanning vital documents, court orders, etc.	\$ 1,000
Office Printer--printing program documentation, record keeping (\$300 per machine x 1 machine)	\$ 300
	Total Capital Outlays \$ 3,300
Contractual Services	
Fidelity Bond	\$ 230
	Total Contractual: \$ 230
	Total Admin: \$ 38,914

COUNSELING COST

Salaries (Full-time)	
Director Madison County Youth Programs: provides substance abuse counseling (42% of total time)	\$ 12,000
Counselor (\$35,000/12 = \$2916 x 6 months)	\$ 17,500
Case Managers--responsibilities include providing case management services (180 days x 4 hours per day @ \$15/hour)	\$ 10,800
Education Advisers--responsible for providing tutoring and ed. Support (180 days x 4 hours per day @ \$15/hour)	\$ 10,800
Recreation Support Staff--designing and supervising rec. activities (180 days x 4 hours per day @ \$12/hour)	\$ 8,640
	Total Salaries: \$ 59,740
Fringe Benefits (Full-time)	
Health Insurance (\$256.22 for Director) + (\$608.53 for Counselor) x 6 months	\$ 5,189
Vision Insurance (\$3.65 per month for Director) + (\$8.67 per month for Counselor) x 6 months	\$ 74
Dental Insurance (\$8.22 per month for Director) + (\$19.52 per month for Counselor) x 6 months	\$ 166
Life Insurance (\$1.80 per month for Director) + (\$4.28 per month for Counselor) x 6 months	\$ 37
SSA (6.2% x \$59740)	\$ 3,704
Medicare (1.45% x \$59740)	\$ 866
PERS (15.75% x \$40300)	\$ 6,347
Unemployment Insurance (\$14.74 per month for Director) + (\$35 per month for Counselor) x 6 months	\$ 298
Workmen's Compensation Insurance(\$59740 x 1%)	\$ 597
	Total Fringe: \$ 17,278

**Madison County Board of Supervisors
Adolescent Evening Reporting Center (AERC)
6 MONTH BUDGET ALLOCATION**

Capital Outlays

15-Passenger van- for transporting youth to programmatic activities	\$ 40,000
Refrigerator for storing food and drinks for participants	\$ 2,500
Pool Table for Recreation	\$ 5,000
Table Tennis Set-for recreational activity	\$ 1,000
Flat Screen Television Monitor--for recreation and educational programming	\$ 600
Audio/Visual Cart--for housing, moving, storing audio visual equipment used for education and recreation	\$ 250
Gaming Consoles--for recreational activities: 2 x \$750.00	\$ 1,500
Network Printer for Computer Lab	\$ 300
Computers for Computer Lab--for education and recreation (\$1000 per machine x 6 machines)	\$ 6,000
Computer Lab Equipment--(switches, wiring, Internet access point, printer connections)	\$ 5,000
Total Capital Outlays	\$ 62,150

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.	\$ 3,450
Program Supplies- to include pens, papers, educational activity materials, art supplies, and incentives for program youth	\$ 3,500
Program Testing, testing supplies, reading test, drug testing	\$ 2,000
Transportation--to include fuel, oil, tires, etc. on two vans	\$ 3,952
Field Trips-admission fees for cultural, recreational, educational events	\$ 4,500
Resource Library--educational resources, curriculums	\$ 3,000
Recreational Library movies, board games	\$ 2,000
Sporting Goods for recreational activities--basketballs, footballs, badminton, pool accessories, table tennis accessory etc	\$ 1,500
Video games for gaming consoles to be used for recreational activities	\$ 1,000
DVD Player--for playing recreational and educational programming	\$ 150
Headphones for Computer Lab (6 pair for lab and 2 reserve) 8 x \$200.00	\$ 1,600
Total Commodities	\$ 26,652

Travel

Mileage: to include home and school visits as well as training (5000 miles x \$0.56)	\$ 2,800
Meals: meals for staff during training (Meals x 3 days @ \$41 per day) x 3 staff members	\$ 369
Lodging: for required staff training (3 staff x 2 nights) x \$120 per night	\$ 720
Total Travel	\$ 3,889

Contractual Services

Employee Background (\$27.00 x 8 employees)	\$ 216
Training for Program staff (CPI and any additional training required)	\$ 4,169
Food Service for Participants--daily, hot evening meals (180 days x 20 meals @ \$9.22 per meal)	\$ 33,192
Vehicle Maintenance and Repair	\$ 2,500
Vehicle Insurance for 2 vans	\$ 1,300
Total Contractual Services:	\$ 41,377
Total Counseling:	\$ 211,086

Total Admin:	38,914
Total Counseling:	\$ 211,086
Total Award:	\$ 250,000

TOTAL BUDGET COST



MADISON COUNTY BOARD OF SUPERVISORS

125 West North Street • Post Office Box 608
Canton, Mississippi 39046
601-855-5500 • Facsimile 601-855-5759
www.madison-co.com

April 7, 2015

RE: Fringe Benefit Coverage for Employees of the Madison Adolescent Evening Reporting Center

Due to the high cost of medical insurance and the mandatory participation in the Mississippi state retirement system (PERS) for Madison County Board of Supervisors' employees, the fringe benefits listed in the budget of the proposed Adolescent Evening Reporting Center exceeds the percentages allotted for the Program. These costs are set countywide.

Please allow this letter to serve as justification for the percentage overages.

If you have any questions, or require any further information, please do not hesitate to contact:
Mike Box, 317 N. Union Street, Canton, MS 39046. Telephone: 601-503-3943. Fax: 601-859-0320.
Electronic mail: mike.box@madison-co.com.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Box".

Michael Box
Director
Madison County Youth Programs

John Bell Crosby, *District One*
John Howland, *District Two*

Gerald Steen, *District Three*
Karl M. Banks, Sr., *District Four*

Paul Griffin, *District Five*
Ronny Lott, *Chancery Clerk*

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

ADOLESCENT EVENING REPORTING CENTER (AERC)

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 **April 1, 2015, and ending no later than September 30, 2015**. Should funds continue to be made available to the Mississippi Department of Human Services through **Social Services Block Grant (SSBG)** or other grant award for the operation of the Adolescent Evening Reporting Center (AERC) 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 **Two Hundred Fifty Thousand Dollars and Zero Cents (\$250,000.00)**

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 **Two Hundred Fifty Thousand Dollars and Zero Cents (\$250,000.00)** 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