

Mississippi Department of Human Services
 OUTSTANDING CLAIMANT LIST

Subgrantee Madison Co. AERC

Subgrant Number 6006186
6006187

	Claimants' Name Address Telephone Number E-Mail Address	Check #	Amount	Date	Pay Period Hours & Rate	Other Contact Name Address Telephone Number E-Mail Address
1.	N/A	NA	NA	NA	NA	NA
2.						
3.						
4.						
5.						
6.						
7.						
8.						

D. CERTIFICATION OF CASH BALANCE

6006186
6006187

The Subgrantee hereby certifies that the cash balance applicable to Subgrant No. _____
as of the date of the execution of this document is:

- 1. Total MDHS funds requested and received: 1) \$ 109,989.40
 - 2. Less final MDHS cumulative cost reported: 2) \$ 136,658.40
 - 3. Equals (=) unexpected balance: 3) \$ -26,669.00
 - 4. (a) Plus (+) balance = unexpended funds (Refund due to MDHS)* *4 a) \$ _____
 - (b) Minus (-) balance = funds due subgrantee
 - (Subgrantee submits Request for Cash) 4 b) \$ -26,669.00
 - 5. Balance must equal Zero 5) \$ -0-
- *Refund check must include:
- (a) Unexpended funds amount 4 a) \$ _____
 - (b) Outstanding claimants amount (as applicable) \$ _____
 - (c) Total amount refunded (check no. _____) \$ _____

E. GENERAL STATEMENT OF COMPLIANCE

The Subgrantee further certifies that all terms and conditions of said subgrant have been met. IN WITNESS
THEREOF, this Certification of Subgrant Compliance has been executed this 11 day of January
20 16.

WITNESSED BY:

- 1. _____
- 2. _____

Madison Co. AERC

NAME OF SUBGRANTEE

[Signature]

BY SIGNATORY OFFICIAL

The Subgrantee further certifies that all terms and conditions of said subgrant have been met. IN WITNESS THEREOF, this Certification of Subgrant Compliance has been executed this 11 day of January 2016.

WITNESSED BY:

1. _____

2. _____

Madison Co. AERC

NAME OF SUBGRANTEE

Li. J

BY SIGNATORY OFFICIAL

TITLE

Mississippi Department of Human Services
CERTIFICATION OF SUBGRANT COMPLIANCE

Subgrantee Name Madison County AERC Subgrant No. 6006186 ⁶⁰⁰⁶¹⁸⁷

A. RELEASE

Pursuant to the terms of said subgrant and in consideration of the sum of

\$ 109,989.40

(Total Amount Paid & Payable by MDHS - Total Authorized Expenditures)

which has been or is to be paid to the Subgrantee or to its assignees, if any, the Subgrantee, upon payment of the said sum does remise, release, and discharge MDHS, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said subgrant, except:

1. Specified claims in stated amount or in estimated amounts where the amounts are not susceptible to exact statement by the Subgrantee, as follows:

\$ None

(If none, please state)

2. Claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Subgrantee to third parties arising out of the performance of the said subgrant, which are not known to the Subgrantee on the date of execution of this release and of which the Subgrantee gives notice in writing to the MDHS Funding Division Director within the period specified in the said subgrant.
3. Claims, after closeout, for costs which result from the liability to pay Unemployment Insurance costs under a reimbursement system or to settle Workers' Compensation claims.

B. ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

Pursuant to the terms of said subgrant and in consideration of the reimbursement of costs and payments of fees as provided in the said subgrant and any assignment thereunder, the Subgrantee does hereby:

1. Assign, transfer, set over and release to MDHS all rights, titles, and interests to all refunds, rebates, credits or other amounts (including any interest thereon) arising or which may hereafter accrue thereunder.
2. 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 MDHS any proceeds so collected. The reasonable costs of any such collection action shall constitute allowable costs when approved by the MDHS Funding Division Director as stated in the said subgrant and may be applied to reduce any amounts otherwise payable to MDHS under the terms hereof.
3. Agree to cooperate fully with MDHS on any claim and/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 MDHS, the State Attorney General's Office or the Federal Grantor Agency to represent it at any hearing, trial or other proceeding arising out of such claim and/or suit.

C. INVENTORY CERTIFICATION (Select as Applicable)

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
 SUBGRANTEE CLOSEOUT CHECKLIST**

Subgrantee Name Madison Co. AERC

Subgrant No. 6006186
6006187

In compliance with the MDHS Subgrantee Closeout Procedures and the terms and conditions of the subgrant, the following closeout documents are enclosed: (Check the appropriate boxes concerning each of the closeout documents. Explain fully any item 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 Subgrant Compliance				
2. Final Reporting Worksheet				
3. Copy of Workers' Compensation or other Audit				
4. Copy of Cancellation Adjustment Fidelity Bond				
5. Outstanding Claimants List				
6. Refund Check				
7. Equipment Retention Request Letter				
8. Other (specify)				

Explanation/Comments _____

[Signature] _____ Director _____ 1/11/15
 Signature of Authorized Subgrantee Official Title Date

For use of MDHS only. Not to be completed by subgrantee.			
DEOBLIGATION AUTHORIZATION			
	Federal	State	Other
Grant Award	\$ _____	\$ _____	\$ _____
Authorized Expenditures	\$ _____	\$ _____	\$ _____
Unexpended Balance	\$ _____	\$ _____	\$ _____
Comments	_____		

This is to certify and authorize decreasing the obligation for Subgrant No. _____ by the amount of the unexpended balance as shown.

 Signature, MDHS Program Reviewer Title Date

 Signature, MDHS Authorized Official Title Date

* Receiving Report Number 160123 *

Vendor #
BUTCH OUSTALET FORD

Date Received 11/18/2015
Department 460
AFTERNOON EVENING REPORT CTR
Requisition Number 150485
Purchase Order 150403

Quantity
Received Description

1.00 EA FORD 15 PASSENGER VAN
EXTERIOR COLOR WHITE
ADD PRIVACY GLASS
AND 2 EXTRA KEYS

Received By: M Hawkins

M HAWKINS

Agrees With Purchase Order Except As Noted:

Purchase Clerk

add privacy glass & 2 extra keys

Out Sun nearly full

\$26,669⁰⁰

STANDARD/OPTIONAL EQUIPMENT FORM

DESCRIPTION: Van, 15 Passenger, with FTA Certifications
VENDOR: Butch Oustalet Ford
ITEM NO.: 070-93-53265-8
MAKE/MODEL: Ford Transit 350
ENGINE: 3.7L V-6 FFV
PRICE INCLUDING STATE INSPECTION STICKER AND TITLE FEE: \$26,030.00

Contract No: 8200014549

Butch Oustalet Ford E-mail: butchoustaletfleet@gmail.com
 9274 Hwy 49 Phone: 228-863-5525 ext 231
 Gulfport, MS 39503 Toll Free: 800-880-2446
 Erich Anderson Fax: 866-594-7169

LIST FACTORY COLORS AVAILABLE AT NO CHARGE: School Bus Yellow, Vermillion Red/White, Pueblo Gold, Lunar Sky, Blue Jeans, Black, Sterling Gray, Ingot Silver, Green Gem

DEFAULT COLOR IS WHITE IF NO COLOR IS SELECTED

ITEM	OPTION CODE	DEALER COST	REQ. OPTION CODE
List optional engines:			
3.6L EcoBoost V-8	99G	\$1,580	
3.2L I-5 Diesel	99V	\$5,111	

Air Conditioning, Front/Rear
 Windows All Around
 Power Windows/Locks
 Dual Heavy Duty Batteries
 Heavy Duty Alternator
 CNG/LPG Prep Package
 Daytime Running Lights
 Long Arm Towing Mirrors
 Rear View Camera
 Reverse Sensors
 Heavy Duty Trailer Tow Package
 Trailer Brake Controller
 Cruise Control
 Rear Window Defogger
 Privacy Glass
 SYNC Hands Free Comm.
 Vinyl Front/Rear Floor Covering

OPTION CODE	DEALER COST	REQ. OPTION CODE
	INC	
	INC	
	INC	
63E	\$252	
	INC	
98C	\$268	
942	\$38	
543	\$56	
61C/58V	\$507	
43R	\$252	
53B	\$397	
67D	\$196	53B
60C	INC	
57N	\$149	
92E	\$575	X
58X	\$682	
	INC	

ITEM
 2 Additional Keys (4 total.)
 12V to 110V Power Inverter
 6-Speed Auto Transmission
 Vinyl Front Seats
 Cloth Front Seats/Side Curtain Air Bags
 Uppfitter Switches
 3.73 Limited Slip Rear Axle
 Full Wheel Covers

OPTION CODE	DEALER COST	REQ. OPTION CODE
88F	\$84	X
90C	\$85	63E
	INC	
	INC	
CK/21L	\$129	
67C	\$73	63E
X7L	\$277	
64H	\$29	

*193 - Fuel
 480 - Apt
 915 - use*



13704

DEAL 81613
LINCOLN

PHONE

"THIS IS A BILL OF SALE"
BUTCH OUSTALET, INC.

9274 Hwy 49
GULFPORT, MISSISSIPPI 39503
(228) 863-5525
WIGGINS, MISSISSIPPI 39577
(601) 928-5486
www.butchoustalet.com

161836

No. 75638

78051
16T697

Stock No. _____

Salesman				ANDERSON, JOHN E				Date		10/07/15	
Sold To				MADISON COUNTY				Address		PO BOX 608	
								State		CANTON MS 39046	
NEW OR USED	MAKE OF CAR	MODEL	YEAR	BODY STYLE	SERIAL NUMBER	COLOR	KEY				
NEW	FORD	TRANSIT	2016	VAN	1FBZX2ZM7GKA08670	WHITE					

TRADE				Basic Price of Unit		26669.00	
Used Car Allowance	N/A						
Balance Owed	N/A						
Net Trade Allowance	N/A						
Balance Owed To:							
Make Used Car	Type	Year		MILES 11			
Stock No.	Motor No.						
License No.	Title No.						
				Total Car and Accessories		26669.00	
				Sales Tax		N/A	
				Document / Service Fee		N/A	
				Title Fee		N/A	
				GRAND TOTAL		26669.00	
				Net Trade In Allowance		N/A	
				Deposit		N/A	
				Cash on Delivery		N/A	
				Balance Due		26669.00	
				BUTCH OUSTALET, INC.			

Title Fee _____ 26669.00 _____ 10/07/15

Balance In _____ Months at _____ Beginning _____
Finance Company _____
Insurance Company _____

"A DOCUMENT/SERVICE FEE IS NOT AN OFFICAL FEE AND IS NOT REQUIRED BY LAW. HOWEVER, IT MAY BE CHARGED TO A BUYER/LESSEE FOR THE HANDLING OF DOCUMENTS AND THE PERFORMING OF SERVICES RELATED TO THE SALE OR LEASE AND MAY INCLUDE DEALER PROFIT. THIS NOTICE IS REQUIRED BY REGULATION OF THE MISSISSIPPI MOTOR VEHICLE COMMISSION."

Requisition 0150485 Date 5/ 5/2015
MADISON COUNTY
P O BOX 608
CANTON, MS. 39046
(601)859-8241 (601)948-3897 JX
REFER TO PURCHASING OFFICE

AFTERNOON EVENING REPORT CTR
BOX

Vendor:
BUTCH OUSTALET FORD

Ship To: VIA:
MADISON COUNTY
CENTRAL RECEIVING
146 WEST CENTER STREET
CANTON, MS 39046

Quantity	Description of Supplies, Equip, Srvc	Unit Cost	EA	Extended
1.00	193460915 FORD 15 PASSENGER VAN :EXTERIOR COLOR WHITE :ADD PRIVACY GLASS :AND 2 EXTRA KEYS	26669.00		26669.00

Total \$26,669.00

Approved By: _____



PURCHASE ORDER
MADISON COUNTY BOARD OF SUPERVISORS
P.O. BOX 608
CANTON, MISSISSIPPI 39046
601-855-5503

: PO No : 150403 :

Req. No 150485
Page 1

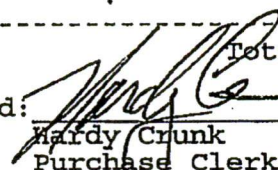
: TO:-----: : SHIP TO:-----:
: : MADISON COUNTY :
: BUTCH OUSTALET FORD : CENTRAL RECEIVING :
: : 146 WEST CENTER STREET :
: : CANTON, MS 39046 :
: : :

: Date Ordered : Date Required : Department : Entered by:
: 5/5/2015 : 6/5/2015 : 460 AFTERNOON EVENING REPORT CT : HCRUNK :

Quantity:	Item Description	Unit Cost	Extension
1.00:	193460915:FORD 15 PASSENGER VAN	26669.00EA:	26669.00:
:	EXTERIOR COLOR WHITE	:	:
:	ADD PRIVACY GLASS	:	:
:	AND 2 EXTRA KEYS	:	:
:	:	:	:
:	:	:	:
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00000000

Total \$26,669.00:

Signed: 
Hardy Crunk
Purchase Clerk
601-855-5503
hardy@madison-co.com

CORRECT PURCHASE ORDER NUMBER MUST APPEAR ON ALL SHIPMENTS AND INVOICES
INVOICE AMOUNTS GREATER THAN PURCHASE ORDER AMOUNT CANNOT BE PAID

Account	Objective Name	Clm/Rct#	Trans	Date	Debit Amount	Credit Amount	Balance
							0.00
193-000-241	FED GRANT NON CAP PUB SAFETY						
CR SOM-DHS	FED GRANT NON CAP PUB	60135	160147-	1 11/02/2015		10045.83	-10,045.83CR
CR SOM-DHS	FED GRANT NON CAP PUB	60136	160148-	1 11/03/2015		9926.88	-19,972.71CR
CR SOM-DHS	FED GRANT NON CAP PUB	60136	160148-	2 11/03/2015		9307.69	-29,280.40CR
CR SOM-DHS	FED GRANT NON CAP PUB	60136	160148-	4 11/03/2015		10440.96	-39,721.36CR
						39721.36	-39,721.36CR

Account	Objective Name	Clm/Rct#	Trans	Date	Debit Amount	Credit Amount	Balance
193-000-268	STATE GRANT						0.00
CR SOM-DEPARTMENT OF HUMAN SERVIC	STATE GRANT-AERC	51469	151564-	1 09/24/2015		70268.04	-70,268.04CR
						70268.04	-70,268.04CR