



Mississippi Department of Human Services  
CERTIFICATION OF SUBGRANT COMPLIANCE

Subgrantee Name Madison County Board of Sup. AOP Subgrant No. 10009466

**A. RELEASE**

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

\$ 33,293.79  
(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:  
\$ 0  
(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:

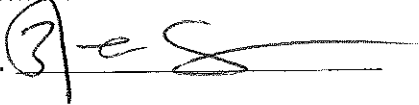
1. Assign, transfer, set over and release to MDHS all rights, titles, and interests to all refunds, rebates, credits or other amounts (including any interest thereon) arising or which may hereafter accrue thereunder.
2. Agree to take whatever action may be necessary to effect prompt collection of all 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)**

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 12 day of January 20 16.

WITNESSED BY:

1.



2. \_\_\_\_\_

Madison County Board of Sup, AOP  
NAME OF SUBGRANTEE

AOP Coordinator  
BY SIGNATORY OFFICIAL

\_\_\_\_\_  
TITLE

D. CERTIFICATION OF CASH BALANCE

The Subgrantee hereby certifies that the cash balance applicable to Subgrant No. 0004466 as of the date of the execution of this document is:

1. Total MDHS funds requested and received:	1)	\$ <u>33,293.79</u>
2. Less final MDHS cumulative cost reported:	2)	\$ <u>32,310.82</u>
3. Equals (=) unexpected balance:	3)	\$ <u>+ 982.97</u>
4. (a) Plus (+) balance = unexpended funds (Refund due to MDHS)*	*4 a)	\$ <u>982.97</u>
(b) Minus (-) balance = funds due subgrantee (Subgrantee submits Request for Cash)	4 b)	\$ _____
5. Balance must equal Zero	5)	\$ <u>-0-</u>
*Refund check must include:		
(a) Unexpended funds amount	4 a)	\$ <u>982.97</u>
(b) Outstanding claimants amount (as applicable)		\$ <u>0</u>
(c) Total amount refunded (check no. _____)		\$ <u>982.97</u>

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 12 day of January 2016.

WITNESSED BY:  
 1. [Signature]  
 2. \_\_\_\_\_

Madison County Board of Sup, AOP  
 NAME OF SUBGRANTEE  
AOP Coordinator  
 BY SIGNATORY OFFICIAL

Mississippi Department of Human Services  
 OUTSTANDING CLAIMANT LIST

Subgrantee Madison County Board of Sup. / AOP Subgrant Number 10009466

	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	N/A	N/A	N/A	N/A	N/A
2.						
3.						
4.						
5.						
6.						
7.						
8.						

STATE OF MASSACHUSETTS  
 CLAIM SUPPORT FORM (COST REIMBURSEMENT)  
 CLAIM SUBMISSION DATE: 8/10/2015

FUNCTIONAL AREA : 1651 HRMAN SERVICES  
 COST CENTER : 165105000 YOUTH SERVICES COMM SERV.  
 GRANTEE ID :  
 AGREEMENT NUMBER : 6004466  
 AGREEMENT PERIOD : FROM 10/01/2014 TO 09/30/2015

CLAIM NUMBER:  
 CLAIM AMOUNT: 0.00  
 PROGRAM NUMBER: 700000002267  
 PROGRAM NAME: ADMINISTRATION

VENDOR NAME : MADISON COUNTY BOARD OF SUPERVISORS  
 ADDRESS : P.O. BOX 608  
 CANTON MS 39046

EXPENSE ITEM	DESCRIPTION	AGREEMENT AMOUNT	COSTLY CLAIMS REQUESTED TO DATE	FEDERAL CLAIM AMOUNT	STATE CLAIM AMOUNT	CUMULATIVE CLAIM TO DATE	CHECKS (STP-RECEIPT PERIOD)
00	SALARIES	38,500.00	23,401.60	0.00		23,401.60	
00	FRINGE BENEFITS	17,119.00	7,772.69	0.00		7,772.69	
00	TRAVEL	0.00	0.00	0.00		0.00	
00	CONTRACTUAL SERVICES	0.00	0.00	0.00		0.00	
00	COMMODITIES	1,000.00	102.16	0.00		102.16	
00	SUBSIDIES, LOANS, & GRANTS	0.00	0.00	0.00		0.00	
00	INDIRECT COST	0.00	0.00	0.00		0.00	
00	CAPITAL OUTLAY-EQUIPMENT	0.00	0.00	0.00		0.00	
TOTALS:		56,619.00	31,276.45	0.00	0.00	31,276.45	0.00

FINAL AUDIT OF THIS PROJECT WILL INCLUDE VERIFICATION OF ABOVE CLAIMED PAYMENT FROM PROJECT DIRECTOR'S SOURCE RECORDS

SIGNATURE OF AUTHORIZED OFFICIAL  
*E. Collier*

DATE  
 8/10/2015

PROGRAM REVIEW

PROGRAM APPROVAL

\*\* STATE OF MISSISSIPPI \*\*  
 CLAIM SUPPORT FORM (COST REIMBURSEMENT)  
 CLAIM SUBMISSION DATE: 9/16/2015

FUNCTIONAL AREA : 1651 HUMAN SERVICES  
 COST CENTER : 165105000 YOUTH SERVICES COMM SERV.  
 GRANTEE ID :  
 AGREEMENT NUMBER : 6004466  
 AGREEMENT PERIOD : FROM 10/01/2014 TO 09/30/2015

VENDOR NAME : MADISON COUNTY BOARD OF SUPERVISORS

ADDRESS : P.O. BOX 608  
 CANTON MS 39046

CLAIM NUMBER: [ ]  
 CLAIM AMOUNT: 0.00  
 PROGRAM NUMBER: 700059002367  
 PROGRAM NAME: ADMINISTRATION

EXPENSE TYPE	DESCRIPTION	AGREEMENT AMOUNT	CONTRACT CLAIMS REQUESTED TO DATE	REIMBURSE CLAIM AMOUNT	STATE CLAIM AMOUNT	COMBINATION CLAIM TO DATE	OTHER (SUB-RECEIPT NEEDED)
00	SALARIES	38,500.00	23,401.60	0.00		23,401.60	
00	FRINGE BENEFITS	17,119.00	7,772.69	0.00		7,772.69	
00	TRAVEL	0.00	0.00	0.00		0.00	
00	CONTRACTUAL SERVICES	0.00	0.00	0.00		0.00	
00	COMMODITIES	1,090.00	102.16	0.00		102.16	
00	SUBSIDIES, LOANS, & GRANTS	0.00	0.00	0.00		0.00	
00	INDIRECT COST	0.00	0.00	0.00		0.00	
00	CAPITAL OUTLAY-EQUIPMENT	0.00	0.00	0.00		0.00	
TOTALS:		56,619.00	31,276.45	0.00	0.00	31,276.45	0.00

FINAL AUDIT OF THIS PROJECT WILL INCLUDE VERIFICATION OF ABOVE CLAIMED PAYMENT FROM PROJECT DIRECTOR'S SOURCE RECORDS

SIGNATURE OF AUTHORIZED OFFICIAL: *[Signature]*

DATE: 9/16/2015

PROGRAM REVIEWER: \_\_\_\_\_

PROGRAM APPROVAL

\*\* STATE OF MISSISSIPPI \*\*  
 CLAIM SUPPORT FORM (COST REIMBURSEMENT)  
 CLAIM SUBMISSION DATE: 10/10/2015

FUNCTIONAL AREA : 1651 HUMAN SERVICES  
 COST CENTER : 165105000 XOTR SERVICES COMM SERV.  
 GRANTEE ID :  
 AGREEMENT NUMBER : 6004466  
 AGREEMENT PERIOD : FROM 10/01/2014 TO 09/30/2015

CLAIM NUMBER:   
 CLAIM AMOUNT: 0.00  
 PROGRAM NUMBER: 700000002367  
 PROGRAM NAME: ADMINISTRATION

VENDOR NAME : MADISON COUNTY BOARD OF SUPERVISORS  
 ADDRESS : P.O. BOX 608  
 : CANTON MS 39046

EXPENSE TYPE	DESCRIPTION	AGREEMENT BUDGETED	COMMIT CLAIMS REQUESTED TO DATE	FEDERAL CLAIM AMOUNT	STATE CLAIM AMOUNT	COMPLIATIVE CLAIM TO DATE	OTHER (STP-RECIPIENT MATCH)
00	SALARIES	38,500.00	23,401.60	697.52		24,099.12	
00	FRINGE BENEFITS	17,119.00	7,772.69	386.35		8,109.54	
00	TRAVEL	0.00	0.00	0.00		0.00	
00	CONTRACTUAL SERVICES	0.00	0.00	0.00		0.00	
00	COMMODITIES	1,000.00	102.16	0.00		102.16	
00	SUBSIDIES, LOANS, & GRANTS	0.00	0.00	0.00		0.00	
00	INDIRECT COST	0.00	0.00	0.00		0.00	
00	CAPITAL OUTLAY-EQUIPMENT	0.00	0.00	0.00		0.00	
TOTALS:		56,619.00	31,276.45	1,034.37	0.00	32,310.82	0.00

FINAL AUDIT OF THIS PROJECT WILL INCLUDE VERIFICATION OF ABOVE CLAIMED PAYMENT FROM PROJECT DIRECTOR'S SOURCE RECORDS

SIGNATURE OF AUTHORIZED OFFICIAL: *[Signature]*  
 DATE: 10/10/15

PROGRAM REVIEW

PROGRAM APPROVAL



Jaquisa R. Arrington, MA  
Adolescent Opportunity Program Coordinator  
Madison County  
317 North Union St.  
Canton, MS 39046


Mr. Andrew Friday  
Director of Finance and Administration  
MS Department of Human Services  
Division of Youth Services  
660 North Street, Suite 200  
Jackson, MS 39202

December 2, 2015

Dear Mr. Friday,

Within the Madison County Adolescent Opportunity Program submission claim dated 10/10/2015, you will find the total "Federal Claim Amount" stating \$1,034.37. However, the actual "Claim Amount" that I am requesting for October is \$0.00. The Madison County Board of Supervisors received a payment in the amount of \$2,017.34, and a payment in the amount of \$3,990.70 that were both listed for May 2015 claims. Since the \$3,990.70 was the correct amount of the claim, I have subtracted the overpayment amount from the October claim to show that the Madison County BOS did receive that additional from Division of Youth Services, and are not requesting any additional funds for "Administration" services. However, subtracting the additional payment has left the Madison County BOS owing the Division of Youth Services a total of \$982.97. We are in the process of returning claims in that amount to DYS. I apologize for the confusion in this matter.

Sincerely,

  
Ms. Jaquisa R. Arrington, MA  
Adolescent Opportunity Program Coordinator  
Madison County  
Ph: 601-855-5687  
Email: [jaquisa.arrington@madison-co.com](mailto:jaquisa.arrington@madison-co.com)