MISSISSIPPI

FORM MDHS-SGCC-1011

Signature, MDHS Authorized Official

Revised 7/1/2012

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

SUBGRANTEE CL	OSEOUT CHEC	CKLIST		
Subgrantee Name Madison County Board	L of Supervis	sors, 170P	Subgrant No.	1000 4466
n compliance with the MDHS Subgantee Closeout Proceedings of the submitted or any item to be sent separately.	te boxes concerning	each of the closeout	ne subgrant, the followi documents. Explain f	ng ully any
Type of Document	Enclosed	Not Applicable	Sending Separately	Unable To Furnish
1. Certification of Subgrant Compliance				
2. Final Reporting Worksheet				
. Copy of Workers' Compensation or other Audit				
1. Copy of Cancellation Adjustment Fidelity Bond				
5. Outstanding Claimants List				
5. Refund Check				a de come considerado de la come
7. Equipment Retention Request Letter				
8. Other (specify)				
Signature of Authorized Subgrantee Official For use of	MDHS only. Not	tile	Date	
	DEORLIGATION	I AUTHORIZATION <u>Federal</u>	<u>State</u>	<u>Other</u>
Grant Award		\$	_\$	
Authorized Expenditures		\$	_\$	\$
Unexpended Balance Comments		\$	\$\$	\$
This is to certify and authorize decreasing th of the unexpended balance as shown.	e obligation for :	Subgrant No	by the	amount
Signature, MDHS Program Reviewer	Title			Date

Title

Date

MISSISSIPPI FORM MDHS-SGCC-1012 Revised 7/1/2012

Mississippi Department of Human Services CERTIFICATION OF SUBGRANT COMPLIANCE

Subgrantee Name Modison County Board of Sup A Subgrant No. 1000941010

Α.	RELE	ASE
	Pursi	uant to the terms of said subgrant and in consideration of the sum of
	\$	33,293.19
	• —	(Total Amount Pald & Payable by MDHS - Total Authorized Expenditures)
	said	th has been or is to be paid to the Subgrantee or to its assignees, if any, the Subgrantee, upon payment of the sum does remise, release, and discharge MDHS, its officers, agents, and employees, of and from all liabilities, gations, claims, and demands whatsoever under or arising from the sald 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:
		\$
		(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.
В.	ASS	IGNMENT OF REFUNDS, REBATES AND CREDITS
	Pur:	suant to the terms of said subgrant and in consideration of the reimbursement of costs and payments of fees a vided 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

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 theron); 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.

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.

104

The Subgrantee further certifies that all terms and conditions of said su THEREOF, this Certification of Subgrant Compliance has been executed	this 12 day of 10000
20 16 .	Madison County Board of Sup, ADF
WITNESSED BY:	NAME OF SUBGRANTEE
1(7)-e	AOP Coordination
	BY SIGNATORY OFFICIAL
2	
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MISSISSIPPI FORM MDHS-SGCC-1012 Revised 7/1/2012

Revised	d 7/1/2012		
D.	CERTIFICATION OF CASH BALANCE		
	The Subgrantee hereby certifies that the cash balance applicable to S as of the date of the execution of this document is:	Subgrant No. <u> </u>	00044lala
	1. Total MDHS funds requested and received:	1)	s 33, 293.79
	2. Less final MDHS cumulative cost reported:	2)	\$ 32,310.82
	3. Equals (=) unexpected balance:	3)	\$ + 9600.97
	4. (a) Plus (+) balance = unexpended funds (Refund due to MDHS)*	*4 a)	\$ <u>18d.11</u>
	(b) Minus (-) balance = funds due subgrantee		
	(Subgrantee submits Request for Cash)	4 b)	\$
	5. Balance must equal Zero	5)	\$0
	*Refund check must include:		
	(a) Unexpended funds amount	4 a)	\$ 982.91
	(b) Outstanding claimants amount (as applicable)		\$
	(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 sai THEREOF, this Certification of Subgrant Compliance has been executed the same of	d subgrant have ited this <u>\</u>	been met. IN WITNESS ay of <u>January</u> <u>Madison County Board of Sup</u> , AC NAME OF SUBGRANTEE
	WITNESSED BY:		AOP Coordinator By SIGNATORY OFFICIAL

MISSISSIPPI FORM MDHS-SGOCL-1013 Revised 7/1/2012

Mississippi Department of Human Services OUTSTANDING CLAIMANT LIST

Claimants' Name Address Telephone Number E-Mail Address	Check #	Amount	Date	Pay Period Hours & Rate	Other Contact Name Address Telephone Number E-Mail Address
NIA	NIA	NA	NIA	NIA	NIA
		<u>obsistini ka mka ka da da da da paka Persika Pe</u>			
<u></u>					

CLAIM SUZPORT FORM (COST REINGURSENENT)
CLAIM SUZPORT FORM (EOST REINGURSENENT)

SIGNATURE OF ADTHORIZED OFFICIAL	ende second with include vertelocation of above chained parkent erox project director's source records	TOTALS:	00 CYPIED OTHER 00	00 INDIRECT COST	OC SUBSIDIES, LOANS, & GRANTS	00 COMMODITIES	OC CONTRACTUAL SERVICES	00 TRAVEL	00 FRINGE BENEFITS	OD SALARIES	PLYE DESCRIPTION	ADDRESS : 2.0, BOX 608	VENDOR NAME : MADISON		OMESER :	COST CONTEN : 1651 ECRON
<i>y</i> .	MILL INCLUDE VERIFICATION O		0.00	0-00	SIS 0.00	1,000.00	0_00	0.00	17,119.00	38,500.00	ACREEMENT RE	2.0, BOX 608 CANTON MS 39046	MADISON COUNTY BOARD OF SUPERVISORS	FROM 10/01/2014 TO 09/30/2015		1651 KORAN SERVICES 1651 KORAN SERVICES
afra 2015	ರ್ಷ ಚಿನಿಗಳದ ದಾಳಗುಕ್ಕಾರ ತನಗಳ	31,276,45	0,00	0.00	0.00	102_16	0.00	0,00	7,772.69	23,401.60	STEADOR CENTRE		Š			
	G LOGEONA MONE DE	0.00	2.00	0.50	0.00	0.00	00.0	0.00	0.00	00.0	בנושנה אינוטטים					
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		31,276.45	0.00	0-00	00.0	102.16	0.00	0.00	7,772.69	23,401.60	כטאטואתועצ		MOLLYCELSTATICE	700000002367	00.00	
		0.00									OFFER (SUB-RECLEDIENT MATCH)					

COMME SUPPORT FORM MY OFFICE

TEACHTAIN TEACHER

PROGRAM APPROVAL

SIGNATURE OF AUTHORIZED OFFICIAL	FINAL AUDIT OF THIS PROCECT WILL INCLUDE VERIFICATION OF ABOVE CLAIMED PANNENT FROM PROJECT DIRECTOR'S SOURCE RECORDS	TOTALS:	00 CHRITAL CUTLAR-EQUIEMENT	00 INDIRECT COST	GO SUBSIDIES, LOANS, & GRANTS	00 COMMODITIES	00 CONTRACTUAL SZERVICES	00 TRAVET	00 FRINGE BENEFITS	00 SALARIES		TYPE DESCRIPTION	ADDRESS : P.O. BOX 608 : CANTON MS 39046	VENUOR NAME : MADISON COONTY BOARD OF SUREEVISORS	AGREEMENT PERIOD: FROM 10/01/2014 to 09/30/2015	(AGREEMENT NUMBER : 6004466	R : 1651 EURON	
)	DE VERIFICATI	S6,619.00	0,00	0.00	0.00	1,000.00	0.00	0.00	17,119.00	38,500.00		BODGETED		DARD OF SUREEK	10 09/30/2015		SERVICES COMM SERV.	ę
9/16/2015	on of above claimed	31,276.45	0.00	0.00	0.00	102.16	0.00	0.00	7,772.69	23,401.60		Service curescond		risors			C SEERV.	** SIME OF A CLAIM STRUCKSION DATE:
· · · · · ·	DEFORE MOSE INSTITUTE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,00	0.00	.] .	INDON'S MINING						** SIMIE OF MISSISSIDE! ** CLAIM SUPPORT FORM (COST REINBURSEMENT) IN SURMISSION DATE: 9/16/2015
PROGRAM REVIEW	T DIRECTOR'S SOURCE H	0.00										CILAIX AXXIII		PROGRAM NAME:	PROGRAM NUMBER:	CLADE AECONT:	CLAIM NUMBER:	ម
	ECORDS	31,276,45	0.00	0,00	0.00	102.16	0_00	0,00	7,772.69	23,401.60		STATE OF MAKES	.	NOTITESTISTING	700000002367	100-0		. =
		0.0										OFFICE OFFICE)						

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

		PROGRAM REVIEW		TATE &		SIGNATURE OF AUTHORIZED OFFICIAL
	ECORDS	T DIRECTOR'S SOURCE R	PAYMENT FROM PROJEC	ON OF ABOVE CLAIME	INCLUDE VERIFICATION	FINAL AUDIT OF THIS PROJECT WILL INCLUDE VERIFICATION OF ABOVE CLAIMED PAIMENT FROM PROJECT DIRECTOR'S SOURCE RECORDS
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	0.00		0.00	0.00	0.00	00 INDIRECT COST
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	0.00		0,00	0.00	0.00	00 CONTRACTUAL SERVICES
	0.00		0.00	0.00	0.00	00 TRAVEL
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	24,099.12		697.52	23,401.60	38,500.00	00 SALARIES
	# # 1					1 1 1 1 1 1 1 1 1 1
other (Sub-recipient Marce)	COMULATIVE	STATE CLAIM AMOUNT	FEDERAL CLAIM AMOUNT	COMULI CLAIMS REQUESTED TO DATE	AGREEMENT BUDGETED	NOILAIRDSED ESNEAKE
					9046	ADDRESS : P.O. BOX 608 : CANTON MS 39046
	ADMINISTRATION	PROGRAM NAME:		TSORS	MADISON COUNTY BOARD OF SUPERVISORS	VENDOR NAME : MADISON COUN
	700000002367	PROGRAM NUMBER:			6004466 FROM 10/01/2014 TO 09/30/2015	(:AGREEMENT NUMBER : 6004466 AGREEMENT PERIOD : FROM 10/01/2
	0.00	CLAIM AMOUNT:		C SERV.	YOUTH SERVICES COMM SERV.	GRANTEE ID : 165105000 Y
		CLAIM NUMBER:			ERVICES	AREA : 1651 HUMAN

0.00

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 applogize 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