Mississippi Development Authority
Community Services Division
Request for Cash

Program: Community Development Block Grant Program

Section A: General Information

Recipient	City of Vicksburg
Mailing Address	PO Box 150
Street Address	
City, State Zip	Vicksburg, MS 39181
Telephone No.	601-634-4553

Section B: Project Information

Grant No.	Contract No.	Project No.
1131-14-374-PF-01	1131-14-374-PF-01	

Services Rendered: From _____ Thru _____ To _____

Request No. 10

MDA Staff Initials

Section C: Request Per Activity

	Activity Description	Budget Amount	Total Prior Request to Date	This Request	Remaining Balance	Activity Numbers
1	Administration	$ 40,000.00	$ 33,375.00	$ -	$ 6,625.00	
2	Public Facilities	$ 560,000.00	$ 243,196.72	$ 44,337.50	$ 272,465.78	
3					$ -	
4					$ -	
5					$ -	
6					$ -	
7					$ -	
8					$ -	
	Total:	$ 600,000.00	$ 276,571.72	$ 44,337.50	$ 279,090.78	

Required Accomplishment Narrative: (Please provide a brief update on this project.)

Phase II of this project is under construction. The rebuild of the Clarifier has begun.

I Hereby Certify That (a) the services covered by this request have not been received from the Federal Government/State Government or expended for such services under any other contract agreement or grant; (b) the amount requested will be expended for allowable costs / expenditures under the terms of the contract agreement or grant; (c) the amount requested herein does not exceed the total funds obligated by contract; and (d) the funds are requested for only immediate disbursements.

I Hereby Certify That the goods sold and/or services rendered have been delivered and/or performed in good order within the time listed above and are in compliance with all statutory requirements and regulations. I certify that this request does not include any advances or funds for future obligations.

Is this your final request for cash on this contract? _____ **YES** X **NO**

_____	8/10/17	Gray Ouzts	8/1/2017
Signature of Authorized Official	**Date Signed**	**Prepared By**	**Date Prepared**
George Flaggs, Jr., Mayor		601-981-1511	
Typed Name and Title of Authorized Official		**Preparer's Telephone No.**	

To be completed by MDA Authorized Official

APPROVED BY: _____ DATE: _____

Signature, Authorized MDA Representative

IDIS Voucher Number	Vendor Number	Fund Number	Cost Center	Activity Code	Org	County Code	Expense

Mississippi Development Authority
Consolidated Support Sheet

Program: inity Development Block Grant Program
Recipient City of Vicksburg
Request for Cash Number: 10

Contract Number: 1131-14-374-PF-01
Total Amount Requested: $44,337.50

IDIS #	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Amount Requested to Date	Balance
	General Administration			$0.00	$0.00		$35,000.00	$28,375.00	$6,625.00
	Application Preparation (CDBG O	CMPDD		$0.00	$0.00	$0.00	$5,000.00	$5,000.00	$0.00
									$0.00
	Total Administration			$0.00	$0.00	$0.00	$40,000.00	$33,375.00	$6,625.00
	Engineering / Architectural			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Legal						$0.00	$0.00	$0.00
	Acquisition						$0.00	$0.00	$0.00
									$0.00
	Total Engineering / Architectural			$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	Contingencies						$17,500.00	$0.00	$17,500.00
									$0.00
									$0.00
	Total Contingencies			$0.00	$0.00	$0.00	$17,500.00	$0.00	$17,500.00
	Sewage Treatment	T.L. Wallace	#2	$201,534.09	$44,337.50	$157,196.59	$542,500.00	$287,534.22	$254,965.78
									$0.00
									$0.00
									$0.00
									$0.00
									$0.00
	Total Construction			$201,534.09	$44,337.50	$157,196.59	$542,500.00	$287,534.22	$254,965.78
	GRAND TOTAL			$201,534.09	$44,337.50	$157,196.59	$600,000.00	$320,909.22	$279,090.78

Services Rendered - Beginning: July 1, 2017 Thru July 31, 2017

Cumulative: $320,909.22 **Program Expenditures** Plus (+) $688,098.59 **Matching Expenditures** Equals (=) $1,009,007.81 **Total Expenditures**

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I Hereby Certify That the goods sold and/or services rendered have been delivered and/or performed in good order within the time listed above and are in compliance with all statutory requirements and regulations. I certify that this request does not include any advances or funds for future obligations.

Signature of Authorized Official

8/10/17
Date Signed

Gray Ouzts
Prepared By

George Flaggs, Jr., Mayor
Typed Name and Title of Authorized Official

601-981-1511
Preparer's Telephone No.

CDBG
Request for Cash Summary Form

Date: August 1, 2017

Local Government: City of Vicksburg
Project: Sewer Construction
CDBG Number: 1131-14-374-PF-01
Contractor: T.L. Wallace
Contact:
Engineer: Engineering Services
Contact: Jerry Tullos, 601-939-8737
Administrator: Central MS PDD
Contact: Gray Ouzts, 601-981-1511

REQUEST FOR CASH # 10

Vendor	Invoice #	Invoice Amt	CDBG Share	Match Share
CMPDD		$0	$0	$0
T.L. Wallace	2	$201,534.09	$44,337.50	$157,196.59
TOTAL		**$201,534.09**	**$44,337.50**	**$157,196.59**

Date of MDA Deposit: _____

Vendor	Invoice #	Invoice Amt	Date of Pmt	Check #	Check Amt
CMPDD		$0			
T.L. Wallace	2	$201,534.09			
TOTAL		**$201,534.09**			