

**Mississippi Home Corporation
Request for Cash**

Program: HOME Homeowner Rehabilitation Program

Section A: General Information		Section B: Project Information		
Recipient	City of Vicksburg	Grant No.	Contract No.	Project No.
Mailing Address	Post Office Box 150	HOME 2016	1228-M16-SG-280-374	
Street Address	1401 Walnut Strret	Services Rendered		
City, State Zip	Vicksburg, MS 39181	From	To	Request No.
Telephone No.	601-631-3718	Thru		1 (initial)
		April 30, 2017	May 1, 2018	MHC Staff Initials

Section C: Request Per Activity

	Activity Description	Budget Amount	Total Received to Date	This Request	Remaining Balance	Activity Numbers
1	Application Fee	\$5,000.00	\$0.00	\$1,500.00	\$3,500.00	
2	Brown, Georgla	\$35,000.00	\$0.00	\$0.00	\$35,000.00	
3	Cogg, Earline	\$35,000.00	\$0.00	\$0.00	\$35,000.00	
4	Davis, Gerald	\$35,000.00	\$0.00	\$0.00	\$35,000.00	
5	Judge, James	\$35,000.00	\$0.00	\$0.00	\$35,000.00	
6	Lewis, Estella Durr	\$35,000.00	\$0.00	\$0.00	\$35,000.00	
7	Washington, Nathaniel	\$35,000.00	\$0.00	\$0.00	\$35,000.00	
8	Albert, Tom	\$145,000.00	\$0.00	\$0.00	\$145,000.00	
9	McMiller, Sherrie	\$145,000.00	\$0.00	\$0.00	\$145,000.00	
10		\$0.00	\$0.00	\$0.00	\$0.00	
Total:		\$505,000.00	0.00	\$1,500.00	\$503,500.00	

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

Ted Davis & Associates prepared and successful submitted Phase I and Phase II of the HOME Investment Partnerships Program grant application. The application was approved and the City of Vicksburg was awarded \$505,000.00 .

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. By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

Is this your final request for cash on this contract?		YES	<input checked="" type="checkbox"/> X	NO
<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Signature of Authorized Official	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Date Signed	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Frank Reed	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> April 30, 2018	
George Flaggs, Jr. Mayor <small>Typed Name and Title of Authorized Official</small>		<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> 601-906-8090	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> Preparer's Telephone No.	

To be completed by MHC Authorized Official

APPROVED BY: _____	DATE: _____
Signature, Authorized MHC Representative	
AUTHORIZED BY: _____	DATE: _____
Signature, Authorized MHC Representative	
IDIS APPROVED BY: _____	DATE: _____
Signature, Authorized MHC Representative	

IDIS Voucher Number	Vendor Number	Issue/Series	Fund/Sub-Fund	Service			

Contract Number:	1228-M16-SG-280-374
Total Amount Requested:	\$1,500.00

Consolidated Support Sheet

IDIS #	Line Items	Vendor	Invoice #	Total Invoice	Amount of This Request	Match	Amount Budgeted	Total Received to Date	Balance
Home #6	Washington, Nathaniel						\$35,000.00		\$35,000.00
									\$0.00
									\$0.00
									\$0.00
Home #6				\$0.00	\$0.00	\$0.00	\$35,000.00		\$35,000.00
Home #7	Albert, Tom						\$145,000.00		\$145,000.00
									\$0.00
									\$0.00
									\$0.00
Home #7				\$0.00	\$0.00	\$0.00	\$145,000.00	\$0.00	\$145,000.00
Home #8	McMiller, Sherrie						\$145,000.00		\$145,000.00
									\$0.00
									\$0.00
									\$0.00
Home #8				\$0.00	\$0.00	\$0.00	\$145,000.00	\$0.00	\$145,000.00
Home #9									\$0.00
									\$0.00
									\$0.00
				\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
							TOT REQ TO DTE	\$0.00	\$0.00
GRAND TOTAL				\$1,500.00	\$1,500.00	\$0.00	\$505,000.00	0.00	\$503,500.00

Services Provided

Postmaster:

01/01/2015

Services Rendered - Beginning:	April 30, 2017	Thru	April 30, 2018
Cumulative:			
	Plus (+)	\$0.00	Equals (=)
			\$0.00
Program Expenditures			Total Expenditures
\$0.00			

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I Herby 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.

Prepared By

601-906-8090
Preparer's Telephone No. _____

r-18775
209 1705143

GF
M.M.
W.T.

TED DAVIS & ASSOCIATES

JUN 14 2017

P. O. Box 13022
Jackson, MS 39236
(Ph) 601-201-7025 Email: lmcgee9@comcast.net

Invoice #160517
Invoice Date 06/05/2017

RECEIVED
JUN 14 2017

BY: n-Allen

Attention:
City Clerk's Office
1401 Walnut Street
Vicksburg, MS 39180

This Request for Cash is for administrative services provided by Ted Davis & Associates as Grant Preparer.

Services rendered to the City of Vicksburg: Home Investment Partnerships Program 2016 for the balance of \$1,500.00.	
1 Application Preparer will prepare and submit the Home Investment Partnerships Program application for submission by performing the following tasks. 1. Attended the Application workshop - phase 1 2. Conduct two public hearings 3. Collect signed certifications/assurances 4. Review applications and verify documentation 5. Compile all data for submission 6. Submitted Housing Applications to MHC	\$1,500.00
Pay Request	\$1,500.00

Thank you for your business.

Ted Davis
Ted Davis, President