

**MISSISSIPPI DEVELOPMENT AUTHORITY, COMMUNITY SERVICES DIVISION
RECIPIENT CLOSEOUT PROCEDURES**

The close-out of a Mississippi Development Authority, Community Services Division (MDA, CSD) is the process by which the MDA, CSD determines that all applicable administrative actions and all required work on the project have been completed. This closeout package is to be used for all CSD Grant Programs. Each Grant Recipient is responsible for ensuring an orderly and timely phase-out of projects. The Recipient must also ensure that the financial settlement of the subcontracts and vendor claims have been satisfied. The Grant Recipient is responsible for submitting a final Section 3 - HUD Form 60002 with the close-out package.

Two close-out packages bearing the original signatures of the designated signatory officials are due to MDA within thirty (30) days after completion of the project or sixty (60) days from the termination date of the subcontract, whichever comes first.



INSTRUCTIONS FOR COMPLETING THE CLOSEOUT PACKAGE

Recipient's Close-out Checklist

The purpose of this checklist is to select the appropriate boxes concerning each of the close-out documents. Incomplete packages will be returned to the grant recipient.

Certificate of Completion

The purpose of this document is for grant recipients to list all activities undertaken, certifying that they have been carried out in accordance with the grant agreement. It also ensures that the provisions have been made for the payment of all unpaid claims, and that neither the State nor the Federal government is under any obligation to make any further payments under the agreement in excess of the amount stated in the document. This document requires the grant recipient to report all budgeted grant funds and other funds. Grant recipient are also required to list the actual payment of all MDA grant funds and other funds that were used for a specific sub-activity.

Recipient Performance Certification Report

This document requires that the National Policy Objectives be addressed. List the planned and actual beneficiaries and the planned and actual low/moderate income beneficiaries by sub-activity. Complete the table (appended to this section) regarding the number of persons in your locality and the number of persons who will directly benefit from the project.

Certification of Recipient Compliance

- A. Release - This document releases the unexpended or unobligated balance of the award back to the MDA. The total amount paid to the grant recipient by MDA must be entered. This amount must reflect the actual expenditure. Do no round off expenditures.
- B. Assignment of Refunds, Rebates and Credits - This execution guarantees that the recipient/subcontractor will immediately remit any refunds or credits applicable to the recipient/subcontractor. Example: telephone refunds and insurance refunds.
- C. Inventory Certification - This section is used to account for all items or materials and equipment purchased, furnished or acquired.

Outstanding Claimants List

When unclaimed funds returned to MDA, a list of all possible claimants of these funds shall be prepared and attached to the Recipient's Release. The purpose is to reserve these funds and make future payments if necessary. The list shall include the following pertinent data:



1. Claimant's name, last known address, amount of money due, and social security number (if claimant is a training program enrollee) for each individual to whom checks for wages (or other outstanding checks) were due.
2. For employee checks, the pay period during which the money was earned, the number of hours, hourly rate of pay, and dates worked.
3. Check number, date of issuance, and amount of each uncashed check.
4. Name, address, and telephone number of any person who may be contacted in connection with any claim which may arise. Normally, this would be the individual who has control of the subcontractor.

Inventory and Program Income

This section consists of the following three (3) main headings: Real Estate, Equipment and Program Income. The property and equipment that have been purchased with MDA grant funds should be listed with the purchase price, use of the property and/or equipment date to be used. All program income collected to date should be listed, including the activity, additional payments and the use of the program income.

Final Request for Cash Consolidated Support Sheet

A Final Request for Cash Consolidated Support Sheet with the actual final cost of the project including match must be completed and submitted with the close-out package. It must be marked final.

Agreement Relative to Close-out of the Mississippi Development Authority, Community Services Division, Grant Programs

MDA, CSD has condensed the requirements for signature of the Grant Recipient and MDA by including each of the individual sections in the Agreement Relative to Closeout. By signing the Agreement Relative to Close-out of the CSD Grant, the Grant Recipient is certifying that the entire close-out document meets the individual requirements included in the close-out package. Further, this document is an agreement between the Grant Recipient and MDA, CSD that permits the close-out of the project activities contingent on the promise that the Grant Recipient will submit to the Division its required audits or subsequent audit which it shall comply with federal and state requirements and which shall cover all periods in which any grant costs have been incurred.

Board of Health and Bureau of Pollution Control



All water and sewer projects must have approval from the Mississippi State Department of Health and/or Mississippi Department of Environmental Quality, Office of Pollution Control. Projects involving water improvements, whether potable or otherwise, require final approval from the Mississippi State Department of Health. Projects involving sewer improvements must obtain final project approval from the Mississippi Department of Environmental Quality, Office of Pollution Control.

Mississippi State Department of Health
Post Office Box 1700
2423 North State Street
Jackson, Mississippi 39215-1700
(601) 960-7400

Office of Pollution Control
Post Office Box 10385
Jackson, Mississippi 39289-0385
(601) 961-5171

Questions concerning the close-out of a project should be directed to the Project Manager at (601) 359-3179.



**Mississippi Development Authority
Community Services Division
Recipient's Closeout Checklist**

Recipient: City of Vicksburg

Contract# 1131-14-374-PF-01

In compliance with the requirements of the MDA, CSD Recipient Close-out procedure and the terms and conditions of the contract, the following close-out documents are enclosed: (Check the appropriate boxes concerning each of the closeout documents. Explain fully any items 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 Completion	x			
2. Funding Sources Summary Report	x			
3. Recipient Performance Certification Report	x			
4. Agreement Relative to Closeout	x			
5. Outstanding Claimant's List	x			
6. Inventory and Program Income	x			
7. Final Request for Cash Consolidated Support Sheet	x			
8. Refund Check		x		
9. Section 3 - HUD Form 60002 Reports	x			
10. Other (Please Specify)	MSDH			

Explanation/Comments:

Mississippi Department of Health Acceptance Letter is enclosed as required.

Revised 7/18





Grant Recipient Funding Sources

Recipient: City of Vicksburg

Contract #: 1131-14-374-PF-01

Program : Community Development Block Grant Program (CDBG) 14.228

Administration

1. MDA Funds (CDBG)		\$ 40,000.00
2. Section 108 Loan Guarantee		
3. Other Consolidated Plan Funds		
		\$ -
4. Appalachian Regional Commission		
5. Other Federal Funds		
6. State/Locals Funds		
7. Private Funds		
8. Other		

Total	\$ 40,000.00
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Public Facilities

1. MDA Funds (CDBG)		\$ 560,000.00
2. Section 108 Loan Guarantee		
3. Other Consolidated Plan Funds		
		\$ -
4. Appalachian Regional Commission		
5. Other Federal Funds		
6. State/Locals Funds		\$ 1,873,687.79
7. Private Funds		
8. Other		

Total	\$ 2,433,687.79
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Select Activity Type

1. MDA Funds (CDBG)		
2. Section 108 Loan Guarantee		
3. Other Consolidated Plan Funds		
		\$ -
4. Appalachian Regional Commission		
5. Other Federal Funds		
6. State/Locals Funds		
7. Private Funds		
8. Other		

Total	\$ -
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Grand Totals by Funding Sources

1. MDA Funds (CDBG)		\$ 600,000.00
2. Section 108 Loan Guarantee		\$ -
3. Other Consolidated Plan Funds	\$ -	
	\$ -	
	\$ -	
4. Appalachian Regional Commission		\$ -
5. Other Federal Funds		\$ -
6. State/Locals Funds		\$ 1,873,687.79
7. Private Funds		\$ -
8. Other		\$ -

Grand Total	\$ 2,473,687.79
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**Mississippi Development Authority
Community Services Division
Recipient Performance Certification Report**

Recipient: City of Vicksburg
Contract # 1131-14-374-PF-01
National Policy Objective(s) Addressed Threat to Health

Activity Type(s)	Public Facilities		Select Activity Type		Totals	
	Planned	Actual	Planned	Actual	Planned	Actual
Very Low Income					-	-
Low/Moderate Income	13438	13438			13,438	13,438
Total Low/Mod Income	13438	13438	0	0	13438	13438
% of Low/Mod Income	51%	51%	#DIV/0!	#DIV/0!	51%	51%
Non - Low/Moderate Income	12756	12756			12,756	12,756
Total Beneficiaries	26194	26194	0	0	26194	26194

Ethnic Background	Total		Hispanic		Totals	
	Total	Hispanic	Total	Hispanic	Total	Hispanic
1. White	8469	0			8,469	-
2. Black	16692	0			16,692	-
3. Asian	211	0			211	-
4. American Indian/Alaskan Native	58	0			58	-
5. Native Hawaiian/Other Pacific Island	8	0			8	-
6. American Indian/Alaskan Native & White	0	0			-	-
7. Asian and White	0	0			-	-
8. Black/African American & White	0	0			-	-
9. Amer Indian/Alaskan/Black African Amer	0	0			-	-
10. Other Multi-Racial	756	409			756	409
Totals	26194	409	0	0	26194	409

Objective (Please select one)

- 1 Create Suitable living environments ☒
- 2 Provide decent affordable housing ☐
- 3 Create economic opportunities ☐

Census or Survey Census

Outcome (Please select one)

- 1 Availability/Accessibility ☒
- 2 Affordability ☐
- 3 Sustainability ☐

Total Served

Number of Households Served 7707

Number of Female Head of Household Served 2905

Number of Elderly Beneficiaries (+62) 4454

Number of Handicapped Beneficiaries 5747

County Code	Census Tract	Block Groups
95	9511.02	1, 2, 3
95	9508	1, 2
95	9502/9504/9506	1, 2, 3, 4
95	9505/9507	1, 2, 3
95	9509.01	3
95	9503	1, 2, 3, 4
95	9511.01	2
95	9501	1, 3, 4

Total Served (Please complete only one line)

Now have new access to this type of public facility or infrastructure improvement: _____

Now have improved access to this type of public facility or infrastructure improvement: _____

That are served by public facility or infrastructure that is to longer substandard: 26194

Project Physical Address:

Street: 4430 Rifle Range Road

City: Vicksburg, MS

Zip: 39180-5912

Prepared By

Phone # Gray Ouzts
601-981-1511

Accomplishment Narrative:

The City rehabilitated its clarifiers at the Wastewater Treatment Plant. During the rehabilitation, one clarifier failed and had to be reconstructed. The failed clarifier has been reconstructed and now both clarifiers are fully functional.



Agreement Relative to Closeout of Community Services Division Grant Programs

RECIPIENT: City of Vicksburg CONTRACT #: 1131-14-374-PF-01

This Agreement is between City of Vicksburg ("Recipient")
and the Mississippi Development Authority, Community Services Division ("Division").

Closeouts/Audits

The parties to this Agreement desire to closeout Recipient's CSD Community Development Block Grant (CDBG),
contract number 1131-14-374-PF-01 (the "Grant").

Because of regulatory and legislative changes, the Division no longer requires a final audit of an individual grant at closeout.
Rather than waiting for Recipient's next periodic audit, the parties desire to closeout the Grant subject to subsequent audit(s).

THEREFORE, in consideration of the mutual promises contained herein, the parties to this Agreement agree as follows:

1. The Division waives the requirement in 24 CFR Subsection 570.512 of the submission of any required audits and/or subsequent audit of the Grant prior to closeout.
2. Recipient will submit to the Division its required audits or subsequent audit which it shall comply with federal and state requirements and which shall cover all periods in which any grant costs have been incurred.
3. Recipient shall remit to the Division the amount of any ineligible costs that are disallowed by any required audits and/or subsequent audit(s) which disallowances are identified by the Federal and/or State Agency(ies).
4. The Agreement contained herein are in addition to any other agreements between the parties relative to the closeout of the grant. Recipient agrees to abide by all governing laws and regulations.

Certificate of Completion

I hereby certify that all activities undertaken by the Recipient with funds provided under the grant agreement, hereof, have, to the best of any knowledge, been carried out in accordance with the grant agreement; that proper provision has been made by the Recipient for the payment of all unpaid costs and unsettled third-party claims identified, hereof; that the United States of America or the State of Mississippi is under no obligation to make any further payment to the Recipient under the grant agreement, hereof; and that every statement and amount set forth in this instrument is, to the best of my knowledge, true and correct as of this date.

Recipient Performance Certification Report

I hereby certify that all planned and actual beneficiaries, the ethic beneficiaries information, census information and the performance measures are correct as stated on the Recipient Performance Certification Report are to the best of my knowledge, true and correct as of this date.

CERTIFICATE OF RECIPIENT'S COMPLIANCE

Release

Pursuant to the terms of said contract and in consideration of the sum of \$ 600,000.00 (Total Amount Paid & Payable by MDA, CSD), upon payment of the said sum does remise, release, and discharge MDA, CSD, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract, except the following:



Agreement Relative to Closeout of Community Services Division Grant Programs

RECIPIENT: City of Vicksburg

CONTRACT #: 1131-14-374-PF-01

- a. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Contractor, as follows:

None

(If none, so state)

- b. Claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Contractor to third parties arising out of the performance of the said contract, which are not known to the Contractor on the date of execution of this release and of which the Contractor gives notice in writing to the MDA, CSD within the period specified in the said contract.
- c. Claims, after closeout, for costs which result from the liability to pay Unemployment Insurance costs under a reimbursement system or to settle Worker's Compensation claims.

Assignment of Refunds, Rebates and Credits

Pursuant to the terms of said contract and in consideration of the reimbursement of costs and payment of fees as provided in the said contract and any assignment thereunder, the Contractor hereby does the following:

- a. Assign, transfer, set over and release to MDA, CSD all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising or which may hereafter accrue thereunder.
- b. 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 MDA, CSD) for any proceeds so collected. The reasonable costs of any such action to effect collection shall constitute allowable costs when approved by the MDA, CSD as stated in the said contract and may be applied to reduce any amount otherwise payable to MDA, CSD under the terms hereof.
- c. Agree to cooperate fully with MDA, CSD as to any claim 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 MDA, CSD or the Federal Grant of Agency to represent it at any hearing, trial or other proceeding arising out of such claim or suit.

Inventory Certification (Select One)

- a. X The Contractor hereby certifies that all items of materials and equipment purchased, furnished, or transferred for or to said Contractor were done so in accordance with the terms and conditions of said contract.
- b. _____ The Contractor hereby certifies that no equipment was furnished or acquired under the terms and conditions of said contract

General Statement of Compliance

I certify that all the Federal, State and Local requirements of the said contract have been complied with.



Agreement Relative to Closeout of Community Services Division Grant Programs

RECIPIENT: City of Vicksburg

CONTRACT #: 1131-14-374-PF-01

Outstanding Claimants List

I hereby certify that the information as stated in the Outstanding Claimants List page is to the best of my knowledge, true and correct.

Inventory and Program Income

I hereby certify that the information as stated in the Inventory and Program Income page is to the best of my knowledge, true and correct.

Final Request for Cash Consolidated Support Sheet

I hereby certify that the information as stated on the enclosed in the Final Request for Cash Consolidated Support Sheet is to the best of my knowledge, true and correct.

This Agreement is executed by the Parties on the date indicated by their respective signatures.

IN WITNESS THEREOF, THIS Agreement and Certification of Contract Compliance has been executed
this day of _____.

City of Vicksburg

WITNESSED BY:

BY SIGNATORY OFFICIAL

George Flaggs, Jr.

Mayor

TITLE

DATE

**MISSISSIPPI DEVELOPMENT AUTHORITY
COMMUNITY SERVICES DIVISION**

BY SIGNATORY OFFICIAL

TITLE

DATE

1. _____

2. _____

*Mayor's signature
to be witnessed by
2 people in
Blue Ink*



**Mississippi Development Authority
Community Services Division
Outstanding Claimant's List**

Recipient: City of Vicksburg **Contract Number:** 1131-14-374-PF-01

Claimant's Name, Address, S.S.# (Where Applicable)	Check #	Amount	Date	Pay Period Hours and Rate	Other Contact Name and Address
1 NONE					
2					
3					
4					
5					
		\$0.00			

Inventory and Program Income

Real Estate: List the property which has been purchased with MDA grant funds and considered to be surplus property, the type of property, (i.e., lots, land, buildings), price paid for each property, the proposed use of the property, and the date the property is expected to be used.

Number or amount	Type of property	Purchase price	Proposed use of property	Date to be used
1 NONE				
2				
3				

Equipment: List the equipment which has been purchased with MDA grant funds (i.e., fire truck, bulldozer, file cabinet, calculator, etc.), the price paid for each piece of equipment, and the use of the equipment.

Number or amount	Type of property	Purchase price	Use of Equipment
1 ALL INSTALLED			
2			
3			

Program Income: List the amount of program income which has been collected to date, the type of activity generating program income (i.e., public facility, economic development, housing, etc.), the estimated amount of additional program income payments expected, and the proposed use of the program income.

Amount collected to date	Activity	Additional Payment	Proposed use of program income
NONE			



**Mississippi Development Authority
Community Services Division
Request for Cash**

Program: Community Development Block Grant Program

Section A: General Information		Section B: Project Information		
Recipient	City of Vicksburg	Grant No.	Contract No.	Project No.
Mailing Address	PO Box 150	1131-14-374-PF-01	1131-14-374-PF-01	
Street Address		Services Rendered		Request No.
City, State Zip	Vicksburg, MS 39181	From	To	21
Telephone No	601-634-4553	6/1/2018	Thru 6/22/2018	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	\$ 40,000.00	\$ -	\$ -	
2	Public Facilities	\$ 560,000.00	\$ 560,000.00	\$ -	\$ -	
3					\$ -	
4					\$ -	
5					\$ -	
6					\$ -	
7					\$ -	
8					\$ -	
Total:		\$ 600,000.00	\$ 600,000.00	\$ -	\$ -	

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

Phase II of this project is complete. Project and grant are being closed.

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?	X	YES	NO
	7/16/2018	Gray Ouzis	7/5/2018
Signature of Authorized Official	Date Signed	Prepared By	Date Prepared
George Flagg, 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



Program:	inity Development Block Grant Program
Recipient	City of Vicksburg
Request for Cash Number:	21

Contract Number: 1131-14-374-PF-01
Total Amount Requested:

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	\$0.00	\$35,000.00	\$35,000.00	\$0.00
	Application Preparation (CD&G 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	\$40,000.00	\$0.00
	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	T.L. Wallace		\$0.00	\$0.00		\$17,500.00	\$17,500.00	\$0.00
									\$0.00
									\$0.00
	Total Contingencies			\$0.00	\$0.00	\$0.00	\$17,500.00	\$17,500.00	\$0.00
	Sewage Treatment	T.L. Wallace	14	\$85,236.89	\$0.00	\$85,236.89	\$542,500.00	\$542,500.00	\$0.00
									\$0.00
									\$0.00
									\$0.00
									\$0.00
	Total Construction			\$85,236.89	\$0.00	\$85,236.89	\$542,500.00	\$542,500.00	\$0.00
	GRAND TOTAL							\$600,000.00	\$0.00

Services Rendered - Beginning:

June 1, 2018	Thru	June 22, 2018
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Cumulative:			
Program Expenditures	\$600,000.00	Plus (+)	
Matching Expenditures			\$1,873,687.79
		Equals (=)	\$2,473,687.79
Total Expenditures			

(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 Herabey 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 advocacy or funds for future obligation.



7/16/2018
Date Signed

Gray Ouzls
Prepared By

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

Economic Opportunities for Low – and Very Low-Income Persons

OMB Approval No: 2529-0043
(exp. 11/30/2010)

HUD Field Office:

1. Recipient Name & Address: (street, city, state, zip)	2. Federal Identification: (grant no.) 1131-14-347-PF-01	3. Total Amount of Award: 600000
City of Vicksburg PO Box 150 Vicksburg, MS 39181	4. Contact Person George Flaggs, Jr	5. Phone: (Include area code) 601-634-4553
	6. Length of Grant:	7. Reporting Period: 10/2017 - 6/2018
8. Date Report Submitted: 7/24/2018	9. Program Code: (Use separate sheet for each program code) 8	10. Program Name:

A	B	C	D	E	F
Job Category	Number of New Hires	Number of New Hires that are Sec. 3 Residents	% of Aggregate Number of Staff Hours of New Hires that are Sec. 3 Residents	% of Total Staff Hours for Section 3 Employees and Trainees	Number of Section 3 Trainees
Professionals	0	0	0	0	0
Technicians	0	0	0	0	0
Office/Clerical	0	0	0	0	0
Construction by Trade (List)	4	1	0	0	0
Trade Laborer	1	1	0	0	0
Trade Trackhoe Operator					
Trade					
Trade					
Trade					
Other (List)					
Total					

8 = CDBG State Administered
9 = Other CD Programs
10 = Other Housing Programs

form HUD 60002 (6/2001)
Ref 24 CFR 135

Part II: Contracts Awarded

1. Construction Contracts: None Awarded

A. Total dollar amount of all contracts awarded on the project	\$ 0
B. Total dollar amount of contracts awarded to Section 3 businesses	\$ 0
C. Percentage of the total dollar amount that was awarded to Section 3 businesses	0 %
D. Total number of Section 3 businesses receiving contracts	0

2. Non-Construction Contracts:

A. Total dollar amount all non-construction contracts awarded on the project/activity None Awarded	\$ 0
B. Total dollar amount of non-construction contracts awarded to Section 3 businesses	\$ 0
C. Percentage of the total dollar amount that was awarded to Section 3 businesses	0 %
D. Total number of Section 3 businesses receiving non-construction contracts	0

Part III: Summary

Indicate the efforts made to direct the employment and other economic opportunities generated by HUD financial assistance for housing and community development programs, to the greatest extent feasible, toward low-and very low-income persons, particularly those who are recipients of government assistance for housing. (Check all that apply.)

- ☒ Attempted to recruit low-income residents through: local advertising media, signs prominently displayed at the project site, contracts with the community organizations and public or private agencies operating within the metropolitan area (or nonmetropolitan county) in which the Section 3 covered program or project is located, or similar methods.
- ☒ Participated in a HUD program or other program which promotes the training or employment of Section 3 residents.
- ☒ Participated in a HUD program or other program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns.
- ☐ Coordinated with Youthbuild Programs administered in the metropolitan area in which the Section 3 covered project is located.
- ☐ Other; describe below.

The City of Vicksburg did not awarded any contracts during the reporting period. The City has also adopted a Section 3 Plan, which includes hosting Section 3 training prior to bid date, published a notice in the local paper, posted notices at City Hall and other locations, and included the Section 3 provisions in all bid posting and notices. The City also did not contract for non-construction, professional services. CMPDD, existing administration contractor, has not hired during the reporting period.

Public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB number.

Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u, mandates that the Department ensures that employment and other economic opportunities generated by its housing and community development assistance programs are directed toward low- and very-low income persons, particularly those who are recipients of government assistance housing. The regulations are found at 24 CFR Part 135. The information will be used by the Department to monitor program recipients' compliance with Section 3, to assess the results of the Department's efforts to meet the statutory objectives of Section 3, to prepare reports to Congress, and by recipients as self-monitoring tool. The data is entered into a database and will be analyzed and distributed. The collection of information involves recipients receiving Federal financial assistance for housing and community development programs covered by Section 3. The information will be collected annually to assist HUD in meeting its reporting requirements under Section 808(e)(6) of the Fair Housing Act and Section 916 of the HCDA of 1992. An assurance of confidentiality is not applicable to this form. The Privacy Act of 1974 and OMB Circular A-108 are not applicable. The reporting requirements do not contain sensitive questions. Data is cumulative; personal identifying information is not included.

SECTION 3 RESIDENT CERTIFICATION - 2018

Rankin County

Instructions:

1. A section 3 resident seeking preference in training and employment must certify, or submit evidence to the recipient contractor or subcontractor, if requested, that the person is a Section 3 resident, as defined in 24 CFR 135.5.
2. To indicate your eligibility for preference, complete this form and submit it to the contractor or subcontractor that has advertised the position you are seeking.

Submitted to: Suncoast Infrastructure, Inc.

("Contractor") ("Subcontractor").

I, Donnie Goff, am a legal resident of Rankin

My permanent address is:

113 Southwind Drive
Richland, MS 39218

I am a Section 3 resident because (must check one):

- ☐ I am a resident of public housing, OR
- ☐ My household met the income eligibility guidelines below (circle applicable number in household and income limit).

If requested, I am able to provide Contractor or Subcontractor (as applicable) with the following documentation as evidence of my status (provide at least one):

- ☐ Copy of lease in a Federally assisted program
- ☐ Copy of receipt of public assistance
- ☐ Copy of evidence of participation in public assistance program that assists low or very low income persons
- ☒ Copy of household income tax return(s)

SECTION 3 INCOME LIMITS

All residents of public housing developments qualify as Section 3 residents. Additionally, individuals residing in **Rankin County** who meet the income limits set forth below can also qualify for Section 3 status.

Number in Household	Annual Household Income Less Than
1	\$35,750
2	\$40,850
<u>3</u>	\$45,950
4	\$51,050
5	\$55,150
6	\$59,250
7	\$63,350
8	\$67,400

Revised with 2018 Income Limits

I certify, under the penalty of perjury, that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in this certification or other information provided to contractor or subcontractor may result in my termination or prosecution.

DATE

6-26-18

SIGNATURE

Donnie Goff